

DATE REC BY: Thavan

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

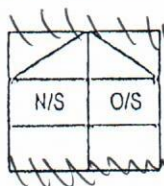
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA10490

Yr Rogn:

9/6/16

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

Truck / Trailer or

Make:

Hyundai 140

c.c

1685

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

726809

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

kmx1434/um6u090/33

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:

206/60R16

R:

206/60R16

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

11/9/21

D.O.I.

2/9/21/1645

Survey held at

Comfort

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

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

Date / Time

Action / Instruction

Rebate: 27/11/14

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

___ \$ + RS. ___ \$

Photos

Others

Total

Request Form No:

Letter Form / LB Form

Updated 1 November 2020

P1/2

LKK-

(L/S)
Lion

Lim

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Bonnet	1		\$2,265.90✓
	Bonnet Hinge (LH/RH)	2	\$126.70	\$253.40✓
	Bonnet Lock	1		\$142.20✓
	Radiator Grille H Emblem	1		\$129.50✓
	Radiator Grille	1		\$1,480.00✓
	Front Bumper	1		\$1,052.20✓
	Front Bumper Clips	10	2.20	\$22.00✓
	Front Bumper Sponge	1		\$379.20✓
	Front Bumper Reinforcement	1		\$588.40✓
	Front Bumper Centre Grille	1		\$114.00✓
	Front Bumper Lip	1		\$152.00✓
	Front Bumper Bracket Top (LH/RH)	2	\$22.40	\$44.80✓
	Front Bumper Bracket (LH/RH)	2	\$24.60	\$49.20✓
	Headlamp Support Panel Assy	1		\$907.40✓
	Headlamp (LH/RH)	2	\$1,388.00✓	\$2,776.00✓
	Headlamp Support Top Cover	1		\$222.60✓
	Radiator	1		\$1,637.20✓
	Radiator Fan/Cowling	1		\$1,194.20✓
	Radiator Guard	1	\$76.50	\$153.00✓
	Horn Unit (LH/RH)	2	\$73.80	\$147.60✓
	Horn Wire	1		\$156.60✓
	Aircon Condenser	1		\$947.80✓
	Aircon Suction & Liquid Hose	1		\$624.00✓
	Rear Bumper	1		\$553.00✓
	Rear Bumper Under Cover	1		\$228.00✓
	Rear Bumper Clips	10	\$2.20	\$22.00✓
	Rear Bumper Reinforcement	1		\$428.40✓
	SUB TOTAL			\$16,670.60
	LESS 20%			\$3,334.12
	DISCOUNTED TOTAL			\$13,336.48

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
				(L/S)
			SHA1049D	P2/2
	Front No. Plate With Trim Cover			\$55.00 ✓ Cra
	Reverse Sensors			\$135.70 ✓ Cnt
	NETT TOTAL			\$190.70
	SPARE PARTS TOTAL			\$13,527.18
	Labour Charge			
	Panel Beating			\$1,200.00 1200 840
	Spray Painting Charge			\$1,200.00 750
	Wiring Charge			\$50.00 30
	Tuff Kote			\$50.00 20
	Towing Charge			\$60.00 ✓
	Remove/Refix Reverse Sensor			\$120.00 30
	Remove/Refix Radiator			\$90.00 ?
	Remove/Refix Aircon & Refill Gas			\$150.00 ?
	TOTAL LABOUR			\$2,920.00
	ESTIMATE TOTAL			\$16,447.18
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Thuvan Lkh

82235769

thuvan@lkh auto. com

4 days w/p

2/9/21 1645

L/S after repair photos

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	01/09/2021 17:35 (SGT)
Date of Accident	01/09/2021 14:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	MOULMEIN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1049D
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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) +65-97915595
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	TAN KOK ENG (CHEN GUORONG)
NRIC No	SXXXX558E

Occupation	Outdoor
Date Of Driving Pass	27/10/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97915595
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 477A UPPER SERANGOON VIEW #18-558
Address complement	-
Postcode	531477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 01/09/2021 AT ABOUT 14:40HRS. I WAS DRIVING VEHICLE A, SHA1049D TRAVELLING ALONG CTE (MOULMEIN FLYOVER) AT THE MOST RIGHT LANE. VEHICLE C WHO WAS IN FRONT OF ME MAKE A SUDDEN BRAKE. I PRESSED ONTO MY FOOTBRAKE BUT STILL COULDN'T STOP IN TIME AND MY VEHICLE REAR ENDED VEHICLE B. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE C HAS REAR ENDED MY VEHICLE. THIS WAS A CHAIN COLLISION 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 Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEW SOON LAY
Contact Number	(Phone) +65-98889391
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDD8278U
Vehicle Manufacturer	Audi
Vehicle Model	A6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BOON HONG MENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
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	TAN KOK ENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck and Back
Injured person in which vehicle?	SHA1049D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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")

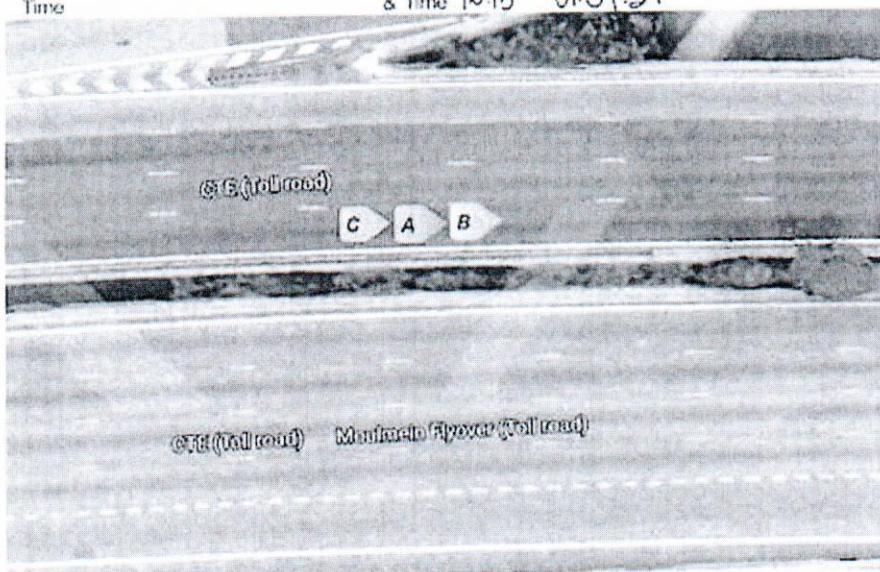
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Driver's Signature (If driver is not the policyholder) / Date & Time 16:15 01.09.21

Witnessed by Reporting Centre Personnel MD NAZDIN



A - SHA1049D
C - SLN89562
B - SD082780

Describe Circumstances of the Accident

ON 01/09/2021 AT ABOUT 14:40HRS. I WAS DRIVING VEHICLE A, SHA1049D TRAVELLING ALONG CTE (MOULMEIN FLYOVER) AT THE MOST RIGHT LANE. VEHICLE C WHO WAS IN FRONT OF ME MAKE A SUDDEN BRAKE. I PRESSED ONTO MY FOOTBRAKE BUT STILL COULDN'T STOP IN TIME AND MY VEHICLE REAR ENDED VEHICLE B. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE C HAS REAR ENDED MY VEHICLE. THIS WAS A CHAIN COLLISION 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

16:15 01.09.21

MS NAZKIN

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHA1049D
Vehicle to be Exported:	No
Intended Dereistration Date:	08 Sep 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDEU497261
Chassis No.:	KMHLB41UMGU090133
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,377.00
Original Registration Date:	09 Jun 2016
First Registration Date:	09 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$20,528.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jun 2024
PARF Rebate Amount:	\$14,369.00

Intended COE Rebate Details

COE Expiry Date:	08 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$12,775.00
Total Rebate Amount:	\$27,144.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Sep 2021

OK



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: 01/09/21 Time Received: 1549

☒ New ☐ SPARK Kakis

Name of Customer: KELVIN TAN

Contact No.: 97915999

Vehicle No.: 2 H180

Make / Model / Colour: SH A 1040

Email: _____

Location: 27 JUN BAHAGA

Preferred Workshop:

☐ Braddell

☐ Sin Ming

☐ Komoco (UBI / Leng Kee)

☐ Others: _____

☒ Loyang

☐ Sungei Kadut

☐ Pandan

☐ Ubi

☐ Cycle & Carriage (PD)

3. Vehicle Type:

☐ Private

☒ Taxi (CTPL/CCPL)

☐ Fleet

☐ STK (Boon Lay)

4. Type of Towing:

☒ Normal Tow

☐ King Dolly

☐ Flat Bed

☐ Crane-up

5. Nature of Service:

☐ Jumpstart

☒ Recovery

☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

8. Vehicle Tow - In Workshop:

☐ Smoky Exhaust

☐ Overheating

☐ Brake Faulty

☐ Starting Problem

☒ Accident

☐ Return Taxi

☐ Wheel Jammed

☐ Steering Faulty

☐ Alternator Faulty

☐ Loss Power

☐ Engine Stalled

9. Odometer Reading: _____

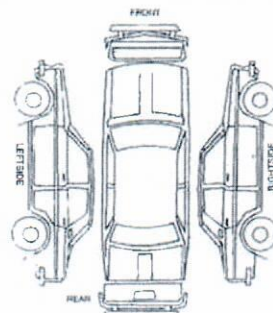
Fuel Level: ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

☐ OK

☐ Faulty

☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Job Attended

2. Tow Truck / Recovery Van: ☐ VRS ☐ QA ☒ GAO ☐ OTHERS

Name of Driver: STEVEN

Vehicle No.: Y0900

Time Dispatch: 1549

Time of Arrival: 1619

Time Completed: 1659

Signature of Customer

Cash Invoice Details (if applicable)

3. Cash Invoice No.: _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

4. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S CO

Date/Time: 02.09.2021 13:40

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

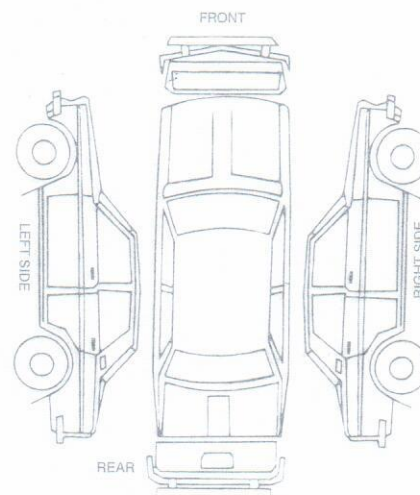
JC NO.: 305485450

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHA1049D	MILEAGE
OWNER NO. 7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	MODEL I-40	DATE/TIME IN 01.09.2021 14:40
(R) (P)	YR OF MANU. 09.06.2016	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHLB41UMGU090133	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.09.2021
ATURE: 3P 01.09.2021

/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: **SHA1049D**

LIMITS

Vehicle No.:

SHA1049D

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned to Service Reception upon collection

To be kept by Security Guard



**SINGAPORE
POLICE FORCE**



T/20210901/2105

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

1 of 3

Report No. T/20210901/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2021 21:25	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN KOK ENG			Address: APT BLK 477A UPPER SERANGOON VIEW #18-558 SINGAPORE 531477		
ID Type / ID No.: NRIC NO / S7534558E			Contact No.: Home/Office: Mobile: 97915595		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 16/11/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2021 14:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SDD8278U	Car				Slightly Damaged	0
SHA1049D	Car				Slightly Damaged	1
SLN8956Z	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210901/2105

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

2 of 3

Report No. T/20210901/2105

CONTINUATION OF REPORT

Brief Details.

On 01/09/2021 at about 1435hrs, I was driving my taxi(SHA1049D) from a Grab Job Offer along CTE Towards Ang Mo Kio Direction on the first lane after Moulmein Road exit. Nothing was amiss. I had one passenger on board(Mr Chia, HP:96453649).

Subsequently, the vehicle in front of me(SDD8278U, S8628070A, Boon Hong Meng) slammed on the brakes and I did so too. There was a vehicle behind(SLN8956Z, S1654894D, Tew Soon Lay, HP:98889311) me and he also slammed on the brakes. However, my car behind couldn't stop on time and skidded. As such, the vehicle behind collided on to my vehicle and my vehicle collided on to the vehicle in front. I am not too sure which impact came first as I was in a state of shock.

I checked with all parties and they informed that they are feeling fine at that point of time. We exchanged particulars and all agreed on insurance claim. However, after a while, I felt tightness on the back of my neck.

My vehicle sustained dents on the front grill, bumper, bonnet and rear bumper. The first vehicle sustained dents on the rear bumper. The last vehicle sustained dents on the front bumper.

As such, I went to see the doctor and I got 3 Days Medical Certificate from 01/09/2021 to 03/09/2021.

I wish to inform there was LTA and Ambulance came to scene however nobody was injured and no conveyance required, there was no case card either.

I have an in-car CCTV but I am unsure if it has captured the incident or not. I will only be able to view it at Comfort Delgro Accident Centre on 02/09/2021 as they are closed.

No government property was damaged.

The purpose of this report is for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210901/2105

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 3

Report No. T/20210901/2105

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 2 ROYCE YEW TIAN POH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Insp. BOON YEN KIAN
Contact No. 65476172

SN 085

Authentication Stamp

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
01/09/2021 21:25

Classification Of Case:

RE: Accident involving SHA1049D and your insured SLN8956Z dated 01.09.2021 (SAS provided later)

AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Thu 2/9/2021 3:04 PM

To: Lim Tien Siong <limts@cdge.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Hi Sir,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

From: Lim Tien Siong <limts@cdge.com.sg>

Sent: Thursday, September 2, 2021 2:36 PM

To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Subject: [EXTERNAL] Accident involving SHA1049D and your insured SLN8956Z dated 01.09.2021 (SAS provided later)

This message is from an external sender; be cautious with links and attachments.

Officer in charge,

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

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From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Thursday, 2 September 2021 2:24 PM

To: Lim Tien Siong <limts@cdge.com.sg>

Subject: Scan Image

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