

COMPANY REG. NO.: 199506048W

Page: 1

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO

SHC7085Z

MAKE

HYUNDAI

MODEL

I-40

DATE OF REG

07.04.2016

CHASSIS CODE

KMHLB41UMGU086889

NO/DATE

91564319 24.05.2021

JOB NO.

305464987

ODOMETER READING

JOB TYPE

Description : 3P 21.04.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,300.00
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Add GST @	7.000	%	91.00
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Total Invoice amount	1,391.00
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Issued by : KATHERINETAN 24.05.2021 15:09:05

Repair Type : CFS0/57/57

Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office:

05 Braddell Road

ngapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CC0421/SHC7085Z/CK(st)
Date: 18.06.2021

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

ACCIDENT ON 21.04.2021 INVOLVING SHC7085Z & SGS3844D ALONG PORTSDOWN AVE

Workshops

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHC7085Z, which was involved in the captioned accident with your insured vehicle No SGS3844D.

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

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.

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

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\$	1,391.00
2. Loss of Rental	4 days x S\$ 110.67	S\$	442.68
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	7.49
5. GIA / Police Report Fee		S\$	0.00
6. Others		S\$	0.00

Hirer's Claim :

1. Loss of Income	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **2,161.17**

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

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

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

A member of

Our Ref: CC21040393



Date: 24 May 2021

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 21/04/2021 @ 12:54 hrs
ALONG PORTSDOWN AVE
INVOLVING SGS3844D

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7085Z** (the "Taxi"). The Taxi was hired to **YEOW KOON SENG IC NO SXXXX223A** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MIL
						FROM	TO			
12/4	m	53	50	58	259.7	0645	1918			
13/4	m	53	53	25	266.9	0640	1903			
14/04	m	53	56	40	314.9	0644	1729			
15/	m	53	59	20	279.6	0645	1740			
16	m	53	62	24	304.1	0645	1948			
17	m	53	64	14	190.3	0802	1146			
18	m	53	65	16	101.4	0810	1136			
19	m	53	68	34	318.3	0644	1954			
20	m	53	71	93	358.9	0644	1919			
21/04/21	7				3470852	1410	-			
24/04/21	7	Standard Repair			3470852	-	1300			

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC7085Z , SGS3844D
ALONG PORTSDOWN AVE****ON 21-Apr-21 12:54****I / We YEOW KOON SENG (Hirer) NRIC No.: SXXXX223A****and/or (Relief) NRIC No.: SXXXX223A****Taxi Number SHC7085Z**

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 21-Apr-2021**Name of Hirer YEOW KOON SENG****Hirer NRIC SXXXX223A**

Signature :

**Address 477A UPPER SERANGOON VIEW #1...
531477****Contact No. 96509298**

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	21 Apr 2021 / 16:23:07		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SGS3844D		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20210421162307488374

Search Date / Time: 21 Apr 2021 12:54:00

Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)

SHC70852



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S69588300 / GST Reg. No.: M480017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ04214M0003 Vehicle Registration No: SHC7085Z
 Name (as shown in NRIC) : CityCab Pte Ltd NRIC/FIN/Passport No : 1XXXXX839G
 ("Vehicle Driver / Vehicle Owner") ("Please delete as appropriate)
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 21/04/2021 Time of Accident : 12:54hrs
 Place of Accident : Portstown Avenue
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Amend Sketchplan

- Upload police report & MC

Policyholder / Driver's Signature
 Date:

QA
 Reporting Centre Personnel's Signature
 Name: Ashikin
 NRIC/FIN No.:
 Date: 26/04/2021

Date Of Birth	13/04/1951
Occupation	Outdoor
Date Of Driving Pass	25/04/1972
Driving experience	49 YEARS
Gender	Male
Mobile Number	(Phone) +65-96509298
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 477A UPPER SERANGOON VIEW #15-558
Address complement	-
Postcode	531477
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VU THUY HUONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Is notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STOPPING AT THE PORTSDOWN AVE TRAFFIC LIGHT JUNCTION. VEHICLE B CAME FROM BEHIND AND HIT MY REAR TAXI PORTION. FROM THE VERY HARD IMPACT, MYSELF AND ONE FEMALE PASSENGER SUFFERED BODY PAIN AND WILL SEEK MEDICAL CHECKUP.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1



**SINGAPORE
POLICE FORCE**

RECEIVED
26 APR 2021



T/20210422/2048

xy

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

BY: *[Signature]*
chiang

1 of 3

Report No. T/20210422/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2021 12:43		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: YEOW KOON SENG			Address: APT BLK 477A UPPER SERANGOON VIEW #15-558 SINGAPORE 531477		
ID Type / ID No.: NRIC NO / S0888223A			Contact No.: Home/Office: Mobile: 96509298		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 13/04/1951	Type of Informant: Driver		
Race: Chinese			Language:		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: 21/04/2021 12:55	Type of Location:
Location: PORTSDOWN AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS3844D	Car				Slightly Damaged	0
SHC7085Z	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver				
Name	YEOW KOON SENG		ID No.	S0888223A
Related Vehicle	SHC7085Z (Car)		Contact No.	96509298
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/04/2021		Date Discharge	22/04/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	VU THUY HUONG HUONG		ID No.	G3521519R
Related Vehicle	SHC7085Z (Car)		Contact No.	92285848
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/04/2021		Date Discharge	22/04/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 21/04/2021 at about 12.37pm, I had picked up a female passenger from Geylang East Polyclinic on my taxi, SHC7085Z, heading to Science Park Drive. As I was travelling along Portsdown Avenue, the traffic light was showing red, which I then stopped. Shortly after, the vehicle behind of me had hit onto my rear. I then exited from my vehicle and I took photos of the accident and as I have a passenger in my taxi, I will need to report to insurance and the other driver acknowledged.

On 22/04/2021, as I woke up, my back area and my neck is feeling sore, as such, I decided to get it checked. I also picked up the passenger that was involved in the accident to go to A Life Clinic together. The passenger complaints that she is feeling pain on her head and her neck. We received three days of medical leave from 22/04/2021 to 24/04/2021.



**SINGAPORE
POLICE FORCE**



T/20210422/2048

3 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20210422/2048

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:

G /

Sgt 3 MUHAMMAD NASRUL AMIRUDDIN BIN
SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

22/04/2021 12:43

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

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	22/04/2021 10:52 (SGT)
Date of Accident	21/04/2021 12:54 (SGT)
Exact Location of Accident	Portdown Ave, Singapore
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7085Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96509298
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
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	

DRIVER

Name of Driver	YEOW KOON SENG
NRIC No	SXXXX223A

Date Of Birth	13/04/1951
Occupation	Outdoor
Date Of Driving Pass	25/04/1972
Driving experience	49 YEARS
Gender	Male
Mobile Number	(Phone) +65-96509298
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 477A UPPER SERANGOON VIEW #15-558
Address complement	-
Postcode	531477
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VU THUY HUONG
Gender	Female

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 STOPPING AT THE PORTSDOWN AVE TRAFFIC LIGHT JUNCTION. VEHICLE B CAME FROM BEHIND AND HIT MY REAR TAXI PORTION. FROM THE VERY HARD IMPACT, MYSELF AND ONE FEMALE PASSENGER SUFFERED BODY PAIN AND WILL SEEK MEDICAL CHECKUP.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS3844D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private hire
NRIC No	MUHAMMAD KHALID BIN ABU
Contact Number	SXXXX014B
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SHC7085Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	VU THUY HUONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SHC7085Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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 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

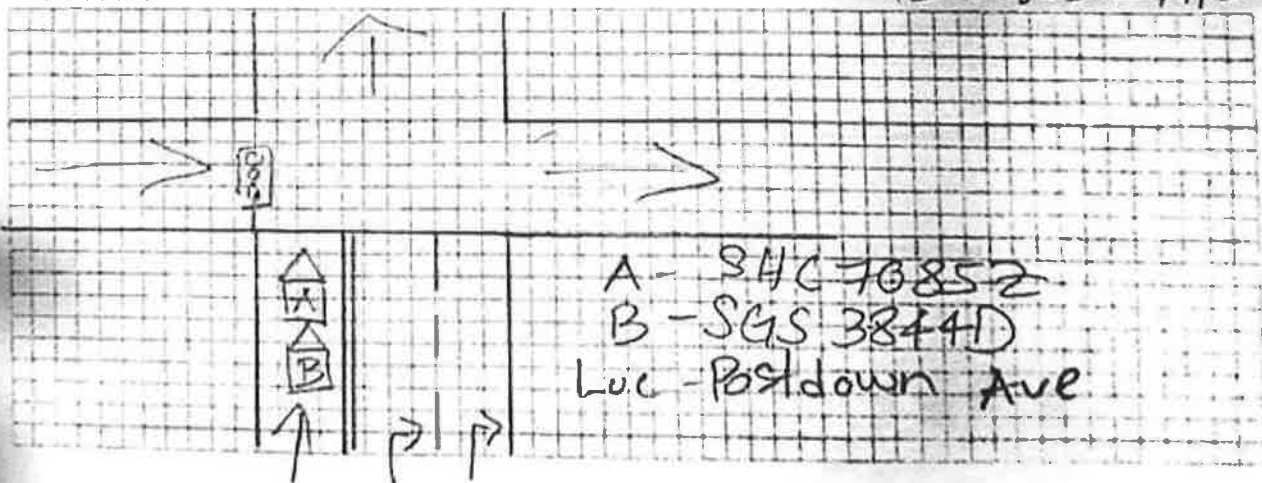
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

15:00 hrs 21/4/21

Sketch Plan

Describe Circumstances of the Accident

I was stepping at the Postlewood Ave traffic light junction. Vehicle B came from behind and hit my rear taxi portion. From the very hard impact myself and one female passenger suffered body pain and will seek medical checkup.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel *[Signature]*
15:06hrs 21/4/21