

ASS. FEE BY:

REF:

CS/AGI21001233/DTJ3

ASSIGNMENT

COR Dec 2025

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 7.6

days

Res.: Yes or No

Lump Sum: 20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 4914LYr Regn: Dec / 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40C.C. 1685Colour: BlueA/C: Insured / Std / NI / NASp. Reading: 322823T/Radio: Insured / Std / NI / NAEng/No: D4FDHU730243C/No: KMHLEB4UMHU099973Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: 16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 23/01/2021D.O.I. 27/01/2021Survey held at Sigat Sin Ming

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

H/S Bmt.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Sigat Sin Ming 9LZ 4192 ZLump Sum \$10,000 (Red: 18,969.28 70%)28969.28

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / B.B. (\$ 10000)

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 27-Jan-21

MODEL: HYUNDAI I40

INSURANCE

VEHICLE NO.: SHA4914L

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>1st / Dent</i>	1	\$2,265.90	\$2,265.90
BONNET LOCK <i>2x</i>	1	\$142.40	\$142.40
BONNET INSULATOR <i>4x</i>	1	\$202.50	\$202.50
BONNET INSULATOR CLIP 10 PCS <i>4x</i>	1	\$36.80	\$36.80
RADIATOR GRILLE EMBLEM <i>4x 14x</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>4x 14x</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>distorted / cut</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>distorted</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>distorted</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH) <i>4x</i>	1	\$149.20	\$149.20
FRONT BUMPER BRACKET TOP (LH) <i>4x</i>	1	\$44.80	\$44.80
FRONT BUMPER CENTRE GRILLE TOP GARNISH (140)	MS1	\$80.00	\$80.00
FRONT BUMPER BRACKET (LH) <i>4x</i>	1	\$49.20	\$49.20
FRONT BUMPER SIDE BRACKET (LH) <i>4x</i>	1	\$28.60	\$28.60
FRONT BUMPER RETAINER MOUNTING <i>4x</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>4x</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>Crack / 4x</i>	1	\$907.40	\$907.40
HEADLAMP (LH) <i>cut / missing marker 1388.00</i>	1	\$2,776.00	\$2,776.00
HEADLAMP SUPPORT TOP COVER <i>4x</i>	1	\$222.60	\$222.60
RADIATOR <i>4x</i>	1	\$1,637.20	\$1,637.20
RADIATOR GUARD (LH) <i>4x</i>	1	\$76.50	\$76.50
RADIATOR BRACKET (LH) <i>4x</i>	1	\$13.00	\$13.00
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>4x</i>	1	\$1,194.20	\$1,194.20
AIR CLEANER ASSY <i>4x</i>	1	\$118.60	
AIR FILTER <i>4x</i>	1	\$63.70	\$63.70
AIR CLEANER COVER <i>4x</i>	1	\$228.60	\$228.60
AIR CLEANER BOTTOM ASSY <i>4x</i>	1	\$325.00	\$325.00
AIR CLEANER HOSE <i>4x</i>	1	\$432.60	\$432.60
AIR CLEANER HOUSING <i>4x</i>	1	\$88.50	\$88.50
FRONT FENDER (LH) <i>Dented</i>	1	\$663.00	\$663.00
FRONT FENDER APRON PANEL (LH) <i>Dented</i>	1	\$637.00	\$637.00
FRONT FENDER SHIELD (LH) <i>turn / distorted</i>	1	\$174.90	\$174.90
FRONT FENDER MUDFLAP (LH) <i>4x</i>	1	\$16.20	\$16.20
FRONT FENDER SIGNAL LAMP (LH) <i>4x</i>		\$47.40	\$0.00
FRONT FENDER RETAINER <i>4x</i>	1	\$24.60	\$24.60
FRONT FENDER GUARD <i>4x</i>	1	\$120.00	\$120.00
AIRCON CONDENSER <i>4x</i>	1	\$947.80	\$947.80
WIRING-FRONT <i>4x</i>	1	\$1,960.80	\$1,960.80
FRONT WHEEL RIM (LH) <i>2 4x</i>	1	\$650.60	\$650.60
FRONT WHEEL HUB CAP (LH) <i>cut</i>	1	\$214.20	\$214.20
FRONT WHEEL NUT <i>4x</i>	1	\$6.80	\$6.80
KNUCKLE ARM (LH) <i>4x distorted</i>	1	\$1,104.00	\$1,104.00
FRONT WHEEL BEARING (LH) <i>2 Dented</i>	1	\$673.20	\$673.20

