

24750

Our Ref: CT0221/SHA7573S|ks(st)
Date: 17.03.2021

COMFORTDELGRO ENGINEERING

LONPAC INSURANCE BERHAD
300 BEACH ROAD #17-04/07
Singapore 199555

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimile +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199508048W

ACCIDENT ON 17.02.2021 INVOLVING SHA7573S & SMQ5625X ALONG AYE TWDS JURONG TOWN HALL RD

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHA7573S, which was involved in the captioned accident with your insured vehicle No SMQ5625X.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

1. Cost of Repairs		S\$	8,347.43
2. Loss of Rental	5.5 days x S\$ 126.47	S\$	695.59
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.00
6. Others		S\$	0.00

Hirer's Claim :

1. Loss of Income	5.5 days x S\$ 80.00	S\$	440.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **9,485.02**

A copy each of the following supporting documents marked [X] is enclosed:

[X] Original Repair Bill	[X] Letter of Authority from Owner/Hirer/Operator
[X] GIA/Police Report(s)	[X] Rental Rate Letter
[X] LTA/GIA Search Slip(s)	[X] Downtime/Mileage Record
[] Survey Report / Bill	[] Witness Statement / Accident Scene Photo(s)
[] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance	
[] Tow Chit / PIR / Hirer's IRAS / Others :	

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: 62141843

Email: kazali@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA7573S

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4A)

DATE OF REG
28.02.2020

CHASSIS CODE
JTDKB3FU103091132

INV. NO/DATE
91550308 15.03.2021

JOB NO.
305454254

ODOMETER READING

DATE/TIME IN
17.02.2021 17:05

Description : 3P 17.02.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2712	COVER REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2267	BUMPER PIECE	10	2.20	25.00	16.50
0003	04-01-0302-2270	PLATE-BACK DOOR NAME (HYBRID S)	1	52.40	25.00	39.30
0004	04-01-0302-2271	PLATE-BACK DOOR NAME (PRIUS)	1	60.80	25.00	45.60
0005	04-01-0302-2269	ORNAMENT SUB-ASSY BACK DOOR	1	52.90	25.00	39.67
0006	04-01-0302-1150	BUMPER PROTECTOR MAT	1	50.00	0.00	50.00
0007	28-01-9999-2025	APP LOGO REAR BONNET CTPL	1	40.00	0.00	40.00
0008	28-01-0302-2015	REAR BONNET COMFORTDELGRO CTPL^	1	30.00	0.00	30.00
0009	28-01-0302-0006	REAR BOOT 65521111 CTPL^	1	30.00	0.00	30.00

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT, LOSS OF OR DAMAGE TO, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES DELIVERED TO OUR WORKSHOPS, GARAGES, OR PARKING AREAS, BEING THE OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY ON DELIVERY AND REPORT ANY DAMAGE TO THE COMPANY IMMEDIATELY BY NOTICE IN WRITING TO THE COMPANY, OR ANY COMPLETER, TOGETHER WITH THE NECESSARY EVIDENCE TO THE COMPANY IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS ON ALL OVERDUE PAYMENTS OF ANY ACCOUNTS DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT, BEING 10 DAYS FROM THE DUE DATE OF THE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON DELIVERY AND SIGN FOR THE COMPANY TO ACKNOWLEDGE RECEIPT THEREOF WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT RECEIVE THE SIGNATURE OF THE CUSTOMER WITHIN THE 14 DAYS, THIS INVOICE WILL BE CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.

8010042

INVOICE No.

91550308

AMOUNT

8,347.43

BANK/CHQ No.

8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA7573S

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4A)

DATE OF REG
28.02.2020

CHASSIS CODE
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91550308 15.03.2021

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305454254

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DATE/TIME IN
17.02.2021 17:05

S/No	Part No.		Qty	Unit Price	%Disc	Net
0010	04-01-0302-2717	LENS & BODY RR RH UPPER	1	557.90	25.00	418.42
0011	04-01-0302-2719	LENS & BODY RR COMB RH LOWER	1	548.40	25.00	411.30
0012	04-01-0302-2715	COVER RR BUMPER -TOW HOOK COVER	1	82.30	25.00	61.72
0013	04-01-0302-2288	REINFORCEMENT SUB-ASSY REAR BUMPER	1	318.80	25.00	239.10
0014	09-01-0302-2133	ANTENNA ELECTRICAL KEY	1	57.00	25.00	42.75
0015	04-01-0302-2347	COVER REAR FLOOR	1	220.50	25.00	165.37
0016	04-01-0302-2722	GLASS SUB-ASSY BACK DOOR	1	1,778.30	25.00	1,333.72
0017	04-01-0302-2257	GLASS BACK WINDOW FIX	1	1,569.70	25.00	1,177.27
0018	04-01-0302-2710	PANEL SUB-ASSY BACK DOOR	1	1,126.60	25.00	844.95
0019	04-01-0302-2713	GUARD REAR BUMPER CENTER	1	552.60	25.00	414.45
0020	04-01-0302-2711	GARNISH SUBASSY BACK DR OUTSIDE	1	889.70	25.00	667.27

