

REF: C1/TM117014634/Nc-1 Special instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Fiona Gan of TMI Date/Time: 8/11/2017

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHA 4501U Insured: GBB2494K

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: M1703953 FG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/7/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT _____

[illegible]

Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

DT

Denise Tay (LKKAuto)

Reply all |

Today, 11:52 AM

Naz (LKKAuto)

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fiona Gan [mailto:fionagan@tokiomarine.com.sg]
Sent: Friday, 24 November, 2017 1:53 PM
To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Hi Denise

Please assist to submit your report to us.

Thank you.

Regards

Fiona Gan

Senior Executive, Motor Claims

Tokio Marine Insurance Singapore Ltd.

20 McCallum Street #11-01 Tokio Marine Centre Singapore 069046

T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com

From: Fiona Gan
Sent: Wednesday, November 15, 2017 2:14 PM
To: 'Denise Tay (LKKAuto)'
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Hi Denise

Any update for the re-inspection of our insured vehicle?

Thank you.

Regards

Fiona Gan

Senior Executive, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #11-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

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From: Fiona Gan
Sent: Wednesday, November 08, 2017 2:20 PM
To: 'Denise Tay (LKKAuto)'
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Hi Denise

I would suggest to make arrange to conduct inspection of our insured vehicle damages, please advice you are ok with it.

Thank you.

Regards
Fiona Gan
Senior Executive, Motor Claims

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20 McCallum Street #11-01 Tokio Marine Centre Singapore 069046
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Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 7 November, 2017 5:53 PM
To: Fiona Gan
Cc: SUR
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Dear Fiona,

Kindly refer to the uploaded video in merimen No. 3. for the impact, time pm 06:55

The likely point of contact between the van and taxi, is at the rear right protruded panel, appeared some light blue(similar to claimant's taxi) paint on it. This light blue paint appeared being washed away before photographing.



Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

- Look 4 signs of cleaning
- Look 4 signs of repair

From: Fiona Gan [<mailto:fionagan@tokiomarine.com.sg>]
Sent: Thursday, 2 November, 2017 11:09 AM

contactus@ocbc.com

Attn: Ekin

www.

To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Dear Denise

Please share with me the timing of the impact, as I can see anything, furthermore our insured vehicle no damaged. So damages consistency?

Thank you.

Regards
Fiona Gan
Senior Executive, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #11-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

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From: Denise Tay (LKKAuto) [<mailto:denisetay@lkkauto.com>]
Sent: Thursday, November 02, 2017 10:59 AM
To: Fiona Gan
Cc: SUR
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Dear Fiona,

The video clip shows the van did vibrate awhile, this indication of contact with a movable object. From the nature of damages to taxi, it was a side grazed and minor damage to the side of bumper

Best Regards,
Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fiona Gan [<mailto:fionagan@tokiomarine.com.sg>]
Sent: Thursday, 2 November, 2017 10:32 AM
To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Dear Denise

Please advice.

Thank you.

Regards
Fiona Gan
Senior Executive, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #11-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com

From: Denise Tay (LKKAuto) [<mailto:denisetay@lkkauto.com>]
Sent: Monday, October 30, 2017 3:10 PM
To: Fiona Gan; SUR
Subject: RE: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Dear Fiona,

We will check and reply to you.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fiona Gan [<mailto:fionagan@tokiomarine.com.sg>]
Sent: Monday, 30 October, 2017 3:08 PM
To: SUR <sur@lkkauto.com>
Subject: Our ref: M1703953/FG, TP :SHA4501U DOA 26.07.2017

Dear LKK

I had sent email thru Merimen on 22.08.2017, 29.08.2017 and 27.10.2017 to you as to comment on the consistency of damages base on video footage and our insured vehicle photo. However till date we still have not hear from you.

Please expedite our request as we need to advice our insured.

Thank you.

Regards
Fiona Gan
Senior Executive, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #11-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

A member of the
Tokio Marine Group

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

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	27/07/2017 13:56
Date Of Accident	26/07/2017 19:10
Exact Location Of Accident	SENGKANG EAST WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA4501U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	KUAH KIM HAN
NRIC No	S1421939J
Date Of Birth	30/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1979
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	KUAHKIMHAN@GMAIL.COM

Address	BLK 148 RIVERVALE CRESCENT #11-32
Postcode	540148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2494K
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Jackson Hone
CSO

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

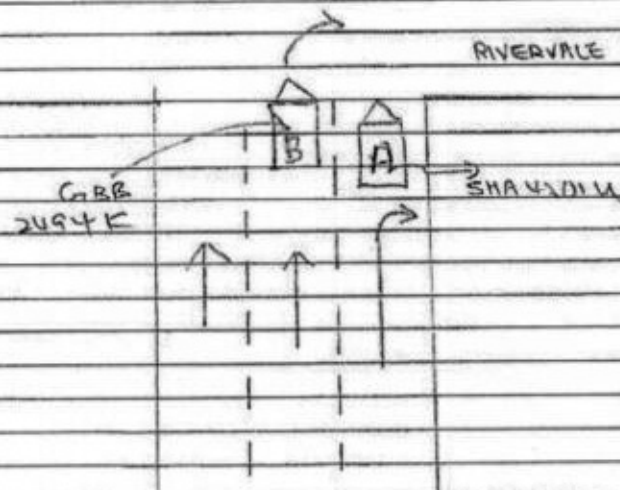
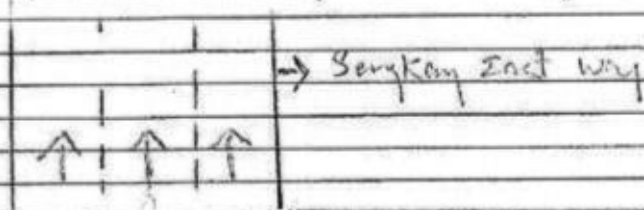
Sketch Plan

See the attach

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 26th/07/2017 at about 1910 hrs I vehicle H was at the extreme right lane waiting for traffic light to turn green. While waiting vehicle B came for my left (that lane didn't show any turning) he turn and grazed against vehicle A left front portion causing the damage.



Declaration

We declare the foregoing particulars are true in every respect.

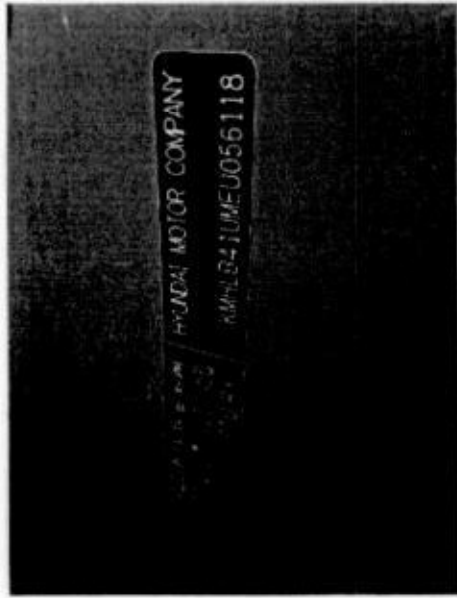
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

27/7/17
Jackson Heng
CSO

Witnessed by Reporting Centre Personnel



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 18/08/2017 09:33
Date Of Accident 26/07/2017 18:45
Exact Location Of Accident RIVERVALE DRIVE SINGAPORE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2494K
Insured/Policyholder
Name Of Registered Owner EACH-A-CUP PTE. LTD.
Co Reg No 200900347C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98163863
Alternative Phone No Office-98163863

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident WORKING

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken

Vehicle Category REPORTING ONLY
COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number MU007506
Cover Note Number

Driver

Name of Driver CHUA KEEM LONG
NRIC No S0837264J
Date Of Birth 27/07/1950
Occupation OUTDOOR
Date Of Driving Pass 27/07/2000
Driving Experience 16 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98163863

Technical report w
height measure t.
- abrasion marks, fresh drag
- likely point of contact
- Travel dot: abrasion mark is
mid, impact is slight, may not
be felt by driver of commercial
vehicle.
- As 4 taxi, bumper material soft,
deformation due 2 impact.
Kati BT Rd 1
Bumex Technolink
#B1-05.
Blk 9
downstairs
7 4-430 PM

Address	22K FLOWER ROAD SINGAPORE 545212
Postcode	
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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 [OTHER]	HOUGANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4501U
Vehicle Make/Model/Colour	TAXI
Details Of Properties	VEH.B
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	

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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

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

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

* NO Accident => Pls refer attached Police Report *

Date:- 26/07/2017

Time:- 18~~15~~hrs.

Location:- Rivervale Drive Singapore.

(A) GBB2404K (B) SHA 4501U.

* No Accident = No Damage = No Contact *

~~✓~~

We declare the foregoing particulars are true in every respect.

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

Witnessed by Reporting Centre
Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



F/2017/0726/2208

1 of 2

POLICE REPORT (NP299)

Report No. F/2017/0726/2208

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

Date/Time Report Made <u>26/07/2017 21:41</u>		Vide Report No.		Station Diary No. <u>23</u>	
Name Of Informant <u>CHUA KEEM LONG</u>		Address <u>22K FLOWER ROAD SINGAPORE 545212</u>			
ID Type / ID No. <u>NRIC NO / S0837264J</u>		Contact No. Home/Office		Mobile <u>98163863</u>	
Nationality <u>SINGAPORE CITIZEN</u>		Email Address			
Occupation <u>Self Employed</u>		Sex <u>Male</u>	Age <u>66</u>	Date of Birth <u>27/07/1950</u>	Race <u>Chinese</u>
Institution/School Name		Language			
Date/Time Of Incident <u>26/07/2017 18:45</u>		Location Of Incident <u>RIVERVALE DRIVE SINGAPORE</u>			

Brief details.

On 26/07/2017 at about 1845hrs, I was driving my vehicle bearing plate number GBB2494K along the most left lane of Rivervale Dr. While I was approaching the right turn pocket, I noticed a taxi bearing plate number SHA4501U in front of me engaged emergency break. I managed to stop my vehicle in time and avoided a collision by turning my vehicle to the left. At the point of time, the right turn arrow was still green. Therefore, I overtook the taxi on the left and stopped in front of his vehicle when the traffic light turned red.

After which, when the traffic light turned green, I inch out my vehicle to the right turn pocket and stopped

Signature Of Officer Recording The Report: <u>F / Cpl CHONG TECK WEI, JEFFREY</u>		Signature Of Informant: <u>[Signature]</u>	
Signature Of Interpreter: Not applicable		Date/Time: <u>26/07/2017 21:41</u>	
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt HAMZAH BIN HASHIM Contact No.: 64890999		Classification Of Case:	

Authentication Stamp

Sketch Plan #4



SINGAPORE
POLICE FORCE



F/20170728/2208

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20170728/2208

to allow the oncoming traffic to pass. However, the taxi behind me started honking repeatedly. Thus, I moved my vehicle to the left to allow him to pass. I then followed the taxi from behind entered the straight road, the taxi started to jam his brakes intermittently, which in my opinion was dangerous as it might cause an accident.

Thereafter, he stopped his vehicle and kept stationary and refused to move even though there were no traffic. Subsequently, the driver of the taxi alighted and took photos of my vehicle and kept on laughing. I got tired of his prank and as such, returned to my vehicle and drove off.

I suspect that he might try to make some claims on me. I am lodging this report for my record purposes. No assault or threat took place.

Signature Of Officer Recording The Report:

F / Cpl CHONG TECK WEI, JEFFREY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt HAMZAH BIN HASHIM
Contact No.: 84890999

Authentication Stamp

Signature Of Informant:

Date/Time:
26/07/2017 21:41

Classification Of Case:

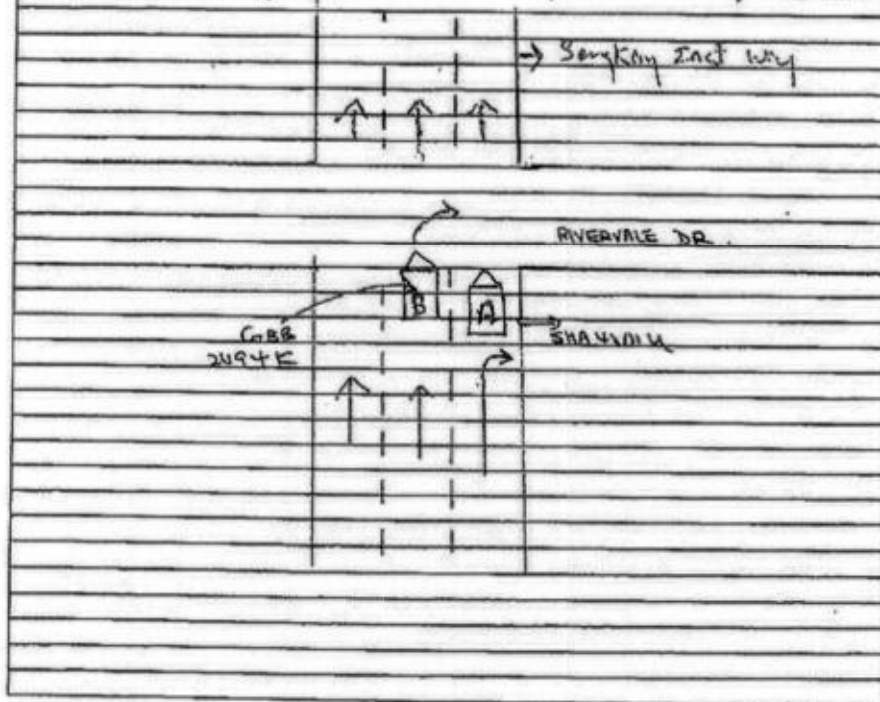
Sketch Plan #5

SHA 45014 - Report

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 20th / 07 / 2017 at about 19:30 hrs I vehicle H was at the extreme right lane waiting for traffic light to turn green. while waiting vehicle P came for my left (that lane didn't show any turning) he turn and grazed against vehicle H left front portion causing the damage.



Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

27/7/17
Jackson Heng
CSO
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

Private & Confidential

CHUA KEEM LONG

22K FLOWER ROAD
SINGAPORE 545212

clms 18 Jun 1977
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You can drive while awaiting the delivery of your photocard driving licence

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S0837264J
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