# NS/INC21005130/T1qc

Date: Veh No: SMC (IAS) Vir Rogn: 2019 Phus (Insured Cost: Type: McGer Im Cycle (Bus ) Van Lorry (Taxis) Prime Mover: Truck / Trailer or Make: Var June (Insured Stal Nil Nin Na Burde Colour June (Insured Stal Nil Nin Na Burde Colour June (Insured Stal Nil Stal Nil Na Burde Colour June (Insured Stal Nil Na Burde Feet Colour June (Insured June June Stal Nil Na Burde Feet Colour June (Insured Stal Nil Na Burde Feet Colour June (In	SEFE BY TOUGHT	
Similared Cost  In Inf Diws / TPRES LOD RES / EVA / INV / IMV  o Inspect Vehicle No:  of Make:		
Self-rised Cost  Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Type: M.Cat' M.Cycle / Bus / Van / Lorry   Taxty Prime Boven    Make Colour	Fraie	Veh No: SHC 1/95D Yr Regn: 2019 Aug.
Truck (Trailer gr Make:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxty Prime Mover /
In the problem of the person Contacted:  It wortshop note for the veh had commenced its repair at the time of inspection.  Ball or Marker Value:  Bold / PR Seen:  Claim Fayerin:  2 days Res. Yes or No CLum Sum:  CLum Rep. / 2 days Res. Yes or No CLum Sum:  CLum Rep. / 2 days Res. Yes or No CLum Sum:  CA / REV / REP. / 2 days Res. Yes or No CLum Sum:  CA / REV / REP. / 2 days Res. Yes or No CLum Sum:  CA / REV / REP. / 2 days Res. Yes or No CLum Sum:  CA / REV / REP. / 2 days Res. Yes or No CLum Sum:  Date:  Deate:  Deate		Truck / Trailer or
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Sp. Reading Tradic insured Std / Ni / NA nsured:  Claims No. MT/1129140-002  Sum Insured: Excess:  Clear's Record)  Make of Veh:  (Policy Condition)  Remeric The veh had commenced its repair at the time of inspection.  Bat. or Market Value:  IDAC Acaddant Rport: Consistent?: Yes or No  Gla / PR. Sear: Consistent?: Yes or No  Est. Repair: 2 days Res.: Yes or No  CA / REV / REP. / 24 RS  Vehicle: IN / OUT  Date: Person Contacted:  Vehicle: IN / OUT  Date: Person Contacted:  Vehicle: IN / OUT  Date: Person Contacted:  Days Of Repair: 2  Action / Instruction  Date / Time		Golour & Lue A/C: Insured / Std / NI / NA
EngNo: Collent's Record) Make of Vert:  (Politry Condition) Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value: IDAC Accident Rport Glid J RR Sear: Consistent?: Yes or No Est. Repair: 2 days Res:: Yes or No CA / REV / REP. / 24 RS.  Vehicle: IN/OUT Date: Person Contacted:  Vehicle: IN/OUT Date: Person Contacted:  Date / Time	if Workshop m/s	TITI die bewerd   Ctd   MI   MA
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Sum Irsured: Excess:  (Client's Record)  Make of Velt:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / RR Sent:  Consistent?: Yes or No  Sure Person Contacted:  A Vehicle: IN / OUT  Date: Time   Action / Instruction  Date: Time   Action / Instruction  Date: Time, File Pass No?  (25/05 Typist   Final Report   Provide Pass No		
Birake: Inorder   Jammed   Leaked   Burnt or	AND THE RESIDENCE OF THE PARTY	
Modi: Nil   SRim   STD A/Rim or Tyre Size: F:   CY   CY   CY   CY   CY   CY   CY   C	Sum Insured: Excess:	
Tyre Size: F: (4) (STA)  Femalic The veh had commanced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Root:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Person Contacted:  Vehicle: IN / OUT  Date / Time   Action / Instruction  Date / Time   Action / Instruction  Date / Time, File Pass to?  () 25/05 Typist  DeletTime, File Pass to?  () 25/05 Typist  DeletTime, File Resum to?  Add Fee:  Size IF: (4) (STA)  R:  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time   Action / Instruction  Date / Time, File Pass to?  () 25/05 Typist  DeletTime, File Resum to?  Add Fee:  Size Insp (\$	(Client's Record)	
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Remark The veh had commenced its repair at the time of inspection.  Bal. or Market Value:    DAC Accident Rport:   Consistent?: Yes or No     GIA / PR Seen:   Consistent?: Yes or No     Lum Sum:   % 3 Val.: Yes or No     Date / Time   Action / Instruction     Date / Time   Action / Instruct	V	
TOYO / YOKO or WATCH LINE   Person of Inspection.   TOYO / YOKO or WATCH LINE   Person of Consistent? : Yes or No   Libal.   C mm   Libal.   C monto.   Libal.   C monto.   Libal.   C monto.   Libal.   C monto.   C monto.   C monto.   C monto.   C monto.   C monto.   C m		
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DAC Accident Rport:   Consistent? : Yes or No   R/Bal.   C mm   R/Bal.   C mm   Consistent? : Yes or No   List.   Repairs:   2   days   Res.:   Yes or No   D.O.A.   D.O.I.   25/4/2/   D.O.A.   D.O.I.   25/4/2/   D.O.A.   D.O.I.   25/4/2/   D.O.A.   D.O.I.   D.O.	repair at the time of inspection.	
IDAC Accident Roort  GIA / PR Seen:  Consistent? Yes or No  Est. Repairs:  2 days Res.: Yes or No  L/Bal.  D.O.A.  D.O.A.  D.O.A.  D.O.A.  D.O.A.  CA / REV / REP. / 24 HRS  Vehicle: IN/OUT  Date: Person Contacted: Vehicle: IN/OUT  Date: Action / Instruction  Date/Time   Action / Instruction  21/05/21@4.51pm Taufikh confirmed with Mr Lim final fig \$1649.44, 2 days. (Red \$504.72, 23%)  Date/Time, File Pass to?  1 Survey Fee: Transportation:  Date/Time, File Return to?  Add Fee: Site Insp (\$ Survey Fee: Transportation:  Add Fee: Site Insp (\$ Fricks ) Fricks  Fig. 10 Feb. Insection  The UC / Chassis frame / Body Structure affected due to collision  Date/Time, File Return to?  1 Survey Fee: Transportation:  Add Fee: Site Insp (\$ Survey Fee: Transportation:  Transportation: Site Insp (\$ Survey Fee: Transportation:  Transportation: Transportation:  Site Insp (\$ Survey Fee: Transportation:  Transportation: Transportation:  1 Final Report  Transportation: Transportation:  Transportation: Transportation: Transportation: Transportation:  Transportation: Transportati		
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Est. Repairs: 2 days  Lum Sum: % 3 Val.: Yes or No  CA   REV   REP.   24 HRS   W/ Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  21/05/21@4.51pm Taufikh confirmed with Mr Lim final fig \$1649.44, 2 days. (Red \$504.72, 23%)  Date/Time, File Pass to?   Preli. Report   P	OIN 11 K COOK	6 11111
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Date: Person Contacted: Vehicle: IN / OUT  Date   Person Contacted: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time   Action / Instruction  21/05/21@4.51pm Taufikh confirmed with Mr Lim final fig. \$1649.44, 2 days. (Red \$504.72, 23%)  Date/Time, File Pass 107   Preli. Report   Preli.		Odire) Hold at
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time   Action / Instruction  21/05/21@4.51pm Taufikh confirmed with Mr Lim final fig \$1649.44, 2 days. (Red \$504.72, 23%)  Date/Time, File Pass to?   Preli. Report   Days Of Repair: 2  1) 25/05 Typist   Final Report   Resurvey No. of Trip: 1   Survey Fee: Transportation:  Date/Time, File Return to?   Add Fee: Site Insp (\$ )   3 + RS   SI    1: Interview (\$ )   Priotos    Fig. 1 Tech. Time (15 )   Time;	CA   REV   REP.   24 HRS WY	Tet 1/1
Date/Time   Action / Instruction  21/05/21@4.51pm Taufikh confirmed with Mr Lim final fig \$1649.44, 2 days. (Red \$504.72, 23%)  Date/Time, File Pass to?   Preli. Report   Days Of Repair: 2  1) 25/05 Typist   Final Report   Resurvey No. of Trip: 1   Survey Fee:   Transportation:   Transportation:   Street Figure Figu		NIOUI
Date/Time, File Pass to?  1 25/05 Typist Date/Time, File Return to?  2 Add Fee: Site Insp (\$ ) Survey Fee: Transportation: Interview (\$ ) Photos  The proof of the pass to?  2 Transportation:		
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	TP 1649.44	Mesel et of C

