

(08/11/13) wef

ASS. REC. BY: PKM

REF:

NS/INC21007954/R1qc

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHB 1076Uat Workshop m/s SMRTof 60, WOODLANDS 1st PK E4

Insured:

NTUC

Policy No.

Claims No. MT/1129055-002

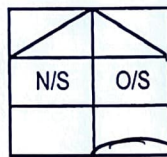
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHB 1076U

Yr Regn:

2019 / D6C

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRIUS H-B Autoc.c 1798

Colour

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading

181427

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STD KB 3FU603089019

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/04/21

D.O.I.

26/07/21

Survey held at

SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

REAR o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

10/08/21 @ 11.07am re-finalised with Poh Suan at final fig \$1907.28, 3 days. (Red \$19089.32, 91%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 10/08 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS SI☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format : TPLump Sum / I.B.I: (\$ 1907.28)

TOTAL

Case Details

Case Reference Number : TAX/04/21/2061
Type of Repair : Accident Repair
Vehicle Registration Number : SHB1076U

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-15494-ID
Assigned By : Tan Lee Ge #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 20/04/2021 09:15 AM
Vehicle Age(In Months) : 16

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	SMRT Recommendation				Repair/ Replace	Surveyor Approval			Remarks
						List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)		Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	364.20	Replace	de-
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 1	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	Xnn
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 2	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	Xnn
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 3	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	Xnn
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25.00	16.95	Replace	0	0	Not Give	Xnn
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	de-
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	Xnn
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	0	Check	?
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	1	280.88	Replace	de-
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	0	0	Check	?

Total Spare Part Cost 12,873.06

Lump Sum Discount (%) 0.00

Final Spare Part Cost 12,873.06

Surveyor Total 798.83

Lump Sum Dis (%) 0

Final Sur Total 798.83

SMRT Recommendation										Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	0	0	Not Give	Xan
One Time Key In	Main			SEAL, RR BUMPER , RH	1	118.30	118.30	25.00	88.72	Replace	0	0	Not Give	Xan
One Time Key In	Main			SEAL, RR BUMPER , LH	1	118.30	118.30	25.00	88.72	Replace	0	0	Not Give	Xan
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	?
One Time Key In	Main			COVER, REAR FLOOR UNDER , RH	1	175.10	175.10	25.00	131.32	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Check	?
One Time Key In	Main			COVER, REAR FLOOR UNDER , LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	Xan
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	nan
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1	39.00	39.00	25.00	29.25	Replace	0	0	Check	?
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	Xan
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	72.00	72.00	10.00	64.80	Replace	0	0	Not Give	Xan
One Time Key In	Main			REVERSE SENSOR, REAR BUMPER	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
One Time Key In	Main			TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1	913.60	913.60	25.00	685.20	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE PANEL SUB-ASSY, BACK DOOR	1	1,147.80	1,147.80	25.00	860.85	Replace	0	0	Not Give	Xan
One Time Key In	Main			AUTO TAILGATE SYSTEM	1	2,520.00	2,520.00	10.00	2,268.00	Replace	0	0	Not Give	Xan

Total Spare Part Cost 12,873.06

Surveyor Total 798.83

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 12,873.06

Final Sur Total 798.83

SMRT Recommendation											Surveyor Approval			
Item Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			EMBLEM SUB-ASSY REAR	1	47.90	47.90	25.00	35.92	Replace	0	0	Not Give	Xan
One Time Key In	Main			NAME PLATE (HYBRID) , LUGGAGE COMPARTMENT DOOR	1	54.60	54.60	25.00	40.95	Replace	0	0	Not Give	Xan
One Time Key In	Main			NAME PLATE (PRIUS) , LUGGAGE COMPARTMENT DOOR	1	54.60	54.60	25.00	40.95	Replace	0	0	Not Give	Xan
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	Xan
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	Xan
One Time Key In	Main			SPOILER SUB-ASSY, REAR	1	1,575.40	1,575.40	25.00	1,181.55	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE LOCK ASSY, BACK DOOR	1	467.00	467.00	10.00	420.30	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE WEATHERSTRIP, BACK DOOR	1	372.30	372.30	25.00	279.23	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give	Xan
One Time Key In	Main			LAMP ASSY, REAR, RH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give	Xan
One Time Key In	Main			LAMP ASSY, REAR, LH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP , RH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP , LH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR COMBINATION LAMP, RH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	Xan

