



**JL PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SLJ8678Y

Your Ref.: GR6779U

Date: 27.08.2024

ATTN: Motor Claims Department

INS: **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SLJ8678Y & GR6779U

Date of Accident: 07.08.2024 @ 12.20 HOURS

Location: UPPER PAYA LEBAR RD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 1,090.00</u>	
Loss of Use:		
(\$180.00 X 3 Days)	<u>\$ 540.00</u>	(2 Repair Days + 1 PH )
LTA Search	<u>\$ 27.25</u>	(PH = National day)
<b>Grand Total:</b>	<u><b>\$ 1,657.25</b></u>	

motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Joanne @ 97231055, or email to jlperfectautowork@gmail.com

Thank You,

Ting



JL Perfect Autowork Pte. Ltd.  
Co. Reg No: 202136905K  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: jlperfectautowork@gmail.com

## Authorisation To Act

I, LEVIN AUTO ("the third party claimant") of  
8, KAKI BUKIT AVENUE 4, #08-41, PREMIER @ KAKI BUKIT, S 415 875  
(address), owner of SLJ 8678 Y (vehicle no.)  
hereby authorise JL PERFECT AUTOWORK P / L ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. SLJ 8678 Y that was  
damaged pursuant to the accident which occurred on 07-08-24 (date)  
at/along Upper Paya Lebar Rd  
(location) involving vehicle no/s GR 6779 U ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 08 day of 08 (month) 20 24 (year)


Signed by "the third party claimant"




Signed by "the workshop"



JL Perfect Autowork Pte. Ltd.  
Co. Reg No: 202136905K  
8 Kaki Bukit Avenue 4  
#08-09 Premier @ Kaki Bukit  
Singapore 415875  
Tel: 6341 6789 Fax: 6341 6778  
Email: jlperfectautowork@gmail.com

## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SLJ8678Y and GR6779U on 07-08-24  
at/along Upper Paya Lebar Rd

1. I/We, the Owner of motor vehicle no. SLJ8678Y hereby instruct and authorise JL PERFECT AUTOWORK ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 08 day of 08 20 24

Signature of vehicle owner [Signature]

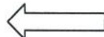
Name : LEVIN AUTO

IC/UEN No : 53380455 L

(Company stamp, if applicable)

Address : 8 KAKI BUKIT AVENUE 4, #08-41,  
PREMIER @ KAKI BUKIT, S 415875

Tel : 90091155



Witnessed by :

Ting

# TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com

GST Reg. No. : 202136905K



Date	Invoice Number	Vehicle Number
27.08.2024	JLP202408-00653	SLJ8678Y

## AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 1,000.00
Total	\$ 1,000.00
Add: 9% GST	\$ 90.00
Total	\$ 1,090.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required





"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

### AUTHORIZATION TO ACT

(AIG Asia Pacific - Express Third Party Claim)

I, LEVIN AUTO ("the third party claimant")  
of 8, KAKI BUKIT AVENUE 4, #08-41, PREMIER @ KAKI BUKIT, <sup>S415875</sup>(address),  
owner of SLJ8678Y (vehicle no.) hereby authorize  
JL PERFECT AUTOWORK P / L

("the workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
vehicle no. SLJ8678Y that was damaged pursuant to the  
accident which occurred on 07.08.24 (date) along Upper Paya Lebar Rd (location)  
involving vehicle no/s GR6779U  
("the accident").

I further authorize the workshop to settle my above mentioned  
claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach  
on my behalf is on a without prejudice and without admission of  
liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 08 day of 08 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"  
(with chop)



> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Aug 2024 / 17:53:58

Receipt Date/Time : 07 Aug 2024 / 17:53:58

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-240807-003418

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - GR6779U

As at 07 Aug 2024/12:20:00

Insurance Co: **AIG ASIA PACIFIC INSURANCE PTE. LTD.**

1 Insurance Enquiry - GR6779U  
Enquiry Fee  
20240807175312382533

25.00	2.25	27.25
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**Sub-Total**

25.00	2.25	27.25
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**Total Before Rounding**

25.00	2.25	27.25
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**Rounding Difference**

0.00

**Total Amount Payable**

27.25

**Paid By**

512972XXXXXX5672

eNETS Credit Card

27.25

**Total**

27.25

**Cash Change**

0.00

**Tendered Amount**

27.25

**Excess Refundable Amount**

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## 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 Actual 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 First Submission	08/08/2024 13:56 (SGT)
Reported by	Actual Driver
Date of Accident	07/08/2024 12:20 (SGT)
Actual Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8678Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEVIN AUTO
Company Reg No	5XXXX455L
Email Address	ADM3.LEVINGRP@GMAIL.COM
Mobile Phone No	(Phone) +65-90091155
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1595
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111271585-05

### DRIVER

Name of Driver	WONG THEE SHING
NRIC No	SXXXX668J
Date Of Birth	13/06/1955
Occupation	Indoor
Driving Pass Date	03/07/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92395381
Alt. Phone Number	-
Email Address	ADM3.LEVINGRP@GMAIL.COM
Address	BLK 21 JOO SENG RD
Address complement	#03-158
Postcode	360021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GR6779U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	WONG THEE SHING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLJ8678Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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;

(f) 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  
(Name as in MRICAD card)

### Sketch Plan

A = SLJ8678Y  
B = GR6779U  
Upper Paya Lebar Road.

[illegible]

## Declaration

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

73


LEVIN AUTO  
Reg. No.  
0000000000

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NR/CAD card)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1113668J



Name  
WONG THEE SHING

Race  
CHINESE

Date of birth  
13-06-1955

Sex  
M

Country of birth  
SINGAPORE

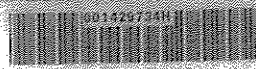
REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S1113668J

Name  
WONG THEE SHING


Date of Birth 13 Jun 1955

Valid Until 03 Jul 2006

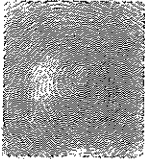


SLJ8678Y  
Driver

4293239



NRIC No. S1113668J



Date of Issue  
16-10-2008

Address  
APT BLK 21 JOO SENG ROAD  
#03-15B  
SINGAPORE 360021


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

5.7 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg 03 Jul 2006

may be captured whilst you are at our  
data to third parties including bank  
v. authorities or enforcement agencies

License No. S1113668J



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5111271585-04-000013

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLJ8678Y**  
Chassis Number : **WDD2050402F037449**
2. Name of Policyholder : **LEVIN AUTO**
3. Effective Date of Insurance : **11 Jan 2024**
4. Expiry Date of Insurance : **10 Jan 2025**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STAR CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE. LTD. (00000614373)  
Date of Issue : 11 Jan 2024 17:58 hrs

For INCOME INSURANCE LIMITED



Chief Executive





# SINGAPORE POLICE FORCE



T/20240807/7070

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240807/7070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2024 16:20		Vide Report No.: F/20240807/0075		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG THEE SHING			Address: 21 JOO SENG ROAD #03-158 SINGAPORE 360021		
ID Type / ID No.: NRIC NO / S1113668J			Contact No.: Home/Office: Mobile: 92395381		
Nationality: SINGAPORE CITIZEN			Email: WILLIAMWONGTS55@GMAIL.COM		
Sex: Male	Age: 69	Date of Birth: 13/06/1955	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Manager			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2024 12:20	Type of Location:
Location:  UPPER PAYA LEBAR ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ8678Y	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240807/7070

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20240807/7070

CONTINUATION OF REPORT

Driver			
Name	WONG THEE SHING	ID No.	S1113668J
Related Vehicle	SLJ8678Y (Motor car)	Contact No.	92395381
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 (MC)	05	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SLJ8678Y along Upper Paya Lebar Road towards Bartley direction.

I had gradually come to a stop due to traffic conditions.

Suddenly, a huge impact slammed into the rear of my vehicle, causing it to surge forward.

I was caught completely off guard as my body lurched forward.

Upon alighting, I realised that GR6779U had crashed into the rear of my vehicle.

My vehicle's rear bumper was damaged while GR6779U'S front bumper was bent out of shape.

Shortly after the accident, I started feeling stiffness and aches over my neck and upper back areas.

As such, I sought treatment at my family doctor Neo Medical Centre and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20240807/7070

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20240807/7070

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
JOHNSON LEE WEE SIONG  
Contact No.: 67957400

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
07/08/2024 16:20

Classification Of Case: