

ASS. BY:

REF:

CS/TMI21002045/D9J3

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OD / TPWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured _____

Policy No. _____

Claim No. **M2100745**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **10** days Res.: Yes or NoLump Sum: **10 20** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **8TIA2586M** Yr Regn: **Aug / 2017**

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

Truck / Trailer or

Make: **Toyota Prius** C.C. **1798**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **507737** T/Radio: Insured / Std / NI / NAEng/No: **2ZRS061286**C/No: **5TDKB3FUG03563518**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **195/65 R15**R: **11**

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

TOYO / YOKO or **Westlake**

Front Rear

R/Bal. **5** mm R/Bal. **5** mmL/Bal. **5** mm L/Bal. **5** mmD.O.A. **09/02/22** D.O.I. **17/02/22**Survey held at **8.10pm Sin Mup**

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

H/S Pant 7 o/s Body

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

Date / Time	Action / Instruction
	Tokio BMW 3074 J
	Repair change all parts with new parts - 1/5 at 10%
24/08/22	Invoice 2/5 20,200/- with 10 days of rep (Red \$26591.58, 57%)
27/08/21@4.29pm	revised to Telma Gomez via Merimen.

Date/Time, File Pass to?

☐ : Preli. Report1) **27/08 Typist**☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **10**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: **MER-TP**Lump Sum / P.P. / \$ **20200**

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 10-Feb-21
 MODEL: TOYOTA PRIUS
 VEHICLE NO.: SHA2586M

INSURANCE: Tokio

LKK Auto Consultants hence notify the Repairer 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
 • All damaged part(s) must be resurveyed and approved from Insurance Company

