

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 SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA1643M

**MAKE
HYUNDAI**

MODEL
IONIQ(G2)

DATE OF REG
02.07.2019

CHASSIS CODE
KMHC851CVKU164510

INV. NO/DATE
91576541 12.07.2021

JOB NO.
305474595

ODOMETER READING

DATE/TIME IN
21.06.2021 11:00

Description : 3P 20.06.2021

S/No	Part No.
------	----------

Qty	Unit Price	%Disc	Net
-----	------------	-------	-----

PART REQUISITION

0001	FNPS	NUMBER PLATE FRONT	1	55.00	0.00	55.00
0002	04-01-0104-2282	COVER-RR BUMPER#	1	459.40	20.00	367.52
0003	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0004	04-01-0101-0111	BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
0005	04-01-0104-2270	EMBLEM-HYBRID	1	24.30	20.00	19.44
0006	04-01-0104-2271	EMBLEM-IONIQ	1	31.30	20.00	25.04
0007	04-01-0104-2175	SYMBOL MARK-H	1	38.00	20.00	30.40
0008	04-01-0104-1150	PROTECTOR MAT	1	50.00	0.00	50.00
0009	28-01-0103-0006	REAR BOOT TEL NUMBER CTPL*	1	30.00	0.00	30.00
0010	28-01-0103-0005	REAR BOOT LOGO CTPL	1	30.00	0.00	30.00

ComfortDelGro Engineering Pte Ltd

Head Office:
105 Braddell Road
Singapore 579701

ndly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91576541	2,821.80	

COMPANY REG. NO.: 199506048W
Page: 2

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: 6222366

VEHICLE NO
SHA1643M

**MAKE
HYUNDAI**

MODEL
IONIQ(G2)

DATE OF REG
02.07.2019

CHASSIS CODE
KMHC851CVKU164510

INV. NO/DATE
91576541 12.07.2021

JOB NO.
305474595

ODOMETER READING

DATE/TIME IN
21.06.2021 11:00

S/No	Part No.		Qty	Unit Price	%Disc	Net
0011	28-01-9999-2025	APP LOGO REAR BONNET CTPL	1	40.00	0.00	40.00
0012	09-01-9999-0068	REVERSE SENSOR ASSY*	1	180.00	0.00	180.00
0013	04-01-0104-2370	LAMP ASSY-REAR FOG	1	201.50	20.00	161.20
		SUB-TOTAL				1,367.20

JOB NATURE

0001	PB	PANEL BEATING - SHA1643M	700.00	700.00
0002	SP	SPRAYPAINT CHARGE	500.00	500.00
0003	20-00	TUFF COAT ON AFFECTED PARTS.	40.00	40.00
0004	20-22	REMOVE/REFIX REVERSE SENSOR	30.00	30.00
SUB-TOTAL			:	1,270.00

ComfortDelGro Engineering Pte Ltd

Head Office:
05 Braddell Road
Singapore 579701

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ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91576541	2,821.80	

COMPANY REG. NO.: 199506048W
Page: 3

GST REG. NO. M2-8921817-3

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SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA1643M

**MAKE
HYUNDAI**

MODEL
IONIQ(G2)

DATE OF REG
02.07.2019

CHASSIS CODE
KMHC851CVKU164510

INV. NO/DATE
91576541 12.07.2021

JOB NO.
305474595

ODOMETER READING

DATE/TIME IN
21.06.2021 11:00

Items total		2,637.20
Add GST @	7.000 %	184.60
Invoice amount		2,821.80

Issued by : KATHERINETAN 12.07.2021 11:09:18
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office:
05 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	91576541	2,821.80	

Our Ref: CT0621/SHA1643M/CK(st)
Date: 23.07.2021



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

Attn : Motor Claims Department

Without Prejudice

Dear Sir/Madam

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimilie +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 20.06.2021 INVOLVING SHA1643M & SLL 169S ALONG JLN BESAR BEFORE OPHIR 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 SHA1643M, which was involved in the captioned accident with your insured vehicle No SLL 169S.

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\$	2,821.80
2. Loss of Rental	4 days x S\$ 125.19	S\$	500.76
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\$ 3,650.05**

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: CT0621/SHA1643M/CK(st)
Date: 23.07.2021

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

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Facsimile +65 6280 9755

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FAX: 62141843

Email: catherinekoh@cdge.com.sg

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A member of

Our Ref: CT0621/SHA1643M/CK(st)
Date: 23.07.2021

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
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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: CT21060258

Date: 12 July 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 20/06/2021 @ 15:30 hrs
ALONG JLN BESAR BEFORE OPHIR RD
INVOLVING SLL169S

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 **SHA1643M** (the "Taxi"). The Taxi was hired to **DEREK LING HUAT SENG IC NO SXXXX335I** 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****Hyundai Ioniq SHA1643M , SLL169S
JLN BESAR BEFORE OPHIR RD****ON 20-Jun-21 15:30**

I / We

DEREK LING HUAT SENG(Hirer) NRIC No.: **SXXXX335I**

and/or

(Relief) NRIC No.: **SXXXX335I**

Taxi Number

SHA1643M

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-Jun-2021


Name of Hirer

DEREK LING HUAT SENG

Hirer NRIC

SXXXX335I

Signature :



Address

**318 SERANGOON AVENUE 2 #12-320
550318**

Contact No.

90903707

6

10/10/20

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	21 Jun 2021 / 12:56:56		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SLL169S		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20210621125656167841

Search Date / Time: 20 Jun 2021 15:30:00

Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

Enquire Related Logs

OK

SNA 1643m



SINGAPORE
POLICE FORCE



T/20210621/2046

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3
Report No. T/20210621/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2021 13:38	Video Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: LING HUAT SENG DEREK			Address: APT BLK 318 SERANGOON AVENUE 2 #12-320 SINGAPORE 550318		
ID Type / ID No.: NRIC NO / 501613351			Contact No.: Home/Office: Mobile: 90903707		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 09/04/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Self-Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2021 15:25	Type of Location: T-Junction
Location: JALAN BESAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHA1643M	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	0
SLL169S	Car	TOYOTA	PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD	Blue		0



Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880990

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LING HUAT SENG DEREK	ID No.	S01613351
Related Vehicle	SHA1643M (Car)	Contact No.	90903707
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/06/2021	Date Discharge	20/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED SHAHABUDEEN BIN ABDUL HAMMED	ID No.	S95453921
Related Vehicle	SLL169S (Car)	Contact No.	90911644
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/06/2021 at around 1528hrs, I was driving my vehicle SHA1643M along Jalan Besar towards Bencoolen. The weather was clear, road was dry and traffic was moderate. I reached at the T-junction wanting to turn left to Ophir Road. I was stationary at the left lane as the traffic light was red.

As I was waiting for the traffic light to turn green, I felt an impact coming from the rear. The impact was minor, I stopped my vehicle to make a check with the driver.

The driver informed that he was not aware that his electric vehicle was so powerful. We exchange particular, took photos of the incident and left the scene.

I left pain at my shoulders and went to see a doctor on 20/06/2021 and was given 3 days MC.



SINGAPORE
POLICE FORCE



T/20210621/2046

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20210621/2046

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:

F /

Sgt 3 LAM CHEW KIT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

21/06/2021 13:38

Classification Of Case:

Authentication Stamp

NP158

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	21/06/2021 15:54 (SGT)
Date of Accident	20/06/2021 15:30 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1643M
-----------------------------	----------

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) +65-90903707
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	LING HUAT SENG DEREK
NRIC No	SXXXX335I



Date Of Birth	09/04/1953
Occupation	Outdoor
Date Of Driving Pass	12/12/1973
Driving experience	47 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90903707
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 318 SERANGOON AVENUE 2 #12-320
Address complement	-
Postcode	550318
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)	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 200621 1530HRS I WAS STOPPED MY VEHICLE ALONG JLN BESAR ON FIRST LANE. WHILE MY VEHICLE WAS STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B COLLIDED ONTO MY REAR BUMPER. I SUSTAINED SHOULDER PAIN DUE TO THE IMPACT AND GIVEN 3DAYS MC

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	SLL169S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private hire
Name of Driver	MOHAMED SHAHABUDEEN BIN ABDUL HAMEED

NRIC No	XXXXX392I
Contact Number	(Phone) +65-90911644
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LING HUAT SENG DEREK
Address	BLK 318 SERANGOON AVENUE 2 #12-320
Address Complement	
Post Code	550318
Approximate Age Years Old	68
Injuries Sustained	SHOULDER PAIN - 3 DAYS MC
Injured person in which vehicle?	SHA1643M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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)

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

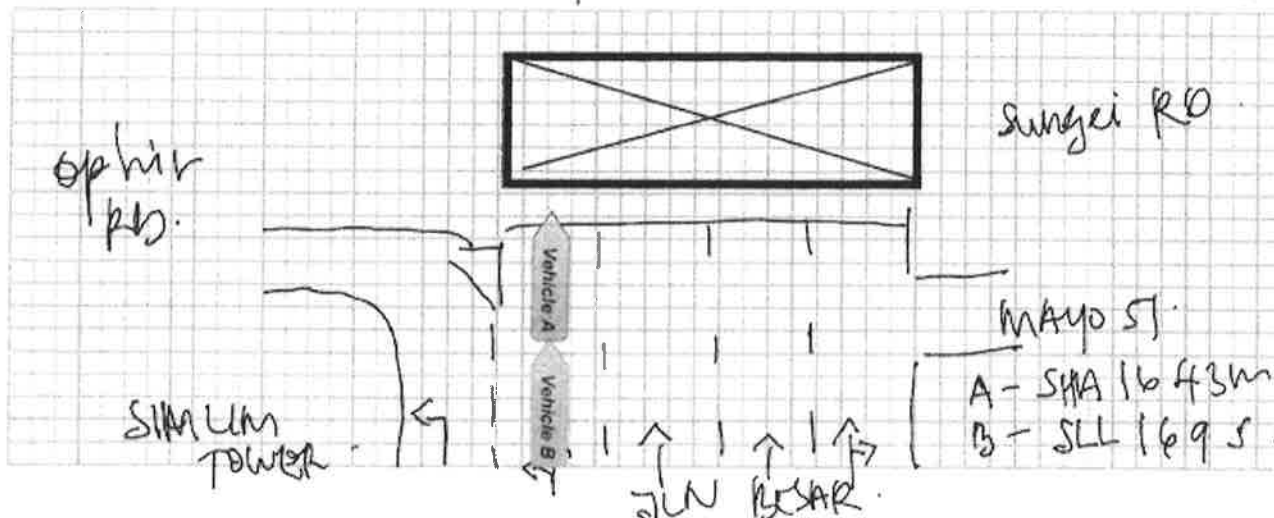
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre - Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 200621 1530HRS I WAS STOPPED MY VEHICLE ALONG JLN BESAR ON FIRST LANE. WHILE MY VEHICLE WAS STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B COLLIDED ONTO MY REAR BUMPER. I SUSTAINED SHOULDER PAIN DUE TO THE IMPACT AND GIVEN 3DAYS MC

Declaration

I/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

7 / 9

Darsh Luy
21/6/2021 - 1130A

Khanna
Khanna