

**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

Description : 3P 24.08.2021

VEHICLE NO  
SHA2993X

**MAKE  
HYUNDAI**

MODEL  
IONIO(G2)

DATE OF REG  
18.04.2019

CHASSIS CODE  
KMHC851CVKU141877

INV. NO/DATE  
91591347 31.08.2021

**JOB NO.**  
**305484131**

ODOMETER READING

DATE/TIME IN  
24.08.2021 09:05

| S/No             | Part No.        |                                | Qty | Unit Price | %Disc | Net      |
|------------------|-----------------|--------------------------------|-----|------------|-------|----------|
| PART REQUISITION |                 |                                |     |            |       |          |
| 0001             | 04-01-0104-0596 | PANEL ASSY-REAR DOOR LH#       | 1   | 1,789.90   | 20.00 | 1,431.92 |
| 0002             | 03-01-0104-2061 | CAP ASSY-WHEEL HUB             | 1   | 346.40     | 20.00 | 277.12   |
| 0003             | 28-01-9999-2023 | APP LOGO REAR DOOR L/R<br>CTPL | 1   | 80.00      | 0.00  | 80.00    |
| SUB-TOTAL        |                 |                                |     | :          |       | 1,789.04 |

### JOB NATURE

|      |       |                            |        |        |
|------|-------|----------------------------|--------|--------|
| 0001 | PB    | PANEL BEATING              | 700.00 | 700.00 |
| 0002 | SP    | SPRAYPAINT CHARGE          | 750.00 | 750.00 |
| 0003 | 17-01 | CHECK ALL LIGHTING         | 20.00  | 20.00  |
| 0004 | L     | TRANSFER DOOR PART         | 60.00  | 60.00  |
| 0005 | 20-05 | ADVERTISEMENT STICKER-DOOR | 50.00  | 50.00  |

|      |       |                            |       |       |
|------|-------|----------------------------|-------|-------|
| 0005 | 20-05 | ADVERTISEMENT STICKER-DOOR | 50.00 | 50.00 |
|------|-------|----------------------------|-------|-------|

**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     | 91591347    | 3,818.87 |              |

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91591347 31.08.2021

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305484131

**ODOMETER READING**

**DATE/TIME IN**  
24.08.2021 09:05

| S/No      | Part No. |                                 | Qty | Unit Price | %Disc | Net      |
|-----------|----------|---------------------------------|-----|------------|-------|----------|
| 0006      | 20-05    | ADVERTISEMENT<br>STICKER-FENDER |     | 200.00     |       | 200.00   |
| SUB-TOTAL |          |                                 |     | :          |       | 1,780.00 |

|                   |          |
|-------------------|----------|
| Items total       | 3,569.04 |
| Add GST @ 7.000 % | 249.83   |
| Invoice amount    | 3,818.87 |

Issued by : KATHERINETAN 31.08.2021 17:00:44  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THERE IS ACCIDENTAL DAMAGE TO THE COMPANY'S RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE KEPT AT THE RISK OF OWNERS' RISK.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN A RECEIPT WITHIN 3 DAYS FROM DATE OF DELIVERY. NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OR DAMAGE, THE VEHICLE WILL BE REQUIRED 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 TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE DATE OF DELIVERY AND PERIOD OF DEFAULT.  
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OF THIS INVOICE WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS 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     | 91591347    | 3,818.87 |              |

Our Ref: CT0821/SHA2993X/CK(st)  
Date: 02.09.2021



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

Attn : Motor Claims Department

Dear Sir/Madam

**Without Prejudice**

**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 24.08.2021 INVOLVING SHA2993X & SLD 359C ALONG MOULMEIN 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 SHA2993X, which was involved in the captioned accident with your insured vehicle No SLD 359C.

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\$ | 3,818.87 |
| 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\$ **4,647.12**

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 Family Physician Clinic & Surgery  
829 Tampines St 81 #01 - 292, Singapore 520829  
Phone: 6785 0147

**MEDICAL CERTIFICATE**

**MC No:** OD-TP0000136547

**NAME:** KHOO CHAU HWANG WINGO

**NRIC:** S7022827J

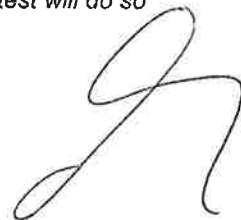
This is to certify that the above patient name is Unfit for Duty for a period of 3 day  
from **24-08-2021** to **26-08-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial  
proceedings.

In accordance with the Infectious Diseases Act (Chapter 137) under Regulation  
2020, patients diagnosed with Acute Respiratory Infection must not leave their  
place of accommodation within the duration of this medical certificate other than to  
seek medical attention.

If a swab test is done, patients can leave their place of accomodation once they  
receive a confirmatory negative result. A negative result on an Antigen Rapid  
Test (ART) does NOT allow you to leave your place of accomodation. Only the  
notification of a negative result on a PCR test will do so

Timothy Tan  
M.D. (UKM), DWD (CAW),  
Practical cert in Andrology (S'pore)



Signature

24/08/2021

Date

**RECEIVED**  
**27 AUG 2021**

BY:  .....

Our Ref: CT21080360

Date: 31 August 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      24/08/2021    @   08:20 hrs  
ALONG                                MOULMEIN RD  
INVOLVING                         SLD359C

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 **SHA2993X** (the "Taxi"). The Taxi was hired to **KHOO CHAU HWANG WINGO IC NO SXXXX827J** 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.

## Enquire Vehicle-Related Transaction History

### Transaction History Details

|                   |  |  |                      |
|-------------------|--|--|----------------------|
| Log Date/Time:    | 24 Aug 2021 / 10:08:19                         |  |                      |
| Asset Type:       | Vehicle  | Transaction Amount:                    | \$7.49               |
| Asset ID:         | SLD359C  |  |                      |
| Transaction Type: | 18.32 Insurance Enquiry (GIRO Payment)         | Channel:                               | External Agency      |
| User ID:          | ECENGCC0 - GOH CHENG CHUAN<br>ANDREW CORNELIUS | Business Transaction<br>Reference No.: | 20210824100819918775 |

Search Date / Time: 24 Aug 2021 08:20:00  
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK

577 2993 X



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****Hyundai Ioniq SHA2993X , SLD359C  
MOULMEIN RD****ON 24-Aug-21 08:20**

I / We

**KHOO CHAU HWANG W...** (Hirer) NRIC No.: **SXXXX827J**

and/or

(Relief) NRIC No.: **SXXXX827J**

Taxi Number

**SHA2993X**

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

**24-Aug-2021**

Name of Hirer

**KHOO CHAU HWANG WINGO**

Hirer NRIC

**SXXXX827J**

Signature :



Address

**533 WOODLANDS DRIVE 14 #12-577  
730533**

Contact No.

**96914454**



## 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              | 24/08/2021 14:20 (SGT) |
| Date of Accident                | 24/08/2021 08:20 (SGT) |
| Exact Location of Accident      | Moulmein Rd, Singapore |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHA2993X |
|-----------------------------|----------|

#### 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) +65-96914454           |
| 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 | KHOO CHAU HWANG WINGO |
| NRIC No        | SXXXX827J             |

|  |  |
|--|--|
| Date Of Birth  | 02/07/1970                             |
| Occupation   | Outdoor                                |
| Date Of Driving Pass   | 17/01/2008                             |
| Driving experience   | 13 YEARS AND 7 MONTHS                  |
| Gender   | Male                                   |
| Mobile Number  | (Phone) +65-96914454                   |
| Alt. Phone Number  |  |
| Email Address  | fleetsafety@cdgtaxi.com.sg             |
| Address  | APT BLK 533 WOODLANDS DRIVE 14 #12-577 |
| Address complement   |  |
| Postcode   | 730533                                 |
| 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   | Side Swipe |
| Weather Conditions | Raining    |
| Road Surface       | Wet        |

#### 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 vehicle 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                       | Tampines Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18005871999              |
| Alt. Police Station Phone No              | (Fax) +65-65871699                   |
| Police Station Address                    | 6 Tampines Ave 4 Singapore 529682    |
| Was notice of intended Prosecution given? | No                                   |
| If yes, against whom?                     |                                      |

#### CIRCUMSTANCES OF ACCIDENT

ON THE 24082021 AT ABOUT 0820 HOURS, VEHICLE A (SHA2993X) WAS EXECUTING A U-TURN AT MOULMEIN ROAD WHEN VEHICLE B (SLD359C) FAILED TO CONFORM TO STOP LINE AT THE FILTER LANE AND CUT ACROSS LAST INTO LANE 2 AND COLLIDED WITH VEHICLE A REAR LEFT PANEL AND DOOR. DRIVER OF VEHICLE A SUFFERED DULL PAIN IN NECK.

#### 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 | SLD359C |
| Vehicle Manufacturer        | Audi    |
| Vehicle Model               | A3      |

|   |   |
|---|---|
| Vehicle Variant                         | -   |
| Vehicle Colour                          | White                                     |
| Vehicle Category                        | Private car                               |
| Name of Driver                          | SHALANI THEVI SUBRAMANIAM                 |
| NRIC No                                 | SXXXX240H                                 |
| Contact Number                          | (Phone) +65-86080742                      |
| Address                                 | APT BLK 114 POTONG PASIR AVENUE 1 #02-864 |
| Address complement                      | -   |
| Postcode                                | 350114                                    |
| Insurance Company Name                  | -   |
| Nature Of Damage                        | -   |
| Details of property damaged in accident | -   |
| No. Of Passenger (Including Driver)     | 2   |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |   |
|---|---|
| Name of injured person                              | KHOO CHAU HWANG WINGO                   |
| Gender  | Male                                    |
| Phone No  | (Phone) +65-96914454                    |
| Address   | APT BLK 533 WOODLANDS DRIVE 14 #12-577  |
| Address Complement                                  | -                                       |
| Post Code   | 730533                                  |
| Approximate Age Years Old                           | 51                                      |
| Injuries Sustained                                  | PAIN AT BACK NECK AND WAIST - 3 DAYS MC |
| Injured person in which vehicle?                    | SHA2993X                                |
| Were seat belts worn?                               | Yes                                     |
| Was this injured conveyed to hospital by ambulance? | No                                      |

## SKETCH PLAN

### IMPORTANT NOTICE

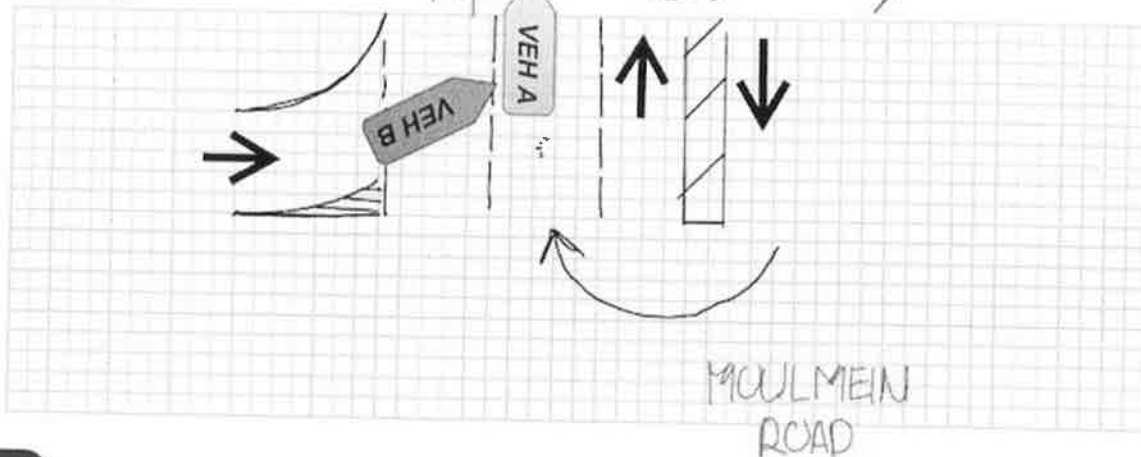
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

ON THE 24082021 AT ABOUT 0820 HOURS, VEHICLE A (SHA2993X) WAS EXECUTING A U-TURN AT MOULMEIN ROAD WHEN VEHICLE B (SLD359C) FAILED TO CONFORM TO STOP LINE AT THE FILTER LANE AND CUT ACROSS LAST INTO LANE 2 AND COLLIDED WITH VEHICLE A REAR LEFT PANEL AND DOOR. DRIVER OF VEHICLE A SUFFERED DULL PAIN IN NECK.