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
REAR BUMPER <i>broken</i>	1	\$458.60	\$458.60	X
REAR BUMPER SIDE RETAINER <i>SLC</i>	1	\$112.70	\$112.70	X
REAR BUMPER CLIPS <i>new HH</i>	1	\$22.00	\$22.00	X
REAR BUMPER SIDE CLIP <i>HH</i>	1	\$25.00	\$25.00	X
REAR TYRE RIM (RH) <i>HH</i>	1	\$1,555.00	\$1,555.00	X
REAR WHEEL HUB CAP (RH) <i>cut</i>	1	\$177.70	\$177.70	✓
REAR WHEEL BEARING & HUB assy <i>HH</i>	1	\$610.20	\$610.20	X
REAR LOWER ARM <i>distorted</i>	1	\$497.50	\$497.50	X ✓
REAR UPPER ARM <i>distorted</i>	1	\$356.80	\$356.80	X ✓
REAR KNUCKLE ARM <i>distorted</i>	1	\$810.60	\$810.60	X ✓
FRONT BUMPER COVER <i>broken</i>	1	\$499.90	\$499.90	✓
FRONT BUMPER LOWER REINFORCEMENT BRACKET <i>HH</i>	2	\$330.00	\$660.00	X
FRONT SIDE MEMBER REINFORCEMENT PANEL (LH/RH) <i>HH</i>	2	\$320.70	\$641.40	X
FRONT SIDE MEMBER SIDE COVER <i>HH</i>	2	\$172.50	\$345.00	X
LAMP ASSY, FOG, RH <i>scratched / mostly broken</i>	1	\$920.00	\$920.00	✓
LAMP ASSY, FOG, LH <i>HH</i>	1	\$920.00	\$920.00	X
FRONT BUMPER SIDE RETAINER <i>SLC</i>	2	\$77.00	\$154.00	X
FRONT LOWER PANEL <i>HH</i>	1	\$320.65	\$320.65	X
FRONT LOWER SIDE RAIL (LH/RH) <i>HH</i>	2	\$230.80	\$461.60	X
UNIT ASSY, HEADLAMP, RH (LED) <i>mostly broken</i>	1	\$3,455.00	\$3,455.00	✓ 2637-60
UNIT ASSY, HEADLAMP, LH (LED) <i>mostly broken</i>	1	\$3,455.00	\$3,455.00	✓ 2637-60
HEADLAMP ECU <i>HH</i>	1	\$682.60	\$682.60	X
HEAD LAMP PANEL (RH) <i>HH</i>	1	\$240.10	\$240.10	X
HEAD LAMP PANEL (LH) <i>HH</i>	1	\$240.10	\$240.10	X
TOP PANEL CENTRE <i>HH</i>	1	\$364.98	\$364.98	X
TOP PANEL SIDE <i>HH</i>	1	\$145.90	\$145.90	X
FENDER SUB-ASSY, FRONT RH <i>Distorted</i>	1	\$945.30	\$945.30	✓
FENDER SUB-ASSY, FRONT LH <i>HH</i>	1	\$945.30	\$945.30	X
FRONT FENDER SHIELD <i>torn w/s o/s damaged</i>	2	\$38.00	\$76.00	✓
FRONT FENDER SHIELD CLIP <i>new</i>	2	\$14.90	\$29.80	✓
FRONT FENDER HYBRID EMBLEM, LH <i>HH</i>	1	\$86.50	\$86.50	X
FRONT FENDER HYBRID EMBLEM, RH <i>new</i>	1	\$86.50	\$86.50	✓
BRACKET, FRONT SIDE PANEL, RH <i>HH</i>	1	\$86.30	\$86.30	X
BRACKET, FRONT SIDE PANEL, LH <i>HH</i>	1	\$86.30	\$86.30	X
FRONT WHEEL RIM <i>distorted 1st</i>	2	\$1,570.55	\$3,141.10	✓
FRONT WHEEL RIM CAP <i>HH</i>	2	\$189.60	\$379.20	X
FRONT WHEEL HUB CAP <i>o/s broken w/s distorted</i>	2	\$177.70	\$355.40	✓
FRONT WHEEL HUB BEARING <i>2 Dam</i>	2	\$560.10	\$1,120.20	2 ✓
FRONT SUSPENSION LOWER ARM (RH) <i>2 distorted</i>	1	\$637.50	\$637.50	2 ✓
FRONT SUSPENSION LOWER ARM (LH) <i>2 distorted</i>	1	\$637.50	\$637.50	2 ✓
FRONT SHOCK ABSORBER (LH) <i>2 distorted</i>	1	\$401.80	\$401.80	2 ✓
FRONT SHOCK ABSORBER (RH) <i>2 dt</i>	1	\$401.80	\$401.80	2 ✓
ABSORBER TOP MOUNTING <i>HH</i>	2	\$196.20	\$392.40	X
FRONT DRIVE SHAFT (LH) <i>HH</i>	1	\$1,764.00	\$1,764.00	X
FRONT DRIVE SHAFT (RH) <i>HH</i>	1	\$1,764.00	\$1,764.00	X
RACK & PINION ASSY <i>HH</i>	1	\$1,634.90	\$1,634.90	X

