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BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 2-Jun-21

INSURANCE: MSIG.

MODEL: HYUNDAI IONIC

VEHICLE NO.: SH 6716L

Description	Qty	Lis	t Price		Amount		
Bonnet 54	1	\$	2,253.80	\$	2,253.80	1	
Bonnet Lock **	1	\$	127.30	\$	127.30		
Bonnet Insulator Clips الما	1	\$	15.00	\$	15.00	×	
Radiator Grille ha lea	1	\$	1,409.10	\$	1,409.10	-	
Flap Assy Active Air Upper, (LH/RH) broken 443.21 \$2	2	\$	824.60	\$	1,649:20	1	886-47
Speaker Assy-VESS 2 many more	1	\$	554.40	\$	554.40	2	-354.46
Unit Assy-SMART CRU (Radar Sensor) holes money	1	\$	2,910.90	\$	2,910.90		
Flap Assy Active wire	1	\$	765.30	\$	765.30	×	
Front Number Plate garnish defound cod	1	\$	188.00	\$	188.00	1	
Front Bumper Cover town	1	\$	418.30	\$	418.30	_	
Front bumper top cover	1	\$	476.30	\$	476.30	×	
Front Bumper Sponge two	1	\$	186.90	\$	186.90	-	
Front Bumper Reinforcement Dente Moken	1	\$	1,075.10	\$	1,075.10		
Front Bumper Reinforcement ABSORBER (LH/RH) 2 54	2	\$	186.50	\$	373.00	74	-
Front Bumper Towing Cover distant	1	\$	29.00	\$	29.00	1	
Front Bumper Moulding Centre Upper (w	1	\$	368.50	\$	368.50		
Front Bumper Moulding	1	\$	93.60	\$	93.60		
Front Bumper Lower Stiffner ***	1	\$	285.10	\$	285.10	1	
Front bumper lower grille CVENC MOKEN	1	\$	365.30	\$	365.30	_	
front bumper lower grille moulding crack (1	\$	127.60	\$	127.60	-	
Front Bumper Lip NH	1	\$	35.10	\$	35.10	×	
Front Bumper Bracket Top (LH/RH)	2	_	35.00	\$	70.00	X	
Front Bumper Bracket (LH/RH)	2	_	28.00	\$	56.00	X	
Front Bumper Retainer Mounting (LH/RH)	2	_	65.30	\$	130.60	×	
Front Bumper Clips 10 pcs Hec	1	\$	25.00	\$	25.00	1	
Front Bumper Grille (LH/RH) HIS CLT AUTHOR OF HA	2	_	(86.98)	\$	373.80	1	
Front bumper air duct (LH/RH)	2	-	153.80	\$		X	
Day Light ,LH NH	1	\$	642.50	\$	642.50	×	
Day Light , RH HH	1		642.50	\$	642.50	×	
Day Light Wire, ⊢⊢	1	+-	585.50	\$		X	
BUZZER ASSY - PIEZO (LH) NI	1	\$	388.00	\$	388.00	×	
Headlamp Support Panel Assy broken	1	\$	949.30	\$	949.30	1	
Headlamp(LH/RH) Water (at 1933.65 x 2	2	-	3,987.30)\$	7,974.60	1	
Horn Unit (LH/RH) SVC	2	-	72.80	\$	145.60	9	
Horn Wire	1	-	386.70	\$	386.70	×	
Radiator Inverter # Punchund 15t	1	\$	884.80	\$	884.80	7.	/
Radiator 2 Pundrul 1 15t	1	\$	710.50	\$	710.50	3	1
Radiator fan blower motor assy	1	\$	1,226.60	\$	1,226.60	22	
Radiator Air Guard (LH/RH) SVC	2		76.40	\$	152.80		
Radiator Air Guard, Upr (LH/RH) 5/7	2		127.50	\$	255.00		
Radiator Hose Upper HL	1	_	166.20	\$	166.20	×	
Front Fender(LH/RH) OS HH HS Pendel 104	2	-	490.70	_	981.40	1	
Front Fender Shield (LH/RH)	2	_	164.70	\$	329.40	X	