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 22.04.2021 3P INSURANCE:

MODEL:

**HYUNDAI IONIQ** 

SURVEYOR: LKK-

VEH NO.: SHC1195D

MVA:

LIM T S

PART NO.		DESCRIPTION	QTY	UNIT PRICE	LIST PRICE
	FRT BUMPER		1		\$430.90
	FRT FENDER LH		1		\$588.80 67
	FRT FENDER (BL	UE-DRIVE) LH	1	"	\$26.60 104
	FRT WHEEL CAF	P LH	1		\$346.40 cm
		SPARE PARTS SUB TOTAL			\$1,392.70
		LESS 20%			\$278.54
	DISC	OUNTED SPARE PARTS TOTAL			\$1,114.16
		LKK Auto Consultants hence notified the Repairer of the following:  • To resurvey before/after say nainting the first and amaged part(s) during resurvey to a first and a firs	у		- \$1,114.16
	Panel Beating Spray Painting Tuff Kote	Parts prices are subject to confirmation     Third party survey is on a "Without Preju     No illegal modification(s) is allowed     Supplementary item(s) must be resurver is subject to final approval from Insurance	dice" basis		\$400.00 \( \frac{3}{5} \) \$600.00 \( \frac{5}{5} \) \$40.00 \( \frac{3}{5} \)
		Acknowledged by Repairer Signature: Date:  LABOUR TOTAL			\$1,040.00
		ESTIMATE TOTAL			\$2,154.16

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.