BAR, STABILIZER	44	1	\$360.00	\$360.00	✓
LINK ASSY, FRONT STABILIZER,	44	2	\$199.00	\$398.00	X
KNUCKLE, STEERING, RH	2 distance	1	\$580.80	\$580.80	2 ✓ 476.75
KNUCKLE, STEERING, LH	2 distance	1	\$580.80	\$580.80	2 ✓ 476.75
JOINT ASSY, LOWER BALL, FRONT (LH/RH)	44 st	2	\$199.98	\$399.96	* ✓
END SUB-ASSY, TIE ROD, RH	2 distance	1	\$159.30	\$159.30	2 ✓
END SUB-ASSY, TIE ROD, LH	44	1	\$159.30	\$159.30	✓
SENSOR, SPEED, FRONT RH	44	1	\$446.50	\$446.50	X
SENSOR, SPEED, FRONT LH	44	1	\$446.50	\$446.50	X
ENGINE UNDER COVER	2 torn	1	\$457.20	\$457.20	2 ✓
ENGINE UNDER COVER FRONT	2 torn	1	\$288.30	\$288.30	2 ✓
ENGINE CROSS MEMBER	44 distance	1	\$2,531.70	\$2,531.70	* ✓
ENGINE MOUNTING (LH/RH)	44	2	\$386.60	\$773.20	X
ENGINE MTG (FRONT)	44	1	\$174.63	\$174.63	X
ENGINE MTG (REAR)	44	1	\$172.90	\$172.90	X
ENGINE FRONT MOUNTING BRACKET, LH	44	1	\$172.91	\$172.91	X
COVER, ENGINE UNDERCOVER CENTRE	44	1	\$448.30	\$448.30	X
COVER, ENGINE UNDER, CTR LH	44	1	\$76.90	\$76.90	X
COVER, ENGINE UNDER, CTR RH	44	1	\$76.90	\$76.90	X
COVER, ENGINE UNDER, REAR RH	44	1	\$84.90	\$84.90	X
COVER, ENGINE UNDER, REAR LH	44	1	\$84.90	\$84.90	X
SUB TOTAL				\$41,978.03	
LESS 20% 25%				\$8,395.61	21160.56
DISCOUNTED TOTAL				\$33,582.42	15870.42
REAR BUMPER RUBBER MAT	44	SN 1	\$50.00	\$50.00	X
REAR DOOR COMFORT & APPS STICKER	44	SN 1	\$80.00	\$80.00	✓
FRONT DOOR COMFORT LOGO	44	SN 1	\$75.00	\$75.00	✓ 263.00
REAR TYRE (RH)	44	SN 1	\$216.00	\$216.00	X
FRONT TYRE (LH/RH)	0/8 44 1/2 cut 50%	SN 2	\$216.00	\$432.00	108.00
SUB TOTAL				\$853.00	
Labour Charge					
Panel Beating		1	\$2,000.00	\$2,000.00	1200/-
Spray Painting Charge		1	\$2,000.00	\$2,000.00	1000/-
Wiring Charge		1	\$100.00	\$100.00	30/-
Tuff Kote		1	\$150.00	\$150.00	40/-
Towing Charge		1	\$80.00	\$80.00	44
Remove/Refix Reverse Sensor		1	\$120.00	\$120.00	44
Remove/Refix Undercarriage (RR)		1	\$400.00	\$400.00	44 120/-
Re-set Rear ABS System		1	\$400.00	\$400.00	44
Four Wheel Alignment		1	\$120.00	\$120.00	60/-
Remove/Refix Undercarriage (Frt)		2	\$400.00	\$800.00	250/-
Re-set Frt ABS System		2	\$200.00	\$400.00	44 2850.00
Remove/Refix Radiator		1	\$90.00	\$90.00	44
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	44
Remove/Refix Fuse Box		1	\$120.00	\$120.00	44
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	150/-
TOTAL LABOUR				\$7,460.00	
ESTIMATE TOTAL	17/02/2020 1300hrs			\$41,895.42	18983.42
2/5mth 10 days.					3775.12
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.					22758.54
1 ym 2kk Auto Check Part Prices					4/520,200/-

BIFROST AUTO PTE LTD

Supplementary ESTIMATE

DATE: 18-Feb-21

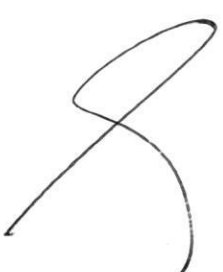
MODEL: TOYOTA PRIUS

INSURANCE: Tokio

VEHICLE NO.: SHA 2586 M (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
FRONT DOOR (RH) <i>Denon</i>	1	\$2,256.40	\$2,256.40
REAR DOOR (RH) <i>new rht</i>	1	\$2,201.10	\$2,201.10
REAR FENDER, RH <i>rw</i>	1	\$836.70	\$836.70
Rocker Panel Outer Garnish <i>original 1st</i>	1	\$576.00	\$576.00
SUB TOTAL			\$5,870.20
LESS 20% 25%			\$1,174.04
DISCOUNTED TOTAL			\$4,696.16
REAR DOOR ADVERTISEMENT LOGO <i>new HF SN</i>	1	\$100.00	\$100.00
FRONT DOOR ADVERTISEMENT LOGO <i>new HF SN</i>	1	\$100.00	\$100.00
SUB TOTAL			\$200.00
ESTIMATE TOTAL			\$4,896.16

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.