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OF VEHICLES, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CAR OR OTHER PROPERTY DETACHED TO OUR DRIVERS AND VEHICLES ARE INTENDED TO BE USED AT OWNERS' RISK
- CUSTOMERS SHALL INSPECT THEIR VEHICLES CAREFULLY PRIOR TO DELIVERY. IF THERE ARE ANY DEFECTS, PLEASE ADVISE THE COMPANY IN WRITING TO THE COMPANY OR BY COMPLAINT WITHIN 14 DAYS OF DELIVERY. THE COMPANY SHALL BE RESPONSIBLE FOR THE DEFECTS ONLY IF THEY ARE IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS ON THE UNPAID BALANCE. THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT. THE COMPANY SHALL BE RESPONSIBLE FOR THE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND CONTACT THE COMPANY OR ANY BRANCHES OR SERVICE CENTERS WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT REPLY TO YOUR COMPLAINT, PLEASE CONTACT THE COMPANY FOR THE CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

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COMPANY REG. NO.: 199506048W
Page: 3

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LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA7573S

INV. NO/DATE
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ODOMETER READING

DATE OF REG
28.02.2020

DATE/TIME IN
17.02.2021 17:05

CHASSIS CODE
JTDKB3FU103091132

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL			:		6,411.34

JOB NATURE

0001	PB	PANEL BEATING	700.00		700.00
0002	SP	SPRAYPAINT CHARGE	500.00		500.00
0003	17-01	CHECK ALL LIGHTING	30.00		30.00
0004	L	RENEW REAR WINDSCREEN GLASS	120.00		120.00
0005	L	REMOVE/REFIX REVERSE SENSOR	40.00		40.00
SUB-TOTAL			:		1,390.00

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT, LOSS OR DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CAR OR OTHER EQUIPMENT STOLEN OR DAMAGED OR LOST OR DESTROYED OR FOR THE LOSS OF THE OWNER'S RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY ON DELIVERY AND REPORT ANY DEFECTS OR DAMAGE TO THE COMPANY IN WRITING TO THE COMPANY AT ANY COMPLAINTS, CLAIMS OR IN THE EVENT OF ACCIDENTS OR DAMAGE TO THE VEHICLE IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS ON ALL OUTSTANDING ACCOUNTS AND SHALL BE PAID BY THE CUSTOMER AND NOT PAID BY THE COMPANY. THE COMPANY SHALL NOT BE RESPONSIBLE FOR THE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON DELIVERY AND SIGN IN THE COMPANY'S COPY. SIGNATURE OF ANY OTHER PERSONS WITHIN 14 DAYS OF RECEIPT, IF THE COMPANY'S LOSS NOT RECOVERED, THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE VEHICLE. CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91550308	8,347.43	

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 4

8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
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CONTACT NO: 62507388

VEHICLE NO
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MAKE
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DATE OF REG
28.02.2020

CHASSIS CODE
JTDKB3FU103091132

INV. NO/DATE
91550308 15.03.2021

JOB NO.
305454254

ODOMETER READING

DATE/TIME IN
17.02.2021 17:05

Items total	7,801.34
Add GST @ 7.000 %	546.09
Invoice amount	8,347.43

Issued by : KATHERINETAN 15.03.2021 11:04:09
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THE RISK OF ACCIDENTAL DAMAGE, THE COMPANY TAKES NO RESPONSIBILITY FOR CARV OR OTHER PROPERTIES LEFT UNLOCKED IN OUR LOTS AND VEHICLES ARE EXPOSED TO THEFT AND AT OWNERS' RISK
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY AFTER RECEIVING THEM. SMALL DEFECTS SHOULD BE REPORTED IMMEDIATELY BY NOTING IN WRITING TO THE COMPANY OR ANY COMPLAINTS CONCERNING THE SERVICES WILL BE HELD VALID TO EXTENT OF AVAILABLE IN GOOD ORDER
- INTEREST OF 1% PER MONTH WILL BE CHARGED UPON DAY TO DAY LATE PAYMENTS OF 1% PER MONTH. ALL DEFECTS AND DAMAGE TO THE COMPANY BY THE CUSTOMER AND NOT ONLY ON THE DUE DATE OF PAYMENT BUT ALSO ON DAYS BEFORE THE DUE DATE AND AFTER THE PERIOD OF DEFAULT
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGN THE 4 MONTHS OF WARRANTY ON BACK OF INVOICES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT SIGN THE INVOICE AND THE CUSTOMER SIGNED THE INVOICE, THE INVOICE WILL BE CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.

8010042

INVOICE No.

91550308

AMOUNT

8,347.43

BANK/CHQ No.