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FRONT WHEEL HUB ASSY H/S		1	\$158.00	\$158.00
FRONT SUSPENSION LOWER ARM (LH) H/S		1	\$595.90	\$595.90
FRONT SHOCK ABSORBER ASSY (LH) H/S		1	\$684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) H/S		1	\$217.60	\$217.60
FRONT SHOCK ABSORBER FORK (LH) H/S		1	\$212.15	\$212.15
STG TIE ROD (LH) H/S		1	\$186.40	\$186.40
STG TIE END (LH) H/S		1	\$125.20	\$125.20
STABILIZER BAR ASSY H/S		1	\$463.70	\$463.70
STABILIZER BAR LINK (LH) H/S		1	\$85.90	\$85.90
ABS SENSOR H/S		1	\$217.90	\$217.90
FRONT SUSPENSION UPPER ARM (LH) H/S		1	\$250.40	\$250.40
INTER COOLER H/S		1	\$1,032.50	\$1,032.50
HOSE B TO INTER COOLER H/S		1	\$229.70	\$229.70
HOSE C TO INTER COOLER INLET H/S		1	\$294.50	\$294.50
SUB TOTAL				\$26,744.35
LESS 20%				\$5,348.87
DISCOUNTED TOTAL				\$21,395.48
FRONT TYRE (LH/RH) H/S	SN	1	\$216.00	\$216.00
COOLANT H/S	SN	1	\$ 45.00	\$ 45.00
SUB TOTAL				\$261.00
Labour Charge				
Panel Beating		1	\$1,400.00	\$1,400.00
Spray Painting Charge		1	\$1,200.00	\$1,200.00
Wiring Charge		1	\$100.00	\$100.00
Tuff Kote		1	\$100.00	\$100.00
Towing Charge		1	\$80.00	\$80.00
Four Wheel Alignment		1	\$120.00	\$120.00
Remove/Refix Undercarriage (Frt)		1	\$400.00	\$400.00
Re-set Frt ABS System		1	\$200.00	\$200.00
Remove/Refix Radiator		1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00
Remove/Refix Fuse Box		1	\$120.00	\$120.00
Remove/Refix Engine		1	\$600.00	\$600.00
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00
TOTAL LABOUR				\$5,090.00
ESTIMATE TOTAL				\$ 26,746.48

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the Insurance.

27/01/22 @ 17:00hrs

H/A Antwa

1/5 hrs 7 days.

N/A

2 (K Antwa)

11688.68

Sup 1110.40

12799.08

4/5 10,000/-

the Repaire of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repaire

Signature:

Date:

1730.00

12448.35

9958.60

529.30

342.20

BIFROST AUTO PTE LTD

Supplementay ESTIMATE

DATE: 28-Jan-21

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 4914L (S)

INSURANCE: Budget Direct

DESCRIPTION	QTY	LIST PRICE	AMOUNT
HEADLAMP (RH) <i>crack</i> 1388.00	1	\$2,776.00	\$2,776.00
SUB TOTAL			\$2,776.00
LESS 20%			\$555.20
DISCOUNTED TOTAL			\$2,220.80
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

Wja
26k And

1110.40

8

Phone Number:

Fax Number:

Customer:		Date:	28/1/2021 9:19 AM
Company:		VIN	
License NO:	SHA4914L	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°31'	4°12'	5°12'	4°10' *
		Right	4°44'	4°12'	5°12'	4°29'
	Camber	Left	-1°19' *	-1°00'	0°00'	-2°04' *
		Right	-0°06'	-1°00'	0°00'	-0°08'
	Toe	Left	0°02'	0°00'	0°12'	-2°05' *
		Right	-0°24' *	0°00'	0°12'	-0°23' *
Total		-0°22' *	0°00'	0°24'	-2°28' *	
Rear	Camber	Left	-1°19'	-1°30'	-0°30'	-1°16'
		Right	-2°09' *	-1°30'	-0°30'	-2°09' *
	Toe	Left	-0°05' *	-0°03'	0°09'	-0°04' *
		Right	0°04'	-0°03'	0°09'	0°01'
		Total	-0°02'	-0°06'	0°18'	-0°03'
	Thrust Angle		0°05'	99°59'		0°02'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI	Left		12°21' *	13°18'	14°18'	12°21' *
	Right		10°14' *	13°18'	14°18'	10°14' *
Included Angle	Left		11°03' *	99°59'	99°59'	10°17' *
	Right		10°08' *	99°59'	99°59'	10°06' *
Toe Out On Turns	Left		----	99°59'	99°59'	----
	Right		----	99°59'	99°59'	----
Max Turn Inside	Left		----	99°59'	99°59'	----
	Right		----	99°59'	99°59'	----
Toe Curve Change	Left		----	0°00'	199°59'	----
	Right		----	0°00'	199°59'	----
Setback	Front		-0.21" *	99.99"	99.99"	-0.21" *
	Rear		-0.33" *	99.99"	99.99"	-0.33" *
Track Width Diff.			-0.12"			-0.12"
Wheel Base Diff.			0.12"			0.12"
Front Ride Height	Left		----	99.99"	99.99"	----
	Right		----	99.99"	99.99"	----
Rear Ride Height	Left		----	99.99"	99.99"	----
	Right		----	99.99"	99.99"	----
Frame Angle						----

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHA4914L

Vehicle to be Exported:

Yes

Intended Deregistration Date:

25 Jan 2021

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

D4FDHU730243

Chassis No.:

KMHLB41UMHU099973

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$18,885.00

Original Registration Date:

20 Dec 2017

First Registration Date:

20 Dec 2017

Transfer Count:

0

Actual ARF Paid:

\$18,885.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

19 Dec 2025

PARF Rebate Amount:

\$14,163.00

Intended COE Rebate Details

COE Expiry Date:

19 Dec 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$34,159.00

COE Rebate Amount:

\$20,915.00

Total Rebate Amount:

\$35,078.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 25 Jan 2021

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

ACCIDENT STATEMENT

Date of Submission	25/01/2021 16:15 (SGT)
Date of Accident	23/01/2021 11:40 (SGT)
Exact Location of Accident	Yuan Ching Rd, Singapore
Additional Location Information	YUAN CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4914L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	TAN HOCK KEE
NRIC No	SXXXX105E
Date Of Birth	10/06/1951
Occupation	Outdoor

Driving Pass	19/06/1970
experience	50 YEARS AND 7 MONTHS
Sex	Male
Mobile Number	(Phone) +65-91770669
Home Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	210 #08-1616 ANG MO KIO AVENUE 3
Address complement	-
Postcode	560210
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

see attach

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	SLZ4192Z
Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	CHAI MENG FEI
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	moderate
	frt
	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HOCK KEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	neck
Injured person in which vehicle?	SHA4914L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



T/20210124/2028

1 of 4

Report No. T/20210124/2028

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
24/01/2021 13:29

Vide Report No.:

Station Diary No.:
63

Informant's Particulars

Name of Informant:
TAN HOCK KEE

Address:
APT BLK 210 ANG MO KIO AVENUE 3 #08-1616
SINGAPORE 560210

ID Type / ID No.:
NRIC NO / S0200105E

Contact No.:
Home/Office: Mobile: 91770669

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 69 10/06/1951

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Taxi driver

Driving Licence Information:
Class: 2B,2A,2,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
23/01/2021 11:40

Type of Location:
drop off point

Location:

YUAN CHING ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4914L	Car	HYUNDAI		Blue	Slightly Damaged	1
SLZ4192Z	Car	MITSUBISHI		Blue	Slightly Damaged	0

Details of Person Involved

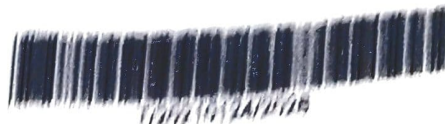
Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



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Report No. T/20210124/2028

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Passenger		ID No.	NIL
Name	Low Him Seng	Contact No.	87510458
Related Vehicle	SHA4914L (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	S0200105E
Name	TAN HOCK KEE	Contact No.	91770669
Related Vehicle	SHA4914L (Car)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Hospital/Clinic	Clarion Medical		
Date Treatment	24/01/2021	Date Discharge	24/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver		ID No.	S7871169H
Name	Chai Meng Fei	Contact No.	NIL
Related Vehicle	SLZ4192Z (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the driver of Comfort SHA4914L.

On 23/11/2021, at about 1140hrs, I was fetching a passenger to Jurong Lake Garden, information counter.

I then travelled on Chinese Garden Road, and enter the round-about that was in front of the drop-off point at the information counter. As I was driving pass the exit of the carpark, a car (SLZ4192Z) just drove out of the car and hit onto my taxi. The right front bumper of the car had hit onto the left front bumper of my taxi.

I then exited the taxi and made a check. The car driver said there was a big tree that was blocking his



T/20210124/2028

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Report No: T/20210124/2028

Station Of Origin:
Mo Kio South N.P.C
Mo Kio Avenue 3 SINGAPORE
1800-4519999

CONTINUATION OF REPORT

view when he was exiting the carpark, and did not saw my taxi approaching.

As there is no one injured at scene, we then exchanged particulars, took photo of the vehicles damage and drove off.

I later went to see a doctor for pain at my neck area and was given 3 days MC.

I have in-car camera but did not capture how the accident happened.

106
114

NA
NA

973

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201



SINGAPORE POLICE FORCE



T/20210124/2028

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Report No. T/20210124/2028

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt CHNG LI QUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant:

Date/Time:
24/01/2021 13:29

Classification Of Case:

Authentication Stamp
NP158

	SINGAPORE POLICE FORCE <small>SAFEGUARDING EVERY DAY</small>	SN 75
SIGNATURE		

SKETCH PLAN

IMPORTANT NOTICE

3. Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

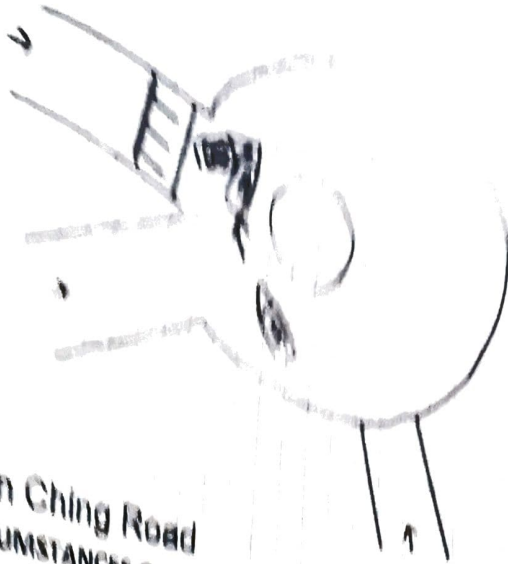
Policyholder's Signature
Date & Time:


Driver's Signature

(If driver is not the policyholder)
Date & Time: 25.01.2021
@ 13:45 hrs


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Regina



A - SHA 4914L
B - SLZ 4192Z

Along Yuan Ching Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report : T/20210124/2028


DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25.01.2021
@ 13:45 hrs


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Regina