Total Spare Part Cost 12,873.06

Surveyor Total 798.83

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 12,873.06

Final Sur Total 798.83

SMRT Recommendation											Surveyor Approval			
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			COVER, REAR COMBINATION LAMP, LH	1	69.90	69.90	25.00	52.43	Replace	0	0	Not Give	Xan
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Not Give	Xan
One Time Key In	Main			END PANEL , COVER, DECK TRIM, REAR	1	126.70	126.70	25.00	95.03	Replace	0	0	Not Give	Xan
One Time Key In	Main			END PANEL , COVER, DECK TRIM SERVICE HOLE	1	48.50	48.50	25.00	36.38	Replace	0	0	Not Give	Xan
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	Xan
One Time Key In	Main			SPARE TYRE PANEL , PAN, REAR FLOOR	1	583.40	583.40	25.00	437.55	Replace	0	0	Not Give	Xan
One Time Key In	Main			BOARD, REAR FLOOR, NO.1	1	519.00	519.00	25.00	389.25	Replace	0	0	Not Give	Xan
One Time Key In	Main			WIRE, LUGGAGE ROOM	1	170.70	170.70	10.00	153.63	Replace	0	0	Not Give	Xan
One Time Key In	Main			EXHAUST HEAT SHIELD INSULATOR, MAIN MUFFLER REAR	1	141.00	141.00	25.00	105.75	Replace	0	0	Not Give	Xan
One Time Key In	Main			PIPE ASSY, EXHAUST, TAIL	1	1,649.00	1,649.00	25.00	1,236.75	Replace	0	0	Not Give	Xan
One Time Key In	Main			SUPPORT, EXHAUST PIPE NO.5	1	49.10	49.10	25.00	36.83	Replace	0	0	Not Give	Xan
Total Spare Part Cost									12,873.06	Surveyor Total		798.83		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0		
Final Spare Part Cost									12,873.06	Final Sur Total		798.83		

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	250	
Total:			1,014.00	250.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
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S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	Xnn
3	Main	TO RESPRAY TAIL GATE	378.00	0	Xnn
4	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	Xnn
5	Main	TO RESPRAY REAR SPOILER	180.00	0	Xnn
6	Main	TO RESPRAY REAR SPARE TYRE PANEL	180.00	0	Xnn
7	Main	TO RESPRAY REAR PANEL	180.00	0	Xnn
Total:			1,656.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TOWING CHARGE	56.00	40	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	Xnn
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	Xnn
4	Main	TO REMOVE & REFIT EXHAUST	120.00	0	Xnn
5	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
6	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	Xnn
7	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	0	Xnn
8	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	Xnn
9	Main	TO REMOVE AND REFIX AUTO TAILGATE SYSTEM	300.00	0	Xnn
10	Main	TO CHECK AND RESET AUTO TAILGATE SYSTEM	200.00	0	Xnn
11	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xnn
12	Main	TO WASH AND VACUUM	60.00	0	Xnn
Total:			1,576.00	80.00	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spare Part Detail	12,873.06	798.83
Total Labour Cost	1,014.00	250.00
Total Spray Painting	1,656.00	200.00
Other	1,576.00	80.00
Overall Total	17,119.06	1,328.83
Lump Sum Repair Option	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Total	0.00	1,328.83
Surveyor Approved Amount		1,328.83
No of Repair Days*	7	3
Remarks	-	resurvey before paint / part by part
Surveyor Name		Rasul
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>
Survey Date	26/07/2021	

LKK Auto Consultants 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:

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	24/04/2021 11:07 (SGT)
Date of Accident	20/04/2021 17:15 (SGT)
Exact Location of Accident	65 Airport Blvd., Level 2 Terminal 3, Singapore 819663
Additional Location Information	CHANGI AIRPORT T3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1076U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	YEE KENG HENG
NRIC No	SXXXX922H

Date Of Birth	11/05/1957
Occupation	Outdoor
Date Of Driving Pass	19/10/2002
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	TARC@smrt.com.sg
Address	11
Address complement	-
Postcode	-
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)	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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210422/2071

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6014K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi



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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	YEE KENG HENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
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. 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

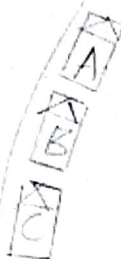
Sketch Plan

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

Changi Airport T3

Witnessed by Reporting Centre Personnel

lmu 23/4/2021



A - SHB 1076 U

B - SHC 6014 K

C - unknown

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210422/2071

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210422/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2021 14:45	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars			
Name of Informant: YEE KENG HENG		Address: APT BLK 231 YISHUN STREET 21 #03-410 SINGAPORE 760231	
ID Type / ID No.: NRIC NO / S1230922H		Contact No.: Home/Office: Mobile: 90921157	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 11/05/1957	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2021 17:15	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1076U	Car				Slightly Damaged	0
SHC6014K	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210422/2071

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210422/2071

CONTINUATION OF REPORT

Driver				
Name	YEE KENG HENG		ID No.	S1230922H
Related Vehicle	SHB1076U (Car)		Contact No.	90921157
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2021	Date Discharge	21/04/2021	
No. of Days granted Medical Leave	08	Degree of Injury	Slight	

Brief Details

On 20/04/2021 at about 1715hrs, I was driving my taxi bearing registration number SHB1076U and was in the taxi queue at Terminal 3, Changi Airport. My taxi was stationary in the queue when out of a sudden, an impact collided to the rear of my taxi.

Due to the impact, I was blacked out and subsequently being conveyed to Changi General Hospital (CGH) by ambulance. The security officer who was at the accident scene had assisted to take some photos of the accident and I was told that it involved 3 taxis, a blue taxi (ComfortDelgro, unknown registration number) had collided to the rear of a SilverCab bearing registration number SHC6014K and subsequently collided to the rear of my taxi.

I was hospitalized at CGH from 20/04/2021 to 21/04/2021 and given 08 days of medical leave.

I am lodging this report as instructed by the Traffic Police and also for insurance claimant, and company actions.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1900-8529999



T/20210422/2071

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Report No. T/20210422/2071

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:

L /

Staff Sgt YAP YHEE HOE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH

Contact No.: 65476251

Authentication Stamp
NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

22/04/2021 14:45

Classification Of Case:

SN1065