Our Ref: CT21020311

Date: 12 March 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 17/02/2021 @ 14:45 hrs
ALONG AYE TWDS JURONG TOWN HALL RD
INVOLVING SMQ5625X, SMM560C

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA7573S** (the "Taxi"). The Taxi was hired to **TEO LEE CHAI IC NO SXXXX1811** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$126.47 per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Singapore Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

15/11/20

[illegible]

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHA7573S , SMQ5625X , ... ON 17-Feb-21 14:45
ALONG AYE TWDS JURONG TOWN HALL RD

I / We **TEO LEE CHAI** (Hirer) NRIC No.: **SXXXX181I**

and/or (Relief) NRIC No.: **SXXXX181I**

Taxi Number **SHA7573S**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date **17-Feb-2021**

Name of Hirer **TEO LEE CHAI**

Hirer NRIC **SXXXX181I**

Signature :



Address **111 BEDOK NORTH ROAD #07-325**
460111

Contact No. **91263693**


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMQ5625X

Date of Accident

17/02/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **Lonpac**Period of Insurance **25/11/2020 - 24/11/2021**Requested By **Janet Lim Siang Gek (COMFOR...**Requested Date **18/02/2021 08:37****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

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	17/02/2021 17:40 (SGT)
Date of Accident	17/02/2021 14:43 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS JURONG TOWN HALL ROAD (EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7573S
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) +65-91263693
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	TEO LEE CHAI
NRIC No	SXXXX181I
Date Of Birth	28/08/1962
Occupation	Outdoor

Date Of Driving Pass	27/10/1979
Driving experience	41 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91263693
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 111 BEDOK NORTH ROAD #07-325
Address complement	-
Postcode	460111
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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 17/02/2021 @ 1443HRS, I HAD JUST EXITED FROM AYE INTO JURONG TOWN HALL ROAD ONBOARD MY VEHICLE SHA7573S. MY VEHICLE WAS AT STATIONARY ON THE SECOND LANE TO TURN INTO TEBAN GARDEN WHEN A VEH SMQ5625X COLLIDED ONTO MY REAR. A THIRD VEHICLE SMM560C HAD COLLIDED ONTO HIS REAR WHICH RESULTED INTO HIS VEHICLE COLLIDING ONTO MINE. NO INJURY SUSTAINED. ALL DRIVERS HAVE EXCHANGED PARTICULARS.

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

Vehicle Registration Number	SMQ5625X
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO SEE SAI
NRIC No	SXXXX510A
Contact Number	(Phone) +65-91468812
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM560C
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZENG YICHENG
NRIC No	SXXXX092B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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 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.

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.

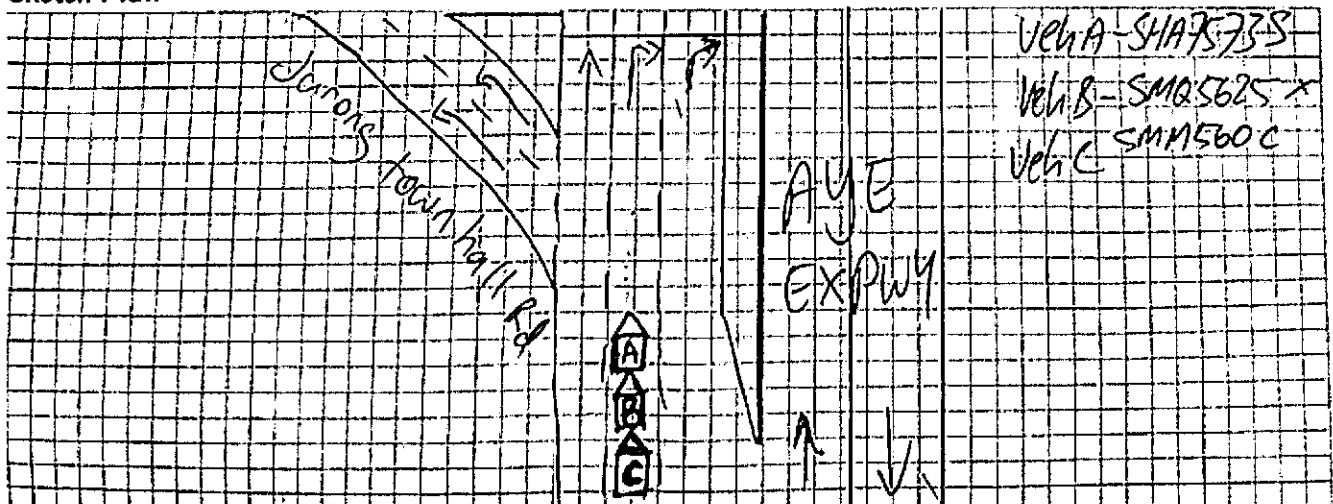
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 10000021R

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17/2/21 @ 1442hrs I had just exited from AYE into Jurong Town hall road onboard my vehicle SLA7573S. My vehicle was at stationary on the second lane to turn into Teban garden when a veh SMO5625X collided onto my rear. A third vehicle SMM560C had collided onto his rear which resulted into his vehicle colliding onto mine. No injury sustained. All drivers had exchanged particulars.

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100000021R

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel