

**GST REG. NO. M2-8921817-3**
**TAX INVOICE**
**COMPANY REG. NO.: 199506048W**  
**Page: 1**

8010012

**CHINA TAIPING INSURANCE CO (S)PTE LTD**  
**SPRINGLEAF TOWER**
**3 ANSON ROAD #16-00**  
**SINGAPORE SG 079909**
**CONTACT NO: 62222366**
**VEHICLE NO**  
**SHC1972C**
**INV. NO/DATE**  
**91587609 18.08.2021**
**MAKE**  
**HYUNDAI**
**JOB NO.**  
**305481164**
**MODEL**  
**IONIQ(G3)**
**ODOMETER READING**
**DATE OF REG**  
**19.12.2019**
**DATE/TIME IN**  
**03.08.2021 10:40**
**CHASSIS CODE**  
**KMHC851CVLU190286**
**Description : 3P 31.07.2021**

S/No	Part No.		Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>						
0001	04-01-0104-0574	PANEL-FENDER LH#	1	588.80	20.00	471.04
0002	04-01-0104-3813	EMBLEM-BLUE DRIVE LH	1	26.60	20.00	21.28
0003	04-01-0104-2467	MOULDING ASSY-W/LINE FRT DOOR LH	1	110.10	20.00	88.08
0004	04-01-0104-2469	MOULDING ASSY-W/LINE RR DOOR LH	1	125.30	20.00	100.24
0005	03-01-0104-2137	CAP ASSY-WHEEL HUB	1	346.40	20.00	277.12
0006	28-01-0103-0003	FRT DOOR LOGO SONATA CTPL	1	75.00	0.00	75.00
0007	28-01-9999-2023	APP LOGO REAR DOOR L/R CTPL	1	80.00	0.00	80.00
0008	28-01-0302-2017	FUEL TANK LID (PETROL ONLY) CTPL^	1	20.00	0.00	20.00

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS. ANY VEHICLE IS THE PROPERTY OF THE COMPANY AND IS TO BE KEPT IN GOOD ORDER. CUSTOMERS SHALL INSPECT THEIR VEHICLE IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 3 DAYS. IF THERE IS ANY DAMAGE, THE CUSTOMER MUST REPORT IT IN WRITING TO THE COMPANY OF ANY DAMAGE TO THE VEHICLE. THE VEHICLE SHALL BE USED FOR THE PURPOSES OF THE COMPANY. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DAY OF PAYMENT. IF AFTER 30 DAYS FROM THE DATE OF THE PERIOD OF DEFAULT, PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS AS CORRECT AND BINDING.

**ComfortDelGro 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	91587609	2,843.80	

**GST REG. NO. M2-8921817-3**
**TAX INVOICE**
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**Page: 2**

8010012

**CHINA TAIPING INSURANCE CO (S)PTE LTD**  
**SPRINGLEAF TOWER**
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**SINGAPORE SG 079909**
**CONTACT NO: 62222366**
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**03.08.2021 10:40**
**CHASSIS CODE**  
**KMHC851CVLU190286**

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					1,132.76

**JOB NATURE**

0001	SP	SPRAYPAINT CHARGE	1,000.00		1,000.00
0002	PB	PANEL BEATING- SHC1972C	525.00		525.00
SUB-TOTAL :					1,525.00

Items total	2,657.76
Add GST @ 7.000 %	186.04
Invoice amount	2,843.80

**Issued by : KATHERINETAN 18.08.2021 16:58:30**  
**Repair type : CLSO/57/57**  
**Payment Type/Term: /Credit 30 days**

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS WHILE IN OUR CARE AND CONTROL. IT IS THE OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN A RECEIPT. IF THERE IS ANY DAMAGE, IT MUST BE NOTICED IN WRITING TO THE COMPANY OF ANY DAMAGE IMMEDIATELY. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE BUT NOT PAID BY THE CUSTOMER BY THE CUSTOMER AND NOT WITHIN THE DUE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE DATE OF INVOICE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERROR OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM OUR CUSTOMER, THE COMPANY WILL TREAT THE INVOICE AS CORRECT AND BINDING.

**ComfortDelGro 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	91587609	2,843.80	

Our Ref: CT0721/SHC1972C/CK(st)  
Date: 26.08.2021



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  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 31.07.2021 INVOLVING SHC1972C & SMZ6934A ALONG SEMBAWANG PARK, CARPARK 1**

**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 SHC1972C, which was involved in the captioned accident with your insured vehicle No SMZ6934A.

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\$	2,843.80
2. Loss of Rental	3 days x S\$ 125.19	S\$	375.57
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	3 days x S\$ 80.00	S\$	240.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **3,461.37**

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

**COMFORTDELGRO**

Our Ref: CT21070460

Date: 16 August 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    31/07/2021    @ 10:20 hrs  
ALONG                            SEMBAWANG PARK, CARPARK 1  
INVOLVING                    SMZ6934A

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 **SHC1972C** (the "Taxi"). The Taxi was hired to **FOO KHEE MENG IC NO SXXXX283B** 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 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.

[illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **Hyundai Ioniq SHC1972C , SMZ6934A** **ON 31-Jul-21 10:20**  
**ALONG** **SEMBAWANG PARK, CARPARK 1**

I / We **FOO KHEE MENG** (Hirer) NRIC No.: **SXXXX283B**

and/or (Relief) NRIC No.: **SXXXX283B**

Taxi Number **SHC1972C**

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 **31-Jul-2021**

Name of Hirer **FOO KHEE MENG**

Hirer NRIC **SXXXX283B**

Signature :



Address **351D CANBERRA ROAD #08-279**  
**754351**

Contact No. **96916363**

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SMZ6934A

Date of Accident

31/07/2021



Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... China Taiping Insurance (Sing...

Period of Insurance ..... 12/05/2021 - 11/05/2022

Requested By ..... Huang Xiao Yan (COMFORTDEL...

Requested Date ..... 02/08/2021 10:01

#### 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**

SHC1972e



## 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: S443900205 / GST Reg. No.: M440017735

**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 : SJ0421810005      Vehicle Registration No: SHC1972C

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 : 31/07/2021 Time of Accident: 10:20

Place of Accident : Sembawang Park Carpark

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:

To add location of accident.



Policyholder / Driver's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
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	01/08/2021 15:17 (SGT)
Date of Accident	31/07/2021 10:20 (SGT)
Exact Location of Accident	Sembawang Rd, Sembawang Park, Singapore
Additional Location Information	Carpark 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1972C
-----------------------------	----------

#### 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) +65-96916363
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	FOO KHEE MENG
NRIC No	SXXXX283B

# SINGAPORE ACCIDENT STATEMENT

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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	01/08/2021 15:17 (SGT)
Date of Accident	31/07/2021 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1972C
-----------------------------	----------

### 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) +65-96916363
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	FOO KHEE MENG
NRIC No	SXXXX283B

Date Of Birth	08/12/1955
Occupation	Outdoor
Date Of Driving Pass	22/09/1979
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96916363
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 351D CANBERRA ROAD #08-279
Address complement	-
Postcode	754351
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Is any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Is notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 31/07/2021 AT ABOUT 1020HRS, I WAS DRIVING VEHICLE (A) SHC1972C ALONG SEMBAWANG PARK CARPARK 1. WHILE DRIVING STRAIGHT TOWARDS EXIT, VEHICLE (B) SMZ6934A DASHED OUT FROM PARKING LOT SUDDENLY AND COLLIDED ONTO VEHICLE A LEFT SIDE PORTION. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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	SMZ6934A
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	(Phone) +65-91136105
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	2

**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.
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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.
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.

**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

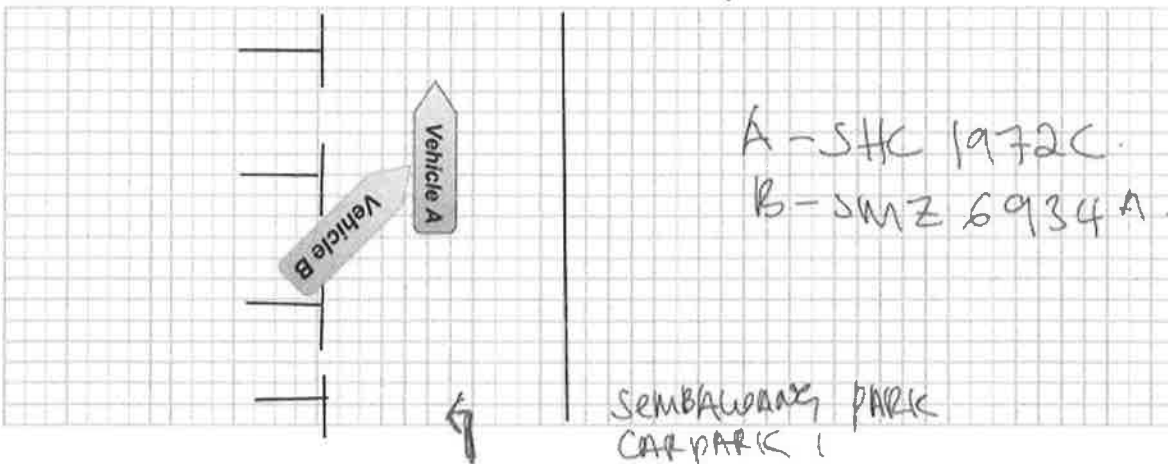
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 31/07/2021 AT ABOUT 1020HRS, I WAS DRIVING VEHICLE A (SHC1972C) ALONG SEMBAWANG PARK CARPARK 1. WHILE DRIVING STRAIGHT TOWARDS EXIT, VEHICLE B ( SMZ6934A) DASHED OUT FROM PARKING LOT SUDDENLY AND COLLIDED ONTO VEHICLE A LEFT SIDE PORTION. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

## 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

31/7/21 - 1245H

Khanamaj