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Aircon Condenser Z 15+ Pundmi	1	\$ 663.60	\$	663.60	41-
Dashboard Complete bole	1	\$ 4,724.00	\$		1474.00
Steering Airbag Complete boller ectuals	1	\$ 1,090.90	\$	1,090.90	
Airbag Control Module んけいひょう	1	\$ 1,243.70	\$	1,243.70	
Knee control airbag module assy	1	\$ 578.60	\$	578.60	ma X
Steering Angle Assy Z Dec	1	\$ 786.90	\$	786.90	2
Sensor Assy Impact -Frt Inpact HH	1	\$ 643.90	\$	643.90	×
Airbag Sensor (LH/RH) ムサルスナム	2	\$ 348.10	\$	696.20	<u></u>
Airbag Frt Seat	1	\$ 1,344.50	\$	1,344.50	×
Front Cushion Seat (RH)	1	\$ 5,183.20	\$	5,183.20	× 626.40
Frt Safety Belt(Assy)(LH/RH) detract 313.20 x2	2	\$ 648.90	\$	1,297.80	626.40
Rear Safety Belt(Assy)(LH/RH) Liture 448.90 KZ	2	\$ 513.20	\$	1,02 6.4 0	-897.80
SUB TOTAL			\$	48,264.90	
LESS 20%			\$	9,652.98	27325.92
DISCOUNTED TOTAL			\$	38,611.92	
					21860.73
Front Number Plate dislodge broken SN	1	\$ 25.00	\$	25.00	711-1
Front No Plate Trim Cover 🚣 broken SN	1	\$ 30.00	\$	30.00	J45 -
COOLANT HA SN	1	\$ 45.00	\$	45.00	×
Emblem-Blue Drive (LH/RH) HEL NS 0/5 HW SN	2	\$ (26.60)	\$	53.20	LL List
INVERTER COOLANT No SN	1	\$ 65.00	\$	65.00	×
					45.00
SUB TOTAL			\$	218.20	10 7
Labour Charge					to only
Panel Beating	1	\$1,600.00	_	\$1,600.00	1000
Spray Painting Charge	1	\$1,400.00		\$1,400.00	
Wiring Charge	1	\$100.00		\$100.00	
Tuff Kote	1	\$100.00		\$100.00	
Towing Charge	1	\$80.00		\$80.00	
Remove/Refix Radiator	1	\$90.00		\$90.00	
Remove/Refix Aircon & Refill Gas	1	\$130.00		\$1 30.0 0	
Remove/Refix Fuse Box	1	\$120.00		\$120.00	
Remove/Refix Dashboard	1	\$350.00		\$350.00	
Remove/Refix Cushion & Upholstery Front	1	\$90.00		\$90.00	
Re-programe Air Bag & Safety Belt System	1	\$550.00		\$550.00	
Diagnostic & Resetting To Erase Fault Code	1	\$550.00		\$550.00	150/
TOTAL LABOUR				AF 100.00	2/1/2
TOTAL LABOUR				\$5,160.00	2480.00
			_	00.044.00	-
ESTIMATE TOTAL			\$	39,241.92	

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.

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neultants 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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

Date:

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE:

4-Jun-21

INSURANCE:

MSIG

MODEL:

HYUNDAI IONIC

VEHICLE NO .:

