

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

India Ref: TP / MCT16060173
Claimant Ref : SJK7300L

We/I, EM-1 AUTO PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 21,000.00 (Global Sum) ~~(repair cost), S\$ (loss of use/rental), S\$ (search fee)~~, vehicle no. SJK7300L that was damaged pursuant to the accident which occurred on 04/06/2016 (date) at ALONG LOR 6 TOA PAYOH (location) involving vehicle no. SHC8592U (insured vehicle). This is pursuant to the inspection conducted on 07/06/2016 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner KOH MEI HUI SHARON ("the third party claimant") of vehicle no. SJK7300L to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SJK7300L (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 21,000.00 to EM-1 AUTO PTE LTD.

Dated this 10 day of Sept 20 19

CLAIMANT:

Signature: 

Name: Chia Sin Muk

NRIC: S1306599C

Address: EM1 AUTO PTE LTD
Blk 8 Sin Ming Rd
#01-68 Industrial Estate Sector C
Singapore 575643
HP: 96665556 Fax: 64375776
Director

Nationality: Singapore

Occupation: Director

WITNESS:

Signature: 

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1
#01-25 Paya Ubi Ind. Park S(408933)

Nationality: Singapore

Occupation: Surveyor

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY/ GST REG. NO: 201316380R

TAX INVOICE

M/S KOH MEI HUI SHARON

Invoice No : 19/00294/4606TPG

Date : 10-Sep-2019

India International Insurance Pte Ltd

Motor Claim Department

64 Cecil Street

#04-/#05 IOB Building

Singapore 049711

Attn : Suwanna

Date of Accident : 04-Jun-2016
Our Client's Vehicle Number : SJK 7300L
Vehicle Make/ Model : HONDA JAZZ
Your Insurer : SHC 8592U

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Global Sum (for property claim only)	19,626.17	1,373.83	21,000.00 SR

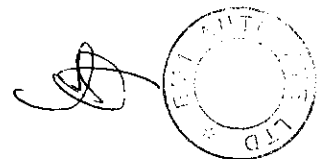
SGD (Twenty-One Thousand only)

GRAND TOTAL

21,000.00

Subject to 7% GST

1,373.83



Authorised Signature and Company Stamp

Invoice

SJK7300L
KOH MEI HUI
15 JALAN MASJID
#04-03
S(418936)

Invoice No : WPLIN0000306
Invoice Date : 30/6/2016
Due Date : 30/6/2016
VHA No : 0621
Referral ID : E003

Description :	Amount
Rental for 16 Day/s @ \$120 per Day	\$1,920

Vehicle No : SJE 8160 Z

Vehicle Description : Toyota Altis 1.6 A

Rental Period : 04/06/2016 to 20/06/2016

Total Amount Payable : \$1,920

WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875

Tel: 6315 8479 H/P: 9833 0807

VHA No: 0621

WPLIN 306

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) Koh Mei Hui

NRIC/PASSPORT No: S7731513F

Address (Res): 15, Jalan Masjid #04-03

5418936

Name & Address of Employer

Occupation: Driving Exp:

Driving Licence No: D/L Type: Local / International

Issue Date: 6/10/08 Date of Birth: 14/11/77

Tel: (O) (R) HP/PG 93623636

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC/PASSPORT No:

Address (Res):

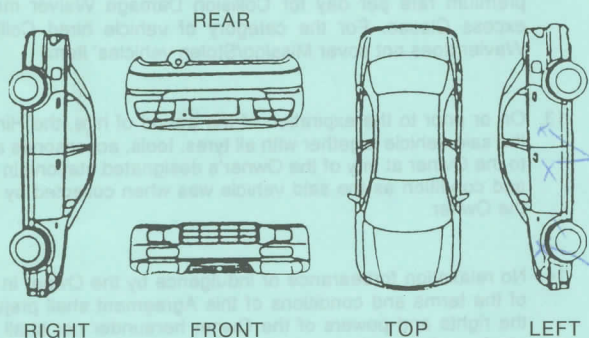
Driving License No: D/L Type: Local / International

Issue Date: Date of Birth:

Occupation: Driving Exp:

VEHICLE CHECK LIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



ACCESSORIES CHECK

- | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ashtray | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre |
| <input type="checkbox"/> STD Tools | <input type="checkbox"/> Jack | <input type="checkbox"/> Hub Caps |
| <input type="checkbox"/> Radio/Cass | <input type="checkbox"/> CD | <input type="checkbox"/> Cartridges |

Vehicle No: STE 8160 Z Replace Veh No:

Mileage Out: 169574 Mileage Out:

Make & Model: Auto / Manual

Group:

Out : Date 4/6/16 Time: 1310

HIRE / PERIOD EXPIRY Time:

NON-WAIVER EXCESS=\$ 2000/-

CHARGES

Daily 16 @\$ 120 per day \$1920 -

Weekly @\$ per week

Monthly @\$ per month

Hours @\$ per hour

Others @\$

CDW @\$ per day/month

PAI @\$ per day/month

Delivery/Collection Service

SUB-TOTAL \$

PETROL LEVEL

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Misc.

TOTAL CHARGES \$

Hirer's Signature

Additional Driver's Signature

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

*IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT. THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SINGAPORE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
20/6	1745				

ONE MOTORING
Your Fast Track To Complete Motoring

Singapore Government
of Singapore, Ministry of Transport, Road Transport Department

Feedback | Contact Info

SJK 7300 L

Text size + -

Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jun 2016 / 10:41:44

Receipt Date/Time : 06 Jun 2016 / 10:41:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-160606-000413

Previous Receipt No. :

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

**Amount Before
GST (\$\$)** **GST
Amount (\$\$)** **Amount
After GST
(\$\$)**

Result of Insurance Enquiry - SHC8592U

As at 04 Jun 2016/08:55:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHC8592U
Enquiry Fee
20160606104024897464

5.00 0.35 5.35

Sub-Total 5.00 0.35 5.35

Total Before Rounding 5.00 0.35 5.35

Rounding Difference 0.00

Total Amount Payable 5.35

Paid By

20160606104044553 Direct Debit: eNETS
Debit (Internet Banking) 5.35

Total 5.35

Cash Change 0.00

Tendered Amount 5.35

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.

Print Receipt OK

LETTER OF AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SJK7300L and SHC8592H,
ON 4/6/16 ALONG Lor 6 Toa Payoh

I, Koh Mei Hui Sharon, NRIC No. / Company Reg. No.
S7731513F of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number
SJK7300L hereby authorise your workshop EM-1 Auto Pte Ltd (Company/GST REG.No. : 201316380R)

Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto Pte Ltd on my/our behalf to negotiate a settlement with the third party and/ or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto Pte Ltd by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto Pte Ltd, and should I get approval from EM-1 Auto Pte Ltd to bank in the said cheques, I agree to pay EM-1 Auto Pte Ltd the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto Pte Ltd or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the legal costs incurred by EM-1 Auto Pte Ltd or the Repairer.

Signature: _____
Company Stamp:
(if applicable)

Name: Koh Mei Hui Sharon
NRIC No: S7731513F
Contact No: 93623636
Date: 4/6/16

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY/ GST REG. NO: 201316380R

M/S KOH MEI HUI SHARON

Proforma Invoice : 17/PI00215/4606TP

Date : 11-Jul-2017

India International Insurance Pte Ltd

Motor Claim Department

64 Cecil Street

#04-/#05 IOB Building

Singapore 049711

Date of Accident : 04-Jun-2016
Our Client's Vehicle Number : SJK 7300L
Vehicle Make/ Model : HONDA JAZZ
Your Insurer : SHC 8592U

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended by LKK Mr Ma)	19,500.00	1,365.00	20,865.00 SR
LTA Fee	5.00	0.35	5.35 SR
Loss of Rental (16 days x \$ 100)	1,600.00		1,600.00 ES

SGD (Twenty-Two Thousand Four Hundred Seventy And
Cents Thirty-Five only)

GRAND TOTAL

22,470.35

Subject to 7% GST

1,365.35



Authorised Signature and Company Stamp

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 ability
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 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 Report	04/06/2016 14:31
Date Of Accident	04/06/2016 08:55
Exact Location Of Accident	ALONG LOR 6 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK7300L
Insured/Policyholder	
Name Of Registered Owner	KOH MEI HUI SHARON
NRIC No	S7731513F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93623636
Alternative Phone No	Office-93623636
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.3 L (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P0716151
Cover Note Number	
Driver	
Name of Driver	KOH MEI HUI SHARON
NRIC No	S7731513F
Date Of Birth	14/11/1977
Occupation	Outdoor
Date Of Driving Pass	06/10/2008
Driving Experience	7 Years And 7 Months
Gender	Female
Mobile Number	(Local) +65-93623636
Fax Number	
Contact Number	Office-93623636
EEmail Address	NOEMAIL

