

GST REG. NO. M2-8921817-3
TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER
3 ANSON ROAD #16-00
SINGAPORE SG 079909
CONTACT NO: 62222366
VEHICLE NO
SHC3572K
MAKE
HYUNDAI
MODEL
IONIQ(G2)
DATE OF REG
24.07.2019
CHASSIS CODE
KMHC851CVKU164834
INV. NO/DATE
91566974 02.06.2021
JOB NO.
305468731
ODOMETER READING
DATE/TIME IN
06.05.2021 17:30

Description : TP/3P 06.05.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	FNPS	NUMBER PLATE FRONT W/CASING	1	50.00	0.00	50.00
0002	FNPS	NUMBER PLATE W/CASING -REAR	1	50.00	0.00	50.00
0003	04-01-0104-2534	COVER-FR BUMPER#	1	430.90	20.00	344.72
0004	04-01-0104-2164	GRILLE ASSY-RADIATOR#	1	1,409.10	20.00	1,127.28
0005	04-01-0101-0111	BUMPER COVER CLIP FRT	10	2.20	20.00	17.60
0006	04-01-0104-2361	MOULDING-FRONT BUMPER CTR UPR	1	368.50	20.00	294.80
0007	04-01-0104-2256	PANEL ASSY-TAIL GATE#	1	2,480.40	20.00	1,984.32
0008	04-01-0104-2270	EMBLEM-HYBRID	1	24.30	20.00	19.44
0009	04-01-0104-0653	CAP-FRONT HOOK	1	29.00	20.00	23.20

WHILST TAKING ALL REASONABLE PRECAUTIONS, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS, INCLUDING THE VEHICLE'S EQUIPMENT, ARISING FROM THE WORK DONE BY THE COMPANY OR ITS EMPLOYEES OR AGENTS. THE CUSTOMER'S RISK.

CUSTOMERS SHALL INSPECT THE WORK DONE BY THE COMPANY'S EMPLOYEES OR AGENTS AND SIGNIFY APPROVAL BY SIGNING THE INVOICE. THE CUSTOMER'S SIGNATURE SHALL BE A CONDITION FOR THE COMPANY TO ACCEPT THE VEHICLE FOR WORK. THE CUSTOMER'S SIGNATURE SHALL BE A CONDITION FOR THE COMPANY TO ACCEPT THE VEHICLE FOR WORK. THE CUSTOMER'S SIGNATURE SHALL BE A CONDITION FOR THE COMPANY TO ACCEPT THE VEHICLE FOR WORK.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS ON THE OUTSTANDING BALANCE OF THE INVOICE. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE WITHIN THE SPECIFIED PERIOD OF DEFALUT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT. IF THE CUSTOMER FINDS ANY DISCREPANCY, HE/ SHE MUST REPORT IT TO THE COMPANY WITHIN 14 DAYS OF RECEIPT. IF THE CUSTOMER DOES NOT REPORT IT WITHIN 14 DAYS, THE INVOICE SHALL BE CONSIDERED CORRECT AND BINDING.

omfortDelGro Engineering Pte Ltd
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.
8010012	91566974	10,420.86	

COMPANY REG. NO.: 199506048W

Page: 2

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06.05.2021 17:30

S/No	Part No.		Qty	Unit Price	%Disc	Net
0010	04-01-0104-2282	COVER-RR BUMPER#	1	459.40	20.00	367.52
0011	04-01-0104-2271	EMBLEM-IONIQ	1	31.30	20.00	25.04
0012	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0013	04-01-0104-1150	PROTECTOR MAT	1	50.00	0.00	50.00
0014	28-01-0103-0005	REAR BOOT LOGO CTPL	1	30.00	0.00	30.00
0015	28-01-0103-0006	REAR BOOT TEL NUMBER CTPL*	1	30.00	0.00	30.00
0016	28-01-9999-2025	APP LOGO REAR BONNET CTPL	1	40.00	0.00	40.00
0017	04-01-0104-2419	BEAM COMPLETE-FR BUMPER	1	1,075.10	20.00	860.08
0018	04-01-0104-2102	MOULDING-FRT BPR LICENSE PLATE	1	17.40	20.00	13.92
0019	04-01-0104-3922	FLAP ASSY-ACTIVE AIR UPR RH	1	356.00	20.00	284.80
0020	04-01-0104-2288	BEAM-RR BUMPER	1	394.80	20.00	315.84

ComfortDelGro Engineering Pte Ltd

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DATE/TIME IN
06.05.2021 17:30

S/No	Part No.		Qty	Unit Price	%Disc	Net
0021	04-01-0104-3919	STAY-RR BUMPER RH	1	138.10	20.00	110.48
0022	04-01-0104-3819	STAY-RR BUMPER LH	1	138.10	20.00	110.48
0023	04-01-0104-2370	LAMP ASSY-REAR FOG	1	201.50	20.00	161.20
0024	09-01-0104-2133	ANTENNA ASSY-SMARTKEY	1	40.50	20.00	32.40
0025	28-01-0302-2017	FUEL TANK LID (PETROL ONLY) CTPL	1	15.00	0.00	15.00
SUB-TOTAL			:			6,719.12

JOB NATURE

0001	PB	PANEL BEATING - FRT	350.00	350.00
0002	SP	SPRAYPAINT CHARGE	500.00	500.00
0003	17-01	CHECK ALL LIGHTING	20.00	20.00
0004	PB	PANEL BEATING - REAR	1,050.00	1,050.00
0005	SP	SPRAYPAINT CHARGE	1,000.00	1,000.00

0005 SP SPRAYPAINT CHARGE 1,000.00 1,000.00

ComfortDelGro Engineering Pte Ltd

Head Office:

05 Braddell Road
Singapore 579701

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8010012	91566974	10,420.86	

COMPANY REG. NO.: 199506048W
Page: 4

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CONTACT NO: 62222366

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INV. NO/DATE
91566974 02.06.2021

JOB NO.
305468731

ODOMETER READING

DATE/TIME IN
06.05.2021 17:30

S/No	Part No.		Qty	Unit Price	%Disc	Net
0006	L	REMOVE/REFIX REVERSE SENSOR		40.00		40.00
0007	23-01	TOWING FEE		60.00		60.00
		SUB-TOTAL				3,020.00

Items total		9,739.12
Add GST @	7.000 %	681.74
Invoice amount		10,420.86

Issued by : KATHERINETAN 02.06.2021 11:09:06
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

omfortDelGro Engineering Pte Ltd

Head Office:
05 Braddell Road
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91566974	40,420.86	

ndly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT0521/SHC3572K/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

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 06.05.2021 INVOLVING SHC3572K & YQ8480J ALONG KJE TWDS CHO CHU KANG WAY

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 SHC3572K, which was involved in the captioned accident with your insured vehicle No YQ8480J.

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\$	10,420.86
2. Loss of Rental	15.5 days x S\$ 125.19	S\$	1,940.45
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	15.5 days x S\$ 80.00	S\$	1,240.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **13,603.31**

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: CT21050221

Date: 01 June 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 06/05/2021 @ 17:30 hrs
ALONG KJE TWDS CHO CHU KANG WAY
INVOLVING YQ8480J, SLS716B

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 **SHC3572K** (the "Taxi"). The Taxi was hired to **ABDULLAH BIN SAMSUDIN IC NO SXXXX214Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
M	TO										FROM	TO
2000	1748	09/08	NON	1	84	6	0	6	296	1752	05.17	
	0015	05/04/21	Absullah	1	84	8	3	8	251	0640	1750	
	1720	5/4/21	Gymer	1	84	9	8	8	150	1040	0030	
05 03.20	1605	6/5	SNC 3572K.									
03.50		21/5	Accident Repair @ Layang							1730	1320	
	1000											
	1710											
05.50												
1740												

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING Hyundai Ioniq SHC3572K , YQ8480J , SL... **ON 06-May-21 17:30**
ALONG KJE TWDS CHO CHU KANG WAY

I / We **ABDULLAH BIN SAMSU...** (Hirer) NRIC No.: **SXXXX214Z**

and/or (Relief) NRIC No.: **SXXXX214Z**

Taxi Number **SHC3572K**

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 **14-May-2021**

Name of Hirer **ABDULLAH BIN SAMSUDIN**

Hirer NRIC **SXXXX214Z**

Signature :



Address **802A KEAT HONG CLOSE #02-97**
681802

Contact No. **92201507**


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

YQ8480J

Date of Accident

06/05/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 16/12/2020 - 15/12/2021

Requested By Janet Lim Siang Gek (COMFOR...

Requested Date 17/05/2021 10:49

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**



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: S60350026 / GST Reg. No.: M400017715

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 : SJ04215B0004 Vehicle Registration No: SHC3572K
 Name (as shown in NRIC) : Comfort Transportation Pte Ltd NRIC/FIN/Passport No : 1XXXXX821R
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 06/05/2021 Time of Accident : 17:30
 Place of Accident : KJE, Singapore
 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:

- INCLUDE THIRD PARTY VEHICLE NUMBER

- VEHICLE A :- YQ8480J

- VEHICLE B :- SLS716B

Policyholder / Driver's Signature
 Date:



SURIA
 Reporting Centre Personnel's Signature
 Name: SURIA
 NRIC/FIN No.:
 Date: 17/05/2021

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ8480J
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	
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	SLS716B
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
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	ABDULLAH BIN SAMSUDIN
Address	BLK 802A KEAT HONG CLOSE #02-97
Address Complement	
Post Code	681802
Approximate Age Years Old	66
Injuries Sustained	FOREHEAD AND TOOTH
Injured person in which vehicle?	SHC3572K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	Yes

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 11/05/2021 11:37 (SGT)
Date of Accident 06/05/2021 17:30 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3572K

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) +65-92201507
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae ioniq
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 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 ABDULLAH BIN SAMSUDIN
NRIC No SXXXX214Z

Date Of Birth	03/11/1954
Occupation	Outdoor
Date Of Driving Pass	18/06/1980
Driving experience	40 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92201507
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 802A KEAT HONG CLOSE #02-97
Address complement	-
Postcode	681802
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?	Yes
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	No
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	ABDULLAH BIN SAMSUDIN
Address	BLK 802A KEAT HONG CLOSE #02-97
Address Complement	-
Post Code	681802
Approximate Age Years Old	66
Injuries Sustained	FOREHEAD AND TOOTH
Injured person in which vehicle?	SHC3572K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorised Driver.
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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.
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7. By the lodgement of the 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' 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;
 - (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' 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 agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

16/05/21 / 2020 hrs

Witnessed by Reporting Centre Personnel

SHC 3572 K

Describe Circumstances of the Accident

Refer to police report

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

10/05/21 / 20204228

Witnessed by Reporting Centre
Personnel

Benny



**SINGAPORE
POLICE FORCE**



J/20210508/7046

1 of 2

POLICE REPORT (NP299)

Report No. J/20210508/7046

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 08/05/2021 21:37	Vide Report No.	Station Diary No.
Name Of Informant ABDULLAH BIN SAMSUDIN	Address 802A KEAT HONG CLOSE #02-97 SINGAPORE 681802	
ID Type / ID No. NRIC NO / S0150214Z	Contact No. Home/Office:	Mobile: 92201507
Nationality SINGAPORE CITIZEN	Email Address abdullahsamsudin54@gmail.com	
Occupation Taxi driver	Sex Male	Age 66
	Date of Birth 03/11/1954	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 06/05/2021 17:30 - 06/05/2021 17:45	Location Of Incident 802A KEAT HONG CLOSE #02-97 SINGAPORE 681802	

Brief details.

On the 6th of May 2021 at about 5.30pm, I was on the way to dropping a passenger so was turning right to KJE and go straight keeping to my left towards Cho Chu Kang Way I heard a loud sound. I realize that someone hit my taxi from the back and there was a car in front of me also. I manage to put a break so that I can avoid hitting the car in front of me badly. After that I was a bit blur about what was happening. I realize there was blood from my forehead and tooth cos I hit against the steering wheel.

Subjects Involved

Victim

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

08/05/2021 21:37

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20210508/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210508/7046

Person Name	ABDULLAH BIN SAMSUDIN		
ID Type	NRIC NO	ID No	S0150214Z
Gender	Male	Age	66
Race	Indian	Language	English
Occupation	Taxi driver	Address	802A KEAT HONG CLOSE #02-97 SINGAPORE 681802
Mobile No	92201507	Is Informant A Victim?	Yes
Person Name	ABDULLAH BIN SAMSUDIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:

08/05/2021 21:37

Classification Of Case: