| Estimated Cost:   Crate  | <u>AS</u> :                                  | SIGNMENT  |
|--|--|---|
| Type: M.Car / M.Cycle / Bus / Van / Lorry / (a) Prime Mover /  Truck / Trailer or  Make: Mct / Cel / C. Berl 2 (220) c.c. 1920 / Colour  White ACC. Insured 15td / MI / NA  Insured:  Policy No.  Claims No. MT/1153613-002  Sum Insured: Excoss: Berland / Burnt or  Cleints Record)  Make of Veh:  (Clients Record)  Make: Mct / Cel / C. Berla 2 (220) c.c. 1920 / C. May / C. Insured / Std / MI / NA  Insured: Eng/No:  CNo: WDD 2 (200 12 B 3/ 6 866  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Infortal / Jammed / Leaked / Burnt or  Modi: Nil / (Rim) STD A/Rim or  Tyre Site: F: 705/65 R(6  Bs / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or WCS-14/4/C  Find Resor: Consistent? : Yes or No  Bal or Market Value: Fond Road: Smm UBal. Smm U |  | Vull No. StID 67755, / Yr Roan: 8/4 //6                             |
| Truck / Trailler or  Truck / Trailler or  Truck / Trailler or  Moke: Marketoc Sanz Ezzo co 4952  Colour White Acc., Insured Stall III NA  Insured:  Policy No.  Chair No. MT/1153613-002  Sum Insured:  Excoss:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the ilme of inspection.  Bal or Market Value:  IDAC Accident Roort  Condistent? Yes or No  Est Repairs. 6 days Res.: Yes or No  Est Repairs. 6 days Res.: Yes or No  CA ( REV / REP. / 24 HRS  Date. Person Conlacted:  Date / Truck / Trailler or  Moke: Market (Trailler or  Moce: Market (Moce) (Trailler or  Moce: Market (M | estimated Cost:                              | Type: M.Car / M.Cycle / Bus / Van / Lorry / (axly Prime Mover /     |
| Moke: Mill (Cloud Size 1220 cc 495)  Olivy No  Claims No. MT/1153613-002  Sum Insured: Excoss: Sizering: Ingrand / Jammed / Leaked / Burnt or Steering: Ingrand / Jammed / Leaked / Burnt or Steering: Ingrand / Jammed / Leaked / Burnt or Modi: NIII / Rillm STD A/Rilm or Tyre Size: F: 205/65/16/65/65/16/65/16/65/16/65/16/65/16/65/16/65/16/65/16/65/16/65/16/65/65/16/65/65/16/65/65/65/65/65/65/65/65/65/65/65/65/65   | QD/TP/WS/TP RES/OD RES/EVA/INV/MV            | Truck / Trailer or  |
| Colour Wite ACC., Insured ISId INITINA Insured:  Policy No.  Claims No. MT/1153613-002  Sum Insured:  (Cilients Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bail or Market Value:  (DAC Acident Rport:  Consistent7: Yes or No  Est. Repairs.  Gia / PR Seen:  Consistent7: Yes or No  Est. Repairs.  ACC., Insured ISId INITINA  Eng/No:  C/No: WPD/2   20 o   2   33   6   866  Gen. Cond.  God   Febr / Poor / Burnt or  Brake:   North   Jammed   Leaked   Burnt or  Modi: NII   GRIm   STO A/Rim or  Tyre Size: F: 20   65 / 66   666  R: 20   66   667  R: 20   66   667  R: 20   66   667  R: 20   667  R | To Inspect Vehicle No:                       | Mako: Merceolec Benz Ezzo ca 195021                                 |
| Sp.Reading 10-1 4JA1 T/Radio: Insured / Std / NI / NA  Insured:  Policy No  Chilms No. MT/1153613-002  Sum Insured: Excoss: Seering: North / Name of Veh:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Markel Value: Food of Aya Res.: Yes or No  Gia / PR Seer: Condistent?: Yes or No  Est. Repairs. 6 days Res.: Yes or No  Est. Repairs. 6 days Res.: Yes or No  CA / REV / REP. / 24 HRS  Date   Person Contacted: Note   Note   Note   Note    Date   Person Contacted: Vehicle: IN / OUT  Date   Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   Red / Res /  | ul Workshop m/s                              | 5   |
| C/No: WPD 2 (200 17 B 3/ 6 8 8 6  Claims No. MT/1153613-002  Sum Insured: Excoss: Secring: Increase / Jammed / Leaked / Burnt or Brake: Increase / Jammed / Leaked / Burnt or Modi: NII / [Rim] STD A/Rim or .  Tyre Size: F: 205/65/26 6  [Policy Condition]  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: Size or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs. 6 days Res.: Yes or No  Est. Repairs. 6 days Res.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.   |  |   |
| Clinins No. MT/1153613-002   Gen. Cond: 600   Felir   Poor   Burnt   | Insured:                                     |   |
| Clinins No. MT/1153613-002   Gen. Cond: 600   Felir   Poor   Burnt   | Policy No.                                   | C/No: WPD 21200 17 B 31 6 886                                       |
| Size      |  |   |
| Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bail or Market Value:  IDAC Accident Rport:  Consistent7: Yes or No  GIA / PR Seen:  Consistent7: Yes or No  Est. Repairs.  A days Res.: Yos or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Modi: NII / (Rim) STD A/Rim or.  Tyre Size: F: ZoS/65/R/6  R: ZoS/65/R/6  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westward  R/Bail.  Figni Rear  R/Bail.  Modi: NII / (Rim) STD A/Rim or.  Tyre Size: F: ZoS/65/R/6  R: ZoS/65/R/6  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westward  R/Bail.  Figni Rear  R/Bail.  Mm R/Bail.  Mm L/Bail.  M | Sum Insured: Excoss:                         | Sleering: Inorder / Jammod / Leaked / Burnt or                      |
| Tyre Size: F: 205/65/2/6  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs. 6 days Res.: Yes or No  Lum Sum: 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN/OUT  Date: Person Contacted: The veh had commenced its Remark: The veh had commenced its Repairs. Repa | (Client's Record)                            |   |
| Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs.  Consistent?: Yes or No  Do.O.A. SIZIZI  Do.O.I. GilzIZI IS YS  Des. of Damages: Est.  Date / Time   Accon / Instruction   Tebate: Y3 06 6  | Make of Veh:                                 |   |
| Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs.  A Val.: Yos or No  CA / REV / REP. / 24 HRS  Date / Time  Accont/Instruction  Telacte: 43 06 6  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  Weshout  TOYO / YOKO or  Weshout  TOYO / YOKO or  Weshout  Fron!  Rear  R/Bal.  Fron!  R/Bal.  Fron!  R/Bal.  Fron!  R/Bal.  Fron!  R/Bal.  Mm  L/Bal.  D.O.A.  S/(2/21)  D.O.I.  G/(2/21/15 4/5)  Des. of Damages: Rrt.  Ca) / O/S N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affociated due to collision.  |  | Tyre Size: F:   |
| TOYO / YOKO or Westlank:  Bal. or Market Value:  IDAC Accident Rport:  Consistent 7: Yes or No  GIA / PR Seen:  Consistent 7: Yes or No  Est. Repairs.  A days Res.: Yos or No  Consistent 7: Yes or No  Est. Repairs.  Consistent 7: Yes or No  D.O.A. S/12/21  D.O.I. 6//2/21/5 YS  CA / REV / REP. / 24 HRS  Date.  Person Contacted:  Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Telate: 43 06 6  | (Policy Condition)                           |   |
| Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs.  A days  Res.: Yes or No  CA / REV / REP. / 24 HRS  Date.  Person Contacted:  Person Contacted:  Person Contacted:  Consistent?: Yes or No  L/Bal.  Survey held at  CD GE  Des. of Damages: Frt.  Real.  Survey held at  CD GE  The U/C / Chassis frame / Body Structure affected due to collision.   | (Cition, The Ven less comments)              | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /     |
| IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs. 6 days Res.: Yos or No  Lum Sunt: 3 Val.: Yos or No  CA / REV / REP. / 24 HRS  Date. Person Contacted: Vehicle: IN / OUT  Date / Time   Accon / Instruction   Telbate: 43 06 6   | repair at the time of inspection.            | TOYOTYOKO OF Westlune   |
| IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs.  Consistent?: Yes or No  L/Bal.  Mm  L/Bal.  L/Bal.  Mm  L/Bal.  Mm  L/Bal.  Mm  L/Bal.  L/Bal.  Mm  L/Bal.  L/Bal.  Mm  L/Bal.  L/Bal.  L/Bal.  L/Bal.  L/Bal.  Mm  L/Bal.  L/Bal.  L/Bal.  L/Bal.  L/Bal.  L/Bal.  Mm  L/Bal | Bal, or Market Value:                        | .   114111  |
| Est. Repairs. 6 days Res.: Yos or No  Lum Sunt: 3 Val.: Yos or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   Tebate: 43 06 6   | IDAC Accident Rport: Consistent? : Yes or No | 11111   |
| Lum Sum: % 3 Val.: Yos or No  CA / REV / REP. / 24 HRS  Date. Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction rebate: 43 06 6  | GIA / PR Seen: Consistent? ; Yes or No       |   |
| CA   REV   REP.   24 HRS  Date. Person Contacted:  Date   Time   Action / Instruction   Tellade: 43 06 6   |  | ch/sk   |
| CA ! REV ! REP. ! 24 HRS  Vehicle: IN / OUT  Date. Person Contacted: The U/C ! Chassis frame ! Body Structure affected due to collision.  Page / Time Action / Instruction  Telade: 43 06 6  | Lum Sum: 3 Val.: Yos or No                   | 00170) 11010 01   |
| Date. Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   Tebate: 43.066   |  |   |
| Date / Time Action / Instruction rebate: 43.066  |  | The U/C / Chassis frame / Body Structure effected due to collision. |
| rebate: 43.066   | Date / Time   Action / Instruction ,         |   |
| 15/12/21 Thevan finalised with Jumani LS \$12700. 6 days. (Red \$5238.87, 29%)   | rebate: 43.066                               |   |
|  | 15/12/21 Thevan finalised with Jumani LS \$1 | 2700, 6 days. (Red \$5238.87,, 29%)                                 |
|  |  |   |
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|  | Date/Time File Pass 67 : Proll, Report       | Days Of Repair: 6   |

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Add Fee:

TP 12700

हे <mark>क्</mark>रुक्त निवास्थ :

# COMFORTDELGRO ENGINEERING PTE LTD

### **REPAIR ESTIMATE\***

**VEHICLE NO** 

SHD6775S

**MERC** 

DATE:

06.12.21

MVA JUMANI

NTUC (LISUM) MAKE 12. May. 2021 DOA: MODEL **E6** Amount **Unit Price** Type Parts Description/ Labour Qty \$996.08 DI SKA 1 FRT FENDER RH **/\$2,970.00** YT MICH 1 FRT DOOR RH ∕\$2,870.00 DT MAN 1 REAR DOOR RH **₩\$2,980.00** 17 ADD TO 1 REAR FENDER RH X\$1,510.00 1 REAR BUMPER ASSY \$1,250.00 1 WHEEL RIM FRT RH **\$1,250.00** 1 WHEEL RIM REAR RH Cult \$890.00 1|SIDE MIRROR ASSY RH S∤V √\$380.00 1|SIDE MIRROR GLASS RH 5 \$350.00 1|SIDE MIRROR COVER RH £ /\$920.00 SIDE MIRROR MOTOR RH \$16,366.08 **SUB TOTAL** \$3,273.21 **LESS 20%** \$13,092.87 DISCOUNTED TOTAL LKK Auto Consultants Hence notify the Repairer of the following: To resurvey before/after spray painting REAR BUMPER MAT ¹º୯ /\$80.00 NET To display damaged part(s) during resurvey REAR DOOR COMFORT LOGO Parts prices are subject to confirmation nec /\$80.00 NET Third party survey is on a "Without Prejudice" basis REAR DOOR LIMO CAB LOGO 12C/\$46.00 No illegal modification(s) is allowed WINDSCREEN SEALANT Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company \$256.00 Acknowledged by Repairer Signature: Date: Labour Charge \$2,400.00 2000 PANEL BEATING \$1,800.00 | 500 (BONNOT) SPRAY PAINT \$50.00 20 REMOVE / REFIX REVERSE SENSOR \$50.00 20 CHECK WIRING \$50.00 20 TUFF KOTE \$120.00 REMOVE/REFIX REAR WINDSCREEN GLASS \$120.00 REAR/REFIX UPHOLSTERY REAR \$4,590.00 Theran @ Lh/14410.10 m TOTAL LABOUR \$2235769 ESTIMATE TOTAL
6/h/2/ 1545
6/s after repair photo \$17,938.87 6 days wp

> 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.

### > Back to OneMotoring

## **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars

Owner ID Type: Company Owner ID: 821R

Vehicle Details

Vehicle No.: SHD67755 Vehicle to be Exported: No Intended Deregistration Date: 07 Dec 2021 Vehicle Make: MERCEDES BENZ Vehicle Model: E220 BLUETEC

Primary Colour: White 2015 Manufacturing Year:

65192433261176 Engine No.: WDD2120012B316886 Chassis No.: 130.0 kW (174 bhp) Maximum Power Output:

Open Market Value: \$44,046.00 Original Registration Date: 08 Apr 2016 08 Apr 2016 First Registration Date: 0

Transfer Count:

\$46,165.00 Actual ARF Paid:

Intended PARF Rebate Details

Yes PARF Eligibility: 07 Apr 2024 PARF Eligibility Expiry Date: \$32,315.00 PARF Rebate Amount:

Intended COE Rebate Details

07 Apr 2024 COE Expiry Date:

A - Car up to 1600cc & 97kW (130bhp) COE Category:

COE Period(Years): \$36,862.00 PQP Paid: \$10,751.00

COE Rebate Amount: \$43,066.00 **Total Rebate Amount:** 

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 07 Dec 2021

ОК

SJ0421C60006 / JP Knights Pte Ltd ENTRY DATE & TIME: 06/12/2021 10:15 (SGT) SUBMITTED BY: Kavi VERSION: 1 (06/12/2021 10:15 (SGT))



# 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 witholding 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

06/12/2021 10:15 (SGT) Date of Submission 05/12/2021 22:35 (SGT) **Date of Accident** AYE, Singapore **Exact Location of Accident** Additional Location Information

Singapore

Private hire

Taxi

Auto 2143

No - Claiming third party

#### DETAILS OF OWN VEHICLE

SHD6775S Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

Is company? COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner 1XXXXX821R Company Reg No fleetsafety@cdgtaxi.com.sg **Email Address** (Phone) +65-91092209 Mobile Phone No (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer 200e Model 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?

Vehicle Category Transmission CC

INSURANCE COMPANY

AXA Insurance Pte Ltd Name of Insurance Company ThirdPartyFireTheft Type of Coverage Yes Fleet Policy VFX/P2419138 Policy Number Cover Note Number

DRIVER

Name of Driver LIM CHENG SOON NRIC No SXXXX422Z

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20211206/2000

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

09/08/1955

12/04/1984

37 YEARS AND 8 MONTHS

fleetsafety@cdgtaxi.com.sg

(Phone) +65-91092209

10A GLASGOW ROAD

Outdoor

Male

549312

Side Swipe

Clear

Dry

No

Yes

Yes Yes

No

Yes

No

2

Νo

No

Hirer

Yes

FILE IS NOT SUITABLE

Serangoon Neighbourhood Police Centre

50 Serangoon Avenue 2 #01-02

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Private car REUBEN NG

SKH5353B

**BMW** 

535i

Accident report SJ0421C60006

1.00

Page 2 of 21

| NRIC No                                 | SXXXX670G |
|---|-----------|
| Contact Number                          | 3AAAAAA   |
| 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                              | PASSENGER |
|---|-----------|
| Gender  | -         |
| Phone No  | -         |
| Address   | -         |
| Address Complement                                  | -         |
| Post Code   | -         |
| Approximate Age Years Old                           | -         |
| Injuries Sustained                                  | -         |
| Injured person in which vehicle?                    | SHD6775S  |
| Were seat belts worn?                               | Yes       |
| Was this injured conveyed to hospital by ambulance? | Yes       |

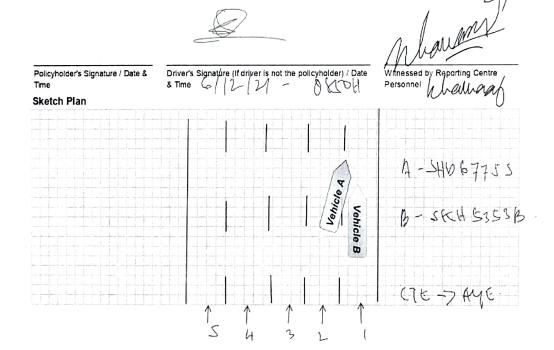
#### SKETCH PLAN

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. 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 forw arded 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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;
- (ii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



| escribe Circumstances of the Ac        |                           |               |       |         |
|--|---------------------------|---------------|-------|---------|
| PLEASE REFER TO I                      | POLICE REPOR              | T T/20211206/ | /2000 |         |
|  |                           |               |       |         |
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|  |                           | 26            |       |         |
| Declaration                            |                           |               |       |         |
| We declare the foregoing particulars a | re true in every respect. |               | _     | , which |
|  | <i>t</i>                  |               | ◊.    | und,    |

Policyholder's Signature / Date &





Report No. T/20211206/2000

1 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.:

Station Diary No.:

| 06/12/202                         | 1 00:16    |                           | , in the state of | 8                          |
|-----------------------------------|------------|---------------------------|---|----------------------------|
| Informant                         | s Particul | ars                       |   |                            |
| Name of Ir                        |            |                           | Address:<br>10A GLASGOW ROAD SING.  | APORE 549312               |
| ID Type / I                       |            | 2Z                        | Contact No.:<br>Home/Office:  | Mobile: 91092209           |
| Nationality:<br>SINGAPORE CITIZEN |            |                           | Email:  |                            |
| Sex:<br>Male                      | Age:<br>66 | Date of Birth: 09/08/1955 | Type of Informant: Driver   |                            |
| Race:<br>Chinese                  |            |                           | Language:   | Institution / School Name: |
| Occupation:<br>Taxi driver        |            |                           | Driving Licence Information:<br>Class:  | Date of Expiry:            |

| General Informat   | ion of the Accident          | L. Surviver |                       |  |       | Section of the sec                 |
|--------------------|------------------------------|-------------|-----------------------|--|-------|------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police |             | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>05/12/2021 22:3 | 5     | Type of Location:<br>Straight Road |
| Location:          |                              |             |                       |  |       |                                    |
| AYER RAJAH EX      | (PRESSWAY                    |             |                       |  |       |                                    |
| Weather:           |                              | Road S      | Surface:              |  | Road  | d Speed Limit:                     |
| T                  |                              | Troffic     | Control:              |  | Troff | ic Volume:                         |
| Traffic Flow:      |                              | Traffic     | Control.              |  | Itali | ic volume.                         |
| Type of Collision: |                              |             |                       |  | ambı  | one conveyed by<br>ulance:         |
|                    |                              |             |                       |  | Yes   |                                    |

| Details of V | ehicle Involv | /ed  |       |       |                     |                 |
|--------------|---------------|------|-------|-------|---------------------|-----------------|
| Vehicle No.  | Туре          | Make | Model | Color | Condition           | No of Passenger |
| SHD6775S     | Car           |      |       |       | Slightly<br>Damaged | 0               |
| SKH5353B     | Car           |      |       |       | Slightly<br>Damaged | 1               |





3 AF 9

Report No. 1 2021 ( HW/2000)

Police Station Of Origin
Serangoon N P C
50 Serangoon Avenue 2 #01-02 SINGAPORE
566129 CONTINUATION OF REPORT

Tel No. 1800-4880999

On 05/12/2021 at about 2235hrs, at location CTE towards AYE, before PIE Tuas. While driving along the expressway, I was at the second lane from the right (Lane 2). My car (SHD6775S) was filtering to the right lane, when a white car SKH5353B Reuben Ng S9902670G suddenly accelerated and brushed right lane, when a white car sight side mirror and the white car's left side mirror was both broken off against my vehicles and fell onto the road. My right side door was also scratched as a result. I could also observe the right bumper of the white car to be scratched as well.

Both of us then got out of our cars and exchanged particulars. An LTA Marshal was also present. Reuben then called Traffic Police for assistance, in which they arrived they about 15 minutes. They advised me to lodge a traffic report for this incident. The passenger of the white car also claimed to be injured, and ambulance was at scene and conveyed the passenger to a hospital, however I am not sure to which hospital.





3 of 3

Report No. T/20211206/2000

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT 556129

Tel No: 1800-4880999

### 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 | Signature Of Informant:   |
|---|---|
| F /                                       | olghature of informant.   |
| Sgt 2 ZHUANG ZHIJIE                       |   |
| Signature Of Interpreter:                 | Data /Firman  |
| Not applicable                            | Date/Time:<br>06/12/2021 00:16  |
|   | 03/12/22/100.10   |
| Officer In Charge Of Case:<br>TP / GIT /  | Classification Of Case:   |
| Sgt 3 MUHAMMAD FARHAN BIN SAIRI           | titel anneshalit. An den men mill omste mill omste selle aggress miller |
| Contact No.: 65476224                     | SM 156  |
| POLICE FORCE                              |   |
| Authentication Stamp                      |   |
| NP168                                     |   |



ComfortDelGro Engineering Fte Ltd 205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Page: 1

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 Date/Time: 06.12.2021 09:49

ARC Repair TP(CLSO)1

JOB CARD Sale

JC NO305496784

am: OMER COMFORT TRANSPORTATION PTE LTD 18 7010045

OMER NO. 383 SIN MING DRIVE ≀ESS Singapore SINGAPORE 575717 65508755 (O)

(P)

DUNT CARD NO.

12

| Za | les Order: 4148114             | JC NO305496784        |
|----|--------------------------------|-----------------------|
|    | REGN NO.:<br>SHD6775S          | MILEAGE               |
|    | MAKE MERCEDES BENZ             | FUEL EF               |
|    | E220CDI(E6) 06.                | 12.2021 08:10         |
|    | YR OF MANU.<br>08.04.2016      | TARGET DATE           |
|    | CHASSIS CODE WDD2120012B316886 | COMPLETION DATE/TIME: |

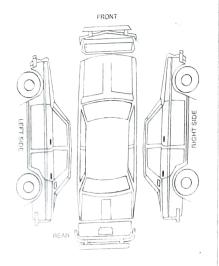
JOB DESCRIPTION

cident Date: 05.12.2021 TURE: 3P.05.12.2021/C'

NO

LABOR CODE

DESCRIPTION



| <ul> <li>(a) The contract of the striples of the contract of the contract</li></ul> | any of the Book of the State of |              |          |                   |  |
|---|--|--------------|----------|-------------------|--|
| KED & PASSED OUT BY:  |  |              |          |                   |  |
| SERVICE ADVISO  | DR   |              | CUS      | TOMER'S SIGNATURE |  |
| edgement Slip   |  | Exit Pass    |          |                   |  |
| sHD6775S  | JU NTUC  | Vehicle No.: | SHD6775S |                   |  |

Service Advisor

10.:

Signature/Date

Name of Service Advisor

Date

:umed to Service Reception upon collection

To be kept by Security Guard

INSURER ENQUIRY
Find
insurer

Vehicle reg. no.

SKH5353B

**Date of Accident** 

05/12/2021

Reset

## % RESULT & RECEIPT

# TP Insurer Enquiry

Insurance NTUC Income Insurance Co-op...

Period of Insurance 07/09/2021 - 06/09/2022

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 06/12/2021 09:12

## Payment details

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

## **General Insurance Association**

Records Management Centre GST Registration No: **M400017735** 

SUD 6775J