Address 15 JALAN MASJID #04-03
 Postcode 418936
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Unknown - HEAT TO SIDE
 Weather Conditions Raining
 Road Surface Wet

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station

Police Station Name Thomson Npp 25 Sin Ming Road
 Police Station Address ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: Singapore
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8592U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number



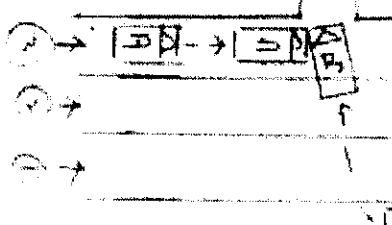
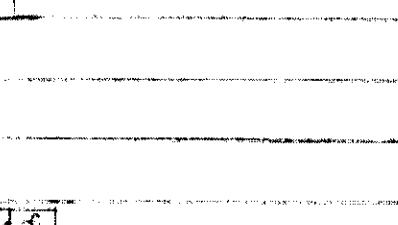
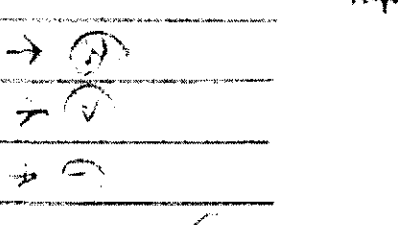









Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the 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 the 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  Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time 	Witnessed by Reporting Centre Personnel Lot 1 Lot 6, Toco Ranch - towards Toco Ranch
		
(A) →  → 	→ 	→ 
(B) → 	→ 	→ 
(C) → 	→ 	

(A) SH 12001
(B) SH 85920

Individual Statement

Describe Circumstances of the Accident

Refer Police Report No 7/XLC0604/5088

Declaration

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

Policyowner's Signature / Date & Title

Driver's Signature (If driver is not the policy holder) Date & Time

Witnessed by Reporting Centre
Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20160604/2088

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20160604/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2016 14:16		Vide Report No.: E/20160604/0093		Station Diary No.: 36
Name of Informant: KOH MEI HUI, SHARON				
Address: 15 JALAN MASJID #04-03 SINGAPORE 418938				
ID Type / ID No.: NRIC NO / S7731513F		Contact No.: Home/Office: Mobile: 93623636		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 38	Date of Birth: 14/11/1977	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Sales		Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive No	Date/Time of Accident: 04/06/2016 08:55	Type of Location: Straight Road
Location: Along Road 1 LORONG 8 TOA PAYOH				
Towards Lorong 1 Toa Payoh in front of Safra, near Vp 49				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

SHC8592U	Taxi					0
SJK7300L	Car	HONDA	HONDA JAZZ 1.3L A	Black	Seriously Damaged	0

SJK7300L	AXA INSURANCE SINGAPORE PTE LTD	P0716151	01/11/2015	31/10/2016
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20160604/2088

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20160604/2088

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	KOH MEI HUI, SHARON	ID No.	S7731513F
Related Vehicle	SJK7300L (Car)	Contact No.	93623636
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry NIL
Date Treatment	04/06/2016	Date Discharge	04/06/2016
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 04/06/2016 at about 8.55am, I was driving vehicle SJK7300L along Lorong 6 Toa Payoh towards Lorong 1 Toa Payoh. I was driving on lane 3 of the said road near Toa Payoh SAFRA car park entrance when suddenly, a vehicle SHC8592U made a turn into the SAFRA car park from the opposite side without giving way to my vehicle. I jammed my brake but could not stop in time and resulting my vehicle to knock on the left- front side of vehicle SHC8592U.

Due to the collision my vehicle was seriously damage on the front side. After the accident, I called 999 to report of the accident. Ambulance were also at scene and I was subsequently conveyed to Tan Tock Seng Hospital. Traffic police were later at scene and had handed over a case card bearing the incident number, E/20160604/0093 to my husband who also later were at scene.

I wish to state that I did not manage to exchange particulars with the driver of vehicle SHC8592U as I was rushed to the Hospital. I was subsequently discharged on the same day and was given 3 days MC by the hospital.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20160604/2086

3 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20160604/2086

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. E / Staff Sgt MUHAMMAD HAFIZ BIN ZUHURI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2016 14:16
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No:	

Authentication Stamp
NP168