Juan
2kt Auto


5033.50
 25% 3775.12

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA2586M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS061286
Chassis No.:	JTDKB3FU603563518
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	23 Aug 2017
First Registration Date:	23 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Aug 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	22 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$20,576.00
Total Rebate Amount:	\$24,326.00
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 10 Feb 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	10/02/2021 11:04 (SGT)
Date of Accident	09/02/2021 17:00 (SGT)
Exact Location of Accident	Chang Charn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2586M
-----------------------------	----------

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) +65-82231632
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	KEH GEOK HIN
NRIC No	SXXXX966J
Date Of Birth	15/12/1952
Occupation	Outdoor



Date Of Driving Pass	17/04/1973
Driving experience	47 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82231632
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 39 JALAN RUMAH TINGGI #11-266
Address complement	-
Postcode	151039
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 09/01/ 2021 AT ABOUT 1700HRS, I WAS DRIVING MY VEHICLE (SHA2586M) ON A ONE WAY ROAD (CHANG CHARN RD) AND VEHICLE B (SMW8074J) MADE AN ILLEGAL EXIT FROM UNIT 8 OF CHANG CHARN ROAD AND COLLIDED ONTO MY FRONT RIGHT BUMPER RESULTING MY VEHICLE PUSHED FORWARD AND TOWARDS THE LEFT SIDE CURB WHICH RESULTED A TYRE PUNCTURE (FRONT LEFT) AND DAMAGED. I WAS INJURED ON MY RIGHT SHOULDER AND RIGHT LEG DUE TO THE IMPACT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW8074J
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KWAN XIANG CONG
NRIC No	SXXXX943B
Contact Number	(Phone) +65-92731200

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KEH GEOK HIN
Address	BLK 39 JALAN RUMAH TINGGI #11-266
Address Complement	-
Post Code	151039
Approximate Age Years Old	69
Injuries Sustained	RIGHT SHOULDER AND RIGHT LEG
Injured person in which vehicle?	SHA2586M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.

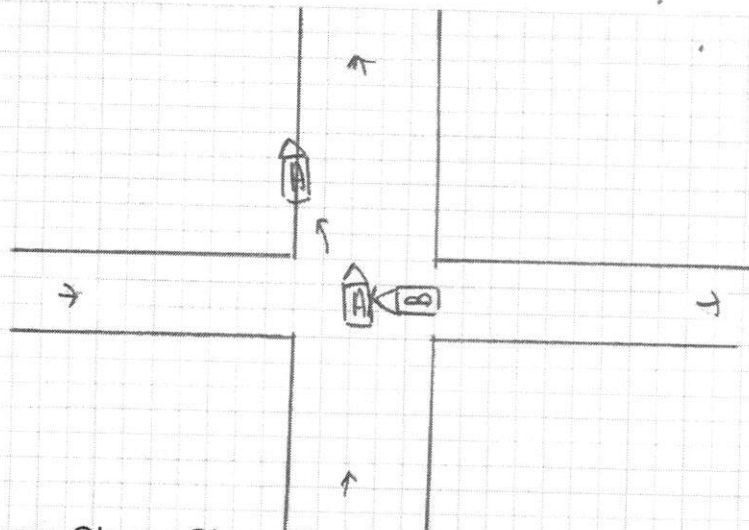
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10.02.2021
@ 10:30 hrs


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

SKETCH PLAN



A - SHA 2586M
B - SMW 8074J

Along Chang Charn Road x Entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09.02.2021 at about 17:00 hours I was travelling along Chang Charn Road
x Entrance with no passenger onboard .

While I was travelling straight , suddenly veh B (SMW 8074J) dash out from the
entrance without giving way to me and collided into my taxi A - Whole Right Portion
after the impact it caused my taxi to mount the kerb on the left .

My taxi sustain damages on both Right and Left Portion .

I have company video and photo to support my claims .

After the accident I felt unwell at my back , hand and leg area . Doctor given me 5
days mc .

Veh B (SMW 8074J) - Mr Kwan Xiang Cong H/P : 9273 1200

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: 10.02.2021
@ 10:30 hrs

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