



Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 22 Dec 2017 / 16:26:45

Receipt Date/Time : 22 Dec 2017 / 16:26:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171222-001677

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHD9583J / JJS 1672

As at 19 Dec 2017/12:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHD9583J

Enquiry Fee

20171222162513860418

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

20171222162536566 Direct Debit: eNETS Debit
(Internet Banking) 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

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 POLICE FORCE



T/20171219/2155

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

1 of 3

Report No. T/20171219/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2017 20:29	Vide Report No.: E/20171219/0069	Station Diary No.: 36
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Informant's Particulars			
Name of Informant: CHENG FARN KUAN		Address: APT BLK 283 Tampines St 22 #11-103 SINGAPORE 520283	
ID Type / ID No.: FIN NO / G8181512M		Contact No.: Home/Office: Mobile: 97387963	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 38	Date of Birth: 24/06/1979	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: Working proprietor (construction)		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2017 12:00	Type of Location:
Location: Along Road 1 SIXTH AVENUE LEMON AVENUE Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JJS1672	Motorcycle					0
SHD9583J	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171219/2155

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Report No. T/20171219/2155

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CONTINUATION OF REPORT

Vehicle Owner			
Name	CHENG FARN KUAN	ID No.	G8181512M
Related Vehicle	JJS1672 (Motorcycle)	Contact No.	97387963
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location, while driving along a single lane road towards Holland road, I was riding on a vehicle (SHD9583J) right side. Suddenly the said vehicle swerved right and I tried to avoid it but to no avail. I fall with my bike immediately and the said driver immediately came forward and assisted me. He also called for the police and ambulance subsequently.

I wish to state that I could not see his signal as I could be in his blindspot at the said point of time. My vehicle is then sent to the workshop for damages which includes leakages. I was also given a case card vide E/20171219/0069 and inform to make a police report.

Afterwhich I proceeded to the said clinic and was given a 3days MC for left hand abrasion and also slight fractured on my rib-cage.

The other said particulars is:
Teo Ing Long
S1247909C



**SINGAPORE
POLICE FORCE**



T/20171219/2155

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Report No. T/20171219/2155

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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: G / Sgt 2 HO CHUN HAO, PATRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2017 20:29
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	 SIGNATURE