## Declaration

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date &  
Time

7/9

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

24/08/21 1015

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210824/2033

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

RECEIVED  
27 AUG 2021

1 of 3

Report No. T/20210834/2033

BY:           AY          

## REPORT OF A TRAFFIC ACCIDENT

|   |            |   |                              |                          |
|---|------------|---|------------------------------|--------------------------|
| Date/Time Report Made:<br>24/08/2021 12:55  |            | Vide Report No.:  |                              | Station Diary No.:<br>32 |
| <b>Informant's Particulars</b>              |            |   |                              |                          |
| Name of Informant:<br>KHOO CHAU HWANG WINGO |            | Address:<br>APT BLK 533 WOODLANDS DRIVE 14 #12-577 SINGAPORE 730533 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S7022827J    |            | Contact No.:<br>Home/Office: Mobile: 96914454                       |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN           |            | Email:  |                              |                          |
| Sex:<br>Male                                | Age:<br>51 | Date of Birth:<br>02/07/1970  | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                            |            | Language:   | Institution / School Name:   |                          |
| Occupation:<br>Taxi driver                  |            | Driving Licence Information:<br>Class: 3 Date of Expiry:            |                              |                          |

### General Information of the Accident

|  |                   |                      |   |                                     |
|--|-------------------|----------------------|---|-------------------------------------|
| Type of Accident:  | Non-Injury Others | Drink Drive: No      | Date/Time of Accident: 24/08/2021 08:20 | Type of Location: Straight Road     |
| Location:<br><br>MOULMEIN ROAD                               |                   |                      |   |                                     |
| Weather:<br>Drizzling  |                   | Road Surface:<br>Wet |   | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                   | Traffic Control:     |   | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                   |                      |   | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHA2993X    | Car  |      |       |       | Slightly Damaged | 0               |
| SLD359C     | Car  |      |       |       | Slightly Damaged | 1               |

### Details of Person Involved

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20210824/2033

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20210824/2033

## CONTINUATION OF REPORT

|                                   |                                       |                  |   |
|-----------------------------------|---------------------------------------|------------------|---|
| <b>Driver</b>                     |                                       |                  |   |
| Name                              | KHOO CHAU HWANG WINGO                 |                  | ID No. S7022827J  |
| Related Vehicle                   | NIL                                   |                  | Contact No. 96914454  |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 24/08/2021                            | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | 03                                    | Degree of Injury | NIL   |

**Brief Details.**

On 24/08/2021 at about 0820hrs, I was driving my taxi bearing plate no. SHA2993X, making a U-turn at Moulmein Road near CTE exit, when a car bearing plate no. SLD359C failed to conform to stop line at the filter lane and had cut across into Lane 2 where my car had turned into after making a U-turn. It was a 3 lane road. The front part of the car had collided on the rear left side of my taxi causing the rear left part of my taxi to have dents and scratches. I suffered back neck pain and pain at my waist area. I obtained a 3 days MC from 24/08/2021 to 26/08/2021. The other party gave me her particulars as such; Shalani Thevi Subramaniam, HP: 86080742.



**SINGAPORE  
POLICE FORCE**



T/20210824/2033

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3 of 3

Report No. T/20210824/2033

## 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:

G /

Sgt 2 RINA SHARMIN BINTE RAMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2021 12:55

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LING

Contact No. 1800-5871999

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ042180000B Vehicle Registration No: SHA2993X  
 Name (as shown in mrc): 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: 24/08/2021 Time of Accident: 08:20  
 Place of Accident: Moulmein Rd, 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:

- Upload Police Report

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Policyholder / Driver's Signature  
Date:

SURIA  
Reporting Centre Personnel's Signature  
Name: Suria  
NRIC/FIN No.:  
Date: 31/08/2021

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