Touthin 17495745

-MP 23/4/21 @ 150pm

2 day P/P Passy offer april.

fanglin c/Whantomy



# ComfortDelGro Engineering Pte Ltd

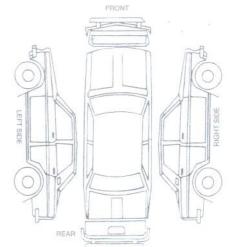
205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Mainline + 55 5555 deep r to the Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 22.04.2021 13:28

Page: 1

eam: ARC Repair TP(CLSO)1	JOB CARD Sales Order:	JC NO.:305464914
OMER	REGN NO.: SHC1195D	MILEAGE
S COMFORT TRANSPORTATION PTE LONGER NO. 7010045	MAKE: HYUNDAI	FUEL E1/2F
ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL IONIQ(G2)	1.04.2021 10:00
(R) 65508755 (O)	YR OF MANU. 06,08,2019	TARGET DATE
DUNT CARD NO.	CHASSIS CODE KMHC851CVKU165151	COMPLETION DATE/TIME:
ccident Date: 21.04.2021 ATURE: 3P 21.04.2021	JOB DESCRIPTION	



/NO	LABOR COD	E ·	DESCRIPTION	FRONT
				HIGHT SIDE
KED & PASSED OUT	BY:			
SERVIC	CE ADVISOR			CUSTOMER'S SIGNATURE
edgement Slip			Exit Pass	
No.: SHC119	5D LIMT	S	Vehicle No.: SHC1195D	
Service Advisor	<u> </u>	Signature/Date	Name of Service Advisor	Date

turned to Service Reception upon collection

To be kept by Security Guard

SJ04214M000C / JP Knights Pte Ltd ENTRY DATE & TIME: 22/04/2021 12:05 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (22/04/2021 12:05 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate
- 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 22/04/2021 12:05 (SGT) Date of Accident 21/04/2021 08:55 (SGT) **Exact Location of Accident** Airport Rd, Singapore Additional Location Information Country/State of Loss

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC1195D

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) +65-96704862

Alternative Phone No. (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hvundai Model Ae ioniq Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle? Vehicle Category Taxi Transmission Auto CC 1580

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Yes

Policy Number VFX/P2419138 Cover Note Number

DRIVER

Name of Driver KO KEE HONG NRIC No SXXXX620E

Date Of Birth 31/05/1950 Occupation Outdoor Date Of Driving Pass 27/05/1970 Driving experience 50 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96704862 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address **BLK 226 SIMEI STREET 4 #06-86** Address complement Postcode 520226 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 - Change/cross lane 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **PANG JIEHAO** Gender Male 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 I WAS TRAVELLING AT 1ST LANE TURN RIGHT TO TAI SENG. WHILE MY TAXI STILL MOVING THE VEHICLE B ENCROACHED MY LANE AND HIT MY TAXI LEFT FRONT PORTION. NO INJURY AND THE DRIVER OFFERING MUTUAL SETTLEMENT

HOWEVER I HAVE ONE MALE PASSENGER ONBOARD AND I'M NOT SURE IF HE WILL SUBMIT ANYTHING AFTER DROP OFF.

#### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGJ3889Y Vehicle Manufacturer Toyota Vehicle Model Wish

The state of the s	
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private hire
Name of Driver	- IIVate IIIIe
Contact Number	
Address	
Address complement	. 7
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	10.7s
No. Of Passenger (Including Driver)	
	10.77 C

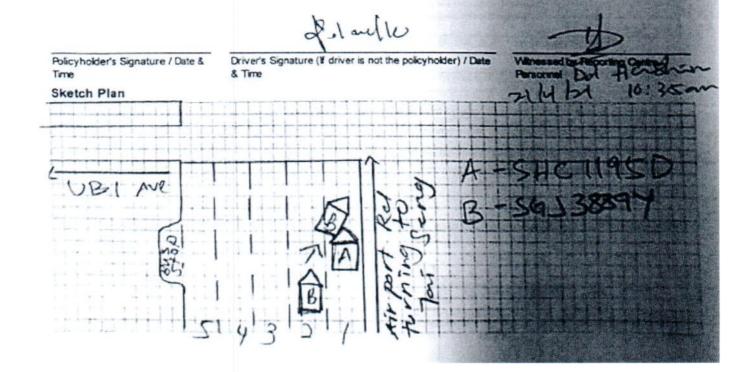
#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
- 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)

Lunderstand, 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' law yers/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:
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) 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 haurers' law yers/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 spents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
I was parelling at 1st lone turn right to
This Senoy- While my faxi still moving the vehice
B encreached my lane and bit my taxi
left front partion. No injury and the
driver offering unjual Settlement, however
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I not sure if he will submit anything after
drop aff
To the second of

## Declaration

IWe declare the foregoing particulars are true in every respect.

Land 10

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Dol Hashin 10:35am 21/4/21