SH 6716L

Description `	Qty	Lie	st Price	П	Amount	1
Bonnet Hinge (LH/RH)	2		118.70	\$	237.40	
Front Windscreen Glass Colock	1	\$	1,558.10	\$	1,558.10	
Front Windscreen Moulding	1	\$	157.30	\$	157.30	
Clutch Fluid	2	\$	85.00	\$	170.00	
electronic clutch actuator assy broken month	1	\$	6,345.80	\$	6,345.80	4130.20
Passenger Air Bag octube	1	\$	2,633.50	\$	2,633.50	
Knee control airbag module assy admits	1	\$	1,735.80	\$	1,735.80	
Rear Seat side inner garnish (LH/RH) Cont l vit	2	_	\$481.50	\$	963.00	
Rear Fender Corner inner upper garnish (LH/RH)	2	\$	486.70	\$	973.40	
		-	100.70	Ψ	070.40	10/0/6/20
SUB TOTAL				\$	14,774.30	10549.20
LESS 20%				\$	2,954.86	8439.36
DISCOUNTED TOTAL					11,819.44	
Front Windscreen Sealant Have SN	2	\$	46.00	\$	92.00	40.00
Front ERP Sticker Luc SN	1	\$	30.00	\$	30.00	1 -
						10.00 10.00
SUB TOTAL				\$	122.00	
Labour Charge						
Remove/Refix Front Windscreen Glass	1		\$120.00		\$120.00	801-
Remove/Refix gearbox	1		\$600.00		\$600.00	
	'		\$000.00		Ψ000.00	-M 00.00
TOTAL LABOUR					\$720.00	
ESTIMATE TOTAL				_	12,661.44	

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

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[∗] ≻Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID: Vehicle Details	821R
Vehicle No.:	SH6716L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Jun 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	
Primary Colour:	AE IONIQ HEV 1.6 DCT Blue
Manufacturing Year:	2019
Engine No.:	
Chassis No.:	G4LEJU194300
Maximum Power Output:	KMHC851CVKU141857
Open Market Value:	103.6 kW (138 bhp)
Original Registration Date:	\$24,799.00
First Registration Date:	03 May 2019
Transfer Count:	03 May 2019
Actual ARF Paid:	0
Intended PARF Rebate Details	\$11,719.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	****
PARF Rebate Amount:	02 May 2027
ntended COE Rebate Details	\$8,789.00
COE Expiry Date:	02 May 2027
COE Category:	
COE Period(Years):	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid:	· · · · · · · · · · · · · · · · · · ·
COE Rebate Amount:	\$22,309.00
otal Rebate Amount: ⁄lessage	\$16,499.00 \$25,288.00

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 02 Jun 2021

SJ042162000H / JP Knights Pte Ltd ENTRY DATE & TIME: 03/06/2021 08:49 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (03/06/2021 08:49 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

03/06/2021 08:49 (SGT) 01/06/2021 20:40 (SGT) Corporation Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH6716L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

COMFORT TRANSPORTATION PTE LTD

1XXXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-96270943 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private hire

Hyundai

Ae ioniq

No - Claiming third party

AXA Insurance Pte Ltd

ThirdPartyFireTheft

Taxi Auto 1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

TAY BOON CHUAN SXXXX628B



Date Of Birth

Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

08/03/1959

19/06/1979

42 YEARS

(Phone) +65-96270943

fleetsafety@cdgtaxi.com.sg

Collision - Change/cross lane

BLK 302 CLEMENTI AVENUE 4 #04-541

Male

120302

No

No

Hirer

Clear

Dry

No

Yes

Yes

Yes

1

No

2

Outdoor

Clementi Neighbourhood Police Centre

(Phone) +65-18008729999

(Fax) +65-68728039

No. Singapore 129858

No

CIRCUMSTANCES OF ACCIDENT

01062021 2040HRS I WAS TRAVELLING STRAIGHT ON THE CENTER LANE ALONG CORPORATION RD.APPROACHING THE TRAFFIC LIGHT JUNCTION I NOTICED VEHICLE B FROM CORPORATION RD TURNING RIGHT TO JALAN AHMAD IBRAHIM WHILE THE TRAFFIC LIGHT WAS STILL IN GREEN LIGHT AND IT ON MY FAVOUR. I APPLIED BRAKE BUT UNABLE TO STOP IN TIME, BOTH VEHICLES COLLIDED AND BADLY DAMAGED. AFTER IMPACT VEHICLE B DRIVER AND TWO PASSENGER CONVEYED TO HOSPITAL BY AMBULANCE. MYSELF SUSTAIN HEAD PAIN AND UNCOMFORTABLE FEELING BUT WILL SEEK MEDICAL CHECK UP BY MYSELF. MY IN-CAR CAMERA SD CARD SEIZED BY TRAFFIC POLICE ATTENDED AT THE SCENE.

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

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP5671D



INJURED PERSONS DETAILS

INJURED 1





Report No. T/20210602/2000

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

REPORT	OF	Δ	TRA	FFIC	ACCIDEN'	Т

Date/Time Report Made: 02/06/2021 00:47			Vide Report No.: J/20210601/0126	Station Diary No.: 15			
Informa	nt's Particu	ılars					
	Informant: ON CHUAN	1	Address: APT BLK 302 CLEMENTI AVENUE 4 #04-541 SINGAPORE 120302				
ID Type / ID No.: NRIC NO / S1343628B			Contact No.: Home/Office: Mobile: 96270943				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 62 08/03/1959			Type of Informant: Driver				
Race: Chinese			Language: Institution / School No.				
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2021 20:3	Type of Location X-Junction		
Location: JALAN AHMA	AD IBRAHIM					
Weather:		Road Surface: Dry		Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate		
Type of Collis	sion: ving Vehicles - Head To S	ide		Anyone conveyed by ambulance:		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6716L	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT		Slightly Damaged	0
SLP5671D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	2





Report No. T/20210602/2000

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999 CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian	Use of Pede	estrian	Cross	ing: NA	
Driver				Ph/A	
Name	TAY BOON CHUAN		ID No.		S1343628B
Related Vehicle	ŞH6716L (Car)		Contac	ct No.	96270943
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
	ted Medical Leave NIL	Degree of I	njury	NIL	
					haran a sana
Name	Unknown		ID No.		NIL
Related Vehicle	SLP5671D (Car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
	ted Medical Leave NIL	Degree of I	Injury	Sligh	t

Brief Details.

On 1 June 2021 at about 2035hrs, I was driving my car bearing registration no.: SH6716L along Corporation Rd at the Junction of Jln Ahmad Ibrahim on the leftmost lane. As the traffic light was green, I moved forward to go towards Jurong Port Road.

As I was moving forward, the other party using the car bearing registration no.: SLP5671D was travelling from Jurong Port Road and turning right into AYE. The other party's car turned into the path of my car. I was unable to brake in time and the front of my vehicle collided into the side of his vehicle. I alighted to check my car as well as the other party's car. The front of my car was broken and the left side of the other party's car was dented.

The other party remained in his vehicle. Police and ambulance shortly arrived at scene. The driver of the other car as well as his passengers were conveyed to the hospital for their injuries. I am not aware of what injuries they sustained. I was unable to get the particulars of the other party.

There was a footage recorded on the in-car camera and the footage was handed over to the police.

I am lodging this report for insurance purpose.





Report No. T/20210602/2000

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 CONTINUATION OF REPORT





Report No. T/20210602/2000

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 CONTINUATION OF REPORT

Tel No: 1800-8729999

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: D / SCCPL CHUA ZHENG YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2021 00:47
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Compact No APG 5472077 SN 37	Classification Of Case:
Authentication Stamp NP168	

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 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 w orkshop 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Ceptre Personnel

Sketch Plan

Galan Ahmad Abrahim

A SH6716

B - SLP 56710

SKETCH PLAN #2

Describe Circumstances of the Accident

01062021 2040HRS I WAS TRAVELLING STRAIGHT ON THE CENTER LANE ALONG CORPORATION RD.APPROACHING THE TRAFFIC LIGHT JUNCTION I NOTICED VEHICLE B FROM CORPORATION RD TURNING RIGHT TO JALAN AHMAD IBRAHIM WHILE THE TRAFFIC LIGHT WAS STILL IN GREEN LIGHT AND IT ON MY FAVOUR. I APPLIED BRAKE BUT UNABLE TO STOP IN TIME, BOTH VEHICLES COLLIDED AND BADLY DAMAGED. AFTER IMPACT VEHICLE B DRIVER AND TWO PASSENGER CONVEYED TO HOSPITAL BY AMBULANCE. MYSELF SUSTAIN HEAD PAIN AND UNCOMFORTABLE FEELING BUT WILL SEEK MEDICAL CHECK UP BY MYSELF. MY IN-CAR CAMERA SD CARD SEIZED BY TRAFFIC POLICE ATTENDED AT THE SCENE.

Declaration

t/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