

Our Ref: CT0522/SHB6217Y/KS(st)  
Date: 19.07.2022

LONPAC INSURANCE BERHAD  
300 BEACH ROAD #17-04/07  
Singapore 199555

Attn : Motor Claims Department

**Without Prejudice**

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

**ACCIDENT ON 27.05.2022 INVOLVING SHB6217Y & GBC1043E ALONG SEMBAWANG AVE**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHB6217Y, which was involved in the captioned accident with your insured vehicle No GBC1043E.

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\$	5,563.23
2. Loss of Rental	7 days x S\$ 125.19	S\$	876.33
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	7 days x S\$ 80.00	S\$	560.00
2. Others		S\$	0.00

[E&OE]	<b>Total Claims</b>	<b>S\$</b>	<b>7,001.56</b>
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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

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: -

Email: kazali@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

**COMFORTDELGRO**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

COMPANY REG. NO.: 199506048W  
Page: 1

8010042

LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO  
SHB6217Y

MAKE  
HYUNDAI

MODEL  
IONIQ(G3)

DATE OF REG  
22.10.2019

CHASSIS CODE  
KMHC851CVLU186769

INV. NO/DATE  
91843348 12.07.2022

JOB NO.  
305517628

ODOMETER READING

DATE/TIME IN  
27.05.2022 16:45

Description : 3P 27.05.2022

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2256	PANEL ASSY-TAIL GATE#	1	2,549.70	20.00	2,039.76
0002	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0003	04-01-0101-0111	BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
0004	04-01-0104-2270	EMBLEM-HYBRID	1	24.30	20.00	19.44
0005	04-01-0104-2271	EMBLEM-IONIQ	1	31.30	20.00	25.04
0006	28-01-0103-0005	REAR BOOT LOGO CTPL	1	30.00	0.00	30.00
0007	28-01-0103-0006	REAR BOOT TEL NUMBER CTPL*	1	30.00	0.00	30.00
0008	28-01-9999-2025	XX APP LOGO REAR BONNET CTPL	1	40.00	0.00	40.00
0009	09-01-9999-0068	REVERSE SENSOR ASSY*	1	180.00	0.00	180.00

1) WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OF NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.

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

ComfortDelGro Engineering Pte Ltd

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91843348	5,563.23	

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

**Workshops**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

COMPANY REG. NO.: 199506048W  
Page: 2

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LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO  
SHB6217Y

INV. NO/DATE  
91843348 12.07.2022

MAKE  
HYUNDAI

JOB NO.  
305517628

MODEL  
IONIQ(G3)

ODOMETER READING

DATE OF REG  
22.10.2019

DATE/TIME IN  
27.05.2022 16:45

CHASSIS CODE  
KMHC851CVLU186769

S/No	Part No.		Qty	Unit Price	%Disc	Net
0010	28-01-0104-2029	VEHICLE NUMBER PLATE REAR	1	50.00	0.00	50.00
0011	04-01-0104-2282	COVER-RR BUMPER#	1	459.40	20.00	367.52
0012	04-01-0104-2257	GLASS ASSY-TAIL GATE LOWER#	1	584.90	20.00	467.92
0013	05-01-0199-0032	WINDSCREEN AHESIVE-310MLCART*	2	23.00	0.00	46.00
SUB-TOTAL			:			3,674.28

**JOB NATURE**

0001	L	PANEL BEAT (SHB6217Y)TP	525.00	525.00
0002	SP	SPRAYPAINT CHARGE	500.00	500.00
0003	L	REMOVE/REFIX REVERSE SENSOR	30.00	30.00
0004	L	REMOVE/REFIX REAR W/SCREEN GLASS	120.00	120.00

1) WHILE TAKING ALL REASONABLE PRECAUTIONS, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO ANY PROPERTY BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

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

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

**ComfortDelGro Engineering Pte Ltd**

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91843348	5,563.23	

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

COMPANY REG. NO.: 199506048W  
Page: 3

8010042

LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO  
SHB6217Y

INV. NO/DATE  
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22.10.2019

DATE/TIME IN  
27.05.2022 16:45

CHASSIS CODE  
KMHC851CVLU186769

S/No	Part No.		Qty	Unit Price	%Disc	Net
0005	20-05	ADVERTISEMENT STICKER-BUMPER		50.00		50.00
0006	20-05	ADVERTISEMENT STICKER-BOOTLID		100.00		100.00
0007	20-05	ADVERTISEMENT STICKER-FENDER		200.00		200.00
SUB-TOTAL				:		1,525.00

Items total 5,199.28

Add GST @ 7.000 % 363.95

Invoice amount 5,563.23

Issued by : KATHERINETAN 12.07.2022 08:31:48  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

WE WILL TAKE ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS RISK.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.  
INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.  
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**ComfortDelGro Engineering Pte Ltd**

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91843348	5,563.23	

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **Hyundai Ioniq SHB6217Y , GBC1043E** **ON 27-May-22 12:40**  
**ALONG** **SEMBAWANG AVE**

I / We **ZAINAL BIN AHMAD** (Hirer) NRIC No.: **SXXXX596Z**

and/or **TOH YEO CHAI** (Relief) NRIC No.: **SXXXX691A**

Taxi Number **SHB6217Y**

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 **27-May-2022**

Name of Hirer **ZAINAL BIN AHMAD**

Hirer NRIC **SXXXX596Z**

Signature :



Address **101 WOODLANDS STREET 13 #02-26**  
**730101**

Contact No. **97939444**

Name of Relief **TOH YEO CHAI**

Relief NRIC **SXXXX691A**

Signature :



Address **670 WOODLANES DRIVE 71 03-23**  
**730670**

Contact No. **86728575**


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBC1043E

Date of Accident

27/05/2022 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **05/04/2022 - 04/04/2023**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **28/05/2022 08:07**

## 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**

Our Ref: CT22050492

Date: 08 July 2022



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      27/05/2022    @   12:40 hrs  
ALONG                               SEMBAWANG AVE  
INVOLVING                        GBC1043E

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 **SHB6217Y** (the "Taxi"). The Taxi was hired to **ZAINAL BIN AHMAD IC NO SXXXX596Z** 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.



## 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	27/05/2022 19:57 (SGT)
Date of Accident	27/05/2022 12:40 (SGT)
Exact Location of Accident	Sembawang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6217Y
-----------------------------	----------

#### 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) +65-65508768
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	TOH YEO CHAI
NRIC No	SXXXX691A

Date Of Birth	04/12/1957
Occupation	Outdoor
Date Of Driving Pass	08/07/1975
Driving experience	46 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86728575
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	670 WOODLANDS DRIVE 71 #03-23
Address complement	-
Postcode	730670
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	PASSENGER
Gender	Female

#### PASSENGER 2

Name	PASSENGER
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

PLEASE REFER TO POLICE REPORT: T/20220527/2069

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1043E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOONG YI CHONG
Contact Number	(Phone) +65-88944082
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TOH YEO CHAI
Gender	-
one No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK INJURY
Injured person in which vehicle?	SHB6217Y
Were seat belts worn?	No
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 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' 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

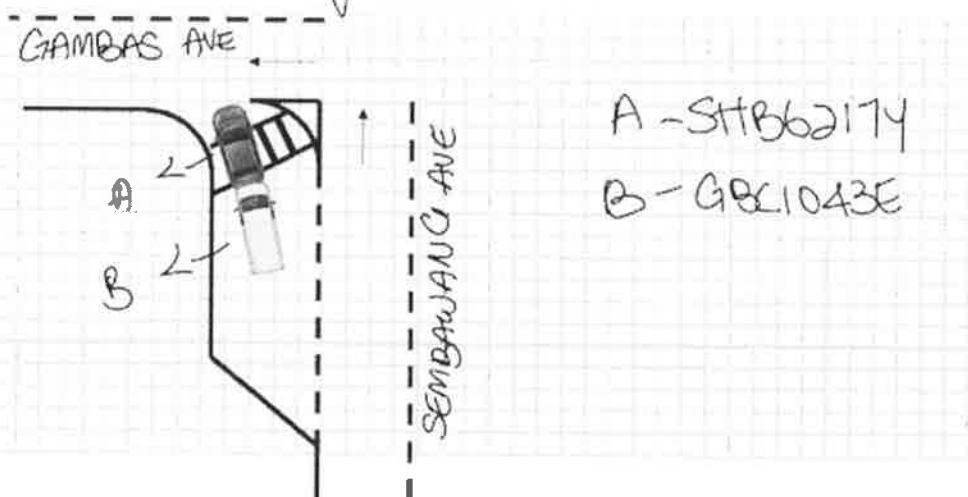
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 17:30 27-05-22

Witnessed by Reporting Centre Personnel MD NASEERIN

Sketch Plan



Describe Circumstances of the Accident

T/20220527/2069

**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 17:30 27.05.22

Witnessed by Reporting Centre  
Personnel MD NASRIN



**SINGAPORE  
POLICE FORCE**



T/20220527/2069

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

1 of 3

Report No. T/20220527/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2022 16:02	Vide Report No.: L/20220527/0076	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: TOH YEO CHAI			Address: APT BLK 670 WOODLANDS DRIVE 71 #03-23 SINGAPORE 730670	
ID Type / ID No.: NRIC NO / S1274691A			Contact No.: Home/Office: Mobile: 86728575	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 04/12/1957	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2022 12:40	Type of Location: Filtering Lane
Location:  SEMBAWANG AVENUE				
Lamp Post Number: 108				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against stationery vehicle - Head to Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1043E	Pickup lorry	NISSAN		Silver	Slightly Damaged	0
SHB6217Y	Car	HYUNDAI		Blue	Slightly Damaged	2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220527/2069

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

2 of 3

Report No. T/20220527/2069

**CONTINUATION OF REPORT**

Driver				
Name	Loong Yi Chong		ID No.	S9711161H
Related Vehicle	GBC1043E (Pickup lorry)		Contact No.	88944082
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TOH YEO CHAI		ID No.	S1274691A
Related Vehicle	SHB6217Y (Car)		Contact No.	86728575
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/05/2022		Date Discharge	27/05/2022
No. of Days granted Medical Leave	04		Degree of Injury	NIL

**Brief Details.**

On 27/05/2022 at about 1240hrs, I was driving my taxi SHB6217Y. My taxi was the first vehicle to stopped behind the dotted line of the filtering lane of Sembawang Avenue toward Gambas Avenue.

While waiting behind the dotted line at the filtering lane, a pickup lorry GBC1043E suddenly collided on the rear of my vehicle. As a result, the glass panel of my boot cover of my taxi was shattered and it hit on two of my passengers.

I then alighted from my taxi to make a check. My boot cover sustains a dent. Two of my passengers complain pain. I also felt pain as a result of collision. The driver of GBC1043E did not complain any pain.

I then asked the driver of GBC1043E to help me to call for ambulance. Shortly awhile, police and ambulance arrived. Two of my passengers then being conveyed by ambulance.

The pickup lorry GBC1043E sustains a dent on the front. There are in-car cameras in my taxi facing the front and rear however traffic police took my SD cards for investigation.

After the accident, I went to see the doctor as I felt pain on the whole upper back. I was given 4 days of medical leave from 27/05/2022 to 30/05/2022.



**SINGAPORE  
POLICE FORCE**



T/20220527/2069

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

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Report No. T/20220527/2069

**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 /

Other KELVIN TAN KIM HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/05/2022 16:02

Officer In Charge Of Case:

TP / GIT /

SGT 2 PHUA TIAK YEE

Contact No.: 65476200

Classification Of Case: