

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVE 2 #03-02

SINGAPORE 486443

TEL:65446676, 65446689 FAX:62141511

Our Ref: **SHC6750T**

WITHOUT PREJUDICE

Date: 26 January 2018

Attn: **The Motor Claims Department**

(BY EMAIL ONLY)

AXA Insurance Pte Ltd

No.8 Shenton Way

#27-01

Singapore 068811

ACCIDENT INVOLVING SHC6750T & YM4743Z ALONG PIE/JURONG – BKE (AFTER ENG NEO EXIT) ON 25.01.18

We are the registered owner of vehicle number of **SHC6750T** which was involved on the above mentioned accident between **YM4743Z**.

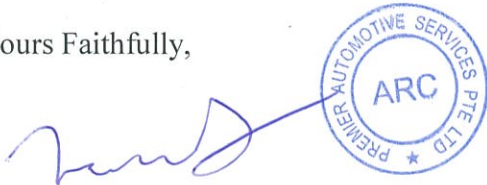
Investigation reveals that the motor vehicle number **YM4743Z** was insured with you at the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your insured vehicle number **YM4743Z**. Therefore, we are holding you liable for the repair costs and other consequential loss which was sustained by us.

Kindly arrange your representative to survey our vehicle at **23 Changi South Ave 2 #01-02 Singapore 486443** within two (2) days from the date hereof as to avoid further LOR/I incur. We enclosed hereby the GIA report of **SHC6750T** for your kind attention.

Failing which, we have no alternative but to proceed with the necessary repairs and the bill will be forward to you for reimbursement.

Yours Faithfully,

A handwritten signature in blue ink is written over a circular blue stamp. The stamp contains the text "PREMIER AUTOMOTIVE SERVICES PTE LTD" around the perimeter and "ARC" in the center.

PREMIER TAXIS PTE LTD

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 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	26/01/2018 14:30
Date Of Accident	25/01/2018 20:35
Exact Location Of Accident	PIE/JURONG-BKE (AFTER ENG NEO EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6750T
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	WONG TAM SENG
NRIC No	S2574185D
Date Of Birth	17/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92980458
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 440 #07-1289 ANG MO KIO AVE 10
Postcode	2056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : CHINESE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - 2 PAX VEH. C & VEH. D - NO PAX

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM4743Z
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SARAVANAN S/O SILVAMANI
NRIC/Passport Number	S8412168A
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver) 3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number EX7373S
Vehicle Make/Model/Colour NISSAN SYLPHY
Details Of Properties VEH. C
Vehicle Category PRIVATE CAR
Name of Driver NG SAY SENG
NRIC/Passport Number S0350160D
Contact Number
Address
Postcode

Insurance Company Name
Nature Of Damage DAMAGED ON THE REAR PORTION
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number KDC7218
Vehicle Make/Model/Colour MALAYSIAN BUS
Details Of Properties VEH. D
Vehicle Category BUS
Name of Driver MALE MALAY
NRIC/Passport Number
Contact Number
Address
Postcode

Insurance Company Name
Nature Of Damage DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name WONG TAM SENG - DRIVER OF VEH. A
Approximate Age
Injuries Sustain FELT UNWELL, WENT TO CLINIC & HAD 5 DAYS MC
Injured person in which vehicle? SHC6750T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FEMALE CHINESE - PAX IN VEH. A
Approximate Age
Injuries Sustain CUTS ON HANDS
Injured person in which vehicle? SHC6750T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



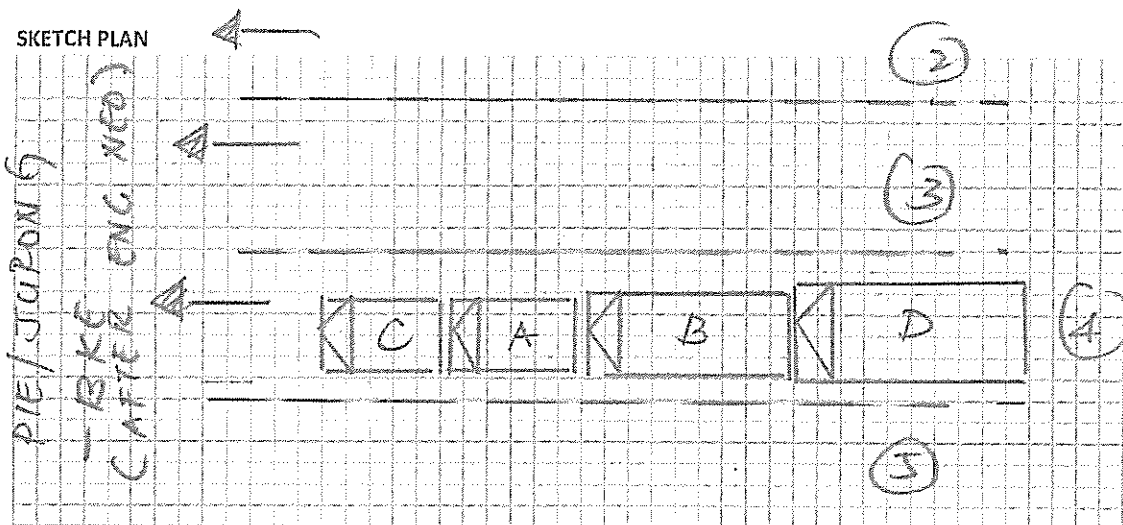
Policyholder's Signature
Date & Time:

26 JAN 2018
S 757 4185 D
SHC 6750 T
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SIC 67507

B: YM 47432

C: EX 73735

D: KAC 7218.

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:

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Describe Circumstance of the Accident.
* CHAIN COLLISION *
<p>ON 25/01/2018 @ 2035 HRS, I WAS DRIVING MY TAXI (SHC 6750 T) TRAVELLING ALONG PIE/JURONG – BKE (AFTER ENG NEO EXIT) WITH A PASSENGER ONBOARD (FEMALE CHINESE) IN LANE 4.</p> <p>I STOPPED MY TAXI AS VEHICLE C (EX 7373 S – NISSAN) WHICH WAS IN FRONT OF ME STOPPED.</p> <p>WHILE STATIONARY FOR ABOUT A FEW SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD – CAUSING THE FRONT PORTION OF MY TAXI TO COLLIDE ONTO THE REAR OF VEHICLE C.</p> <p>WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (YM 4743 Z – LORRY) WHICH WAS APPROACHING FROM THE REAR, HAD COLLIDED ONTO THE REAR OF MY TAXI AND VEHICLE D (KDC 7218 – MALAYSIAN BUS) WHICH WAS BEHIND VEHICLE B, WAS INVOLVED IN THE COLLISION AS WELL.</p> <p>DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION, FRONT PORTION AND THE REAR WINDSCREEN WAS DAMAGED AS WELL. VEHICLE B HAD DAMAGES ON THE FRONT & REAR PORTION. VEHICLE C HAD DAMAGES ON THE REAR PORTION. VEHICLE D HAD DAMAGES ON THE FRONT PORTION.</p> <p>AS A RESULT, I FELT UNWELL, WENT TO CLINIC & HAD 5 DAYS OF MEDICAL LEAVE. MY PASSENGER SUFFERED SOME INJURY ON HER HAND. NO AMBULANCE AT SCENE.</p> <p>VEHICLE B HAD 2 PASSENGERS ONBOARD. NO PASSENGERS ONBOARD VEHICLE C & VEHICLE D.</p> <p>*VIDEO FOOTAGE CAPTURED. *POLICE REPORT LODGED @ UBI TRAFFIC POLICE T/20180126/2001</p>

Y/


Sketch Plan Pg. 4

CHAIN COLLISION / MULTIPLE VEHICLES					
DAMAGES FOUND ON VEHICLE A, B, C, D, E & F					
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">FRONT</div><div style="position: absolute; top: 20px; left: 10%; font-size: 10px;">VEHICLE A</div><div style="position: absolute; top: 30px; left: 10%; font-size: 10px;">SHC 6750 T</div><div style="position: absolute; top: 40px; left: 10%; font-size: 10px;">REAR</div><div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">REAR</div></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">FRONT</div><div style="position: absolute; top: 20px; left: 10%; font-size: 10px;">VEHICLE B</div><div style="position: absolute; top: 30px; left: 10%; font-size: 10px;">YM 4743 Z</div><div style="position: absolute; top: 40px; left: 10%; font-size: 10px;">REAR</div><div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">REAR</div></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">FRONT</div><div style="position: absolute; top: 20px; left: 10%; font-size: 10px;">VEHICLE C</div><div style="position: absolute; top: 30px; left: 10%; font-size: 10px;">EX 7373 S</div><div style="position: absolute; top: 40px; left: 10%; font-size: 10px;">REAR</div><div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">REAR</div></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">FRONT</div><div style="position: absolute; top: 20px; left: 10%; font-size: 10px;">VEHICLE D</div><div style="position: absolute; top: 30px; left: 10%; font-size: 10px;">KDC 7218</div><div style="position: absolute; top: 40px; left: 10%; font-size: 10px;">REAR</div><div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">REAR</div></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">FRONT</div><div style="position: absolute; top: 20px; left: 10%; font-size: 10px;">VEHICLE E</div><div style="position: absolute; top: 30px; left: 10%; font-size: 10px;">REAR</div><div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">REAR</div></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">FRONT</div><div style="position: absolute; top: 20px; left: 10%; font-size: 10px;">VEHICLE F</div><div style="position: absolute; top: 30px; left: 10%; font-size: 10px;">REAR</div><div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 8px;">REAR</div></div>
PREMIER TAXI		<div style="text-align: center;"><div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 5px; left: 50%; transform: translate(-50%, -50%); font-size: 10px;">THIRD PARTY VEHICLES</div><div style="position: absolute; top: 15px; left: 10%; font-size: 12px;">S2574185 D</div></div><div style="margin-top: 5px;">Driver's Signature & NRIC Number</div><div style="margin-top: 5px;">Friday, January 26, 2018 @ 2:47:59 PM</div></div>			

Sketch Plan Pg. 5


PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 67507
CONTACT NO.	9298 0458
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2574185D



Name
WONG TAM SENG
王 譚 勝
Race
CHINESE
Date of Birth
17-12-1960 Sex
M
Country of Birth
MALAYSIA


REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number **S2574185D**
Name
WONG TAM SENG
Birth Date **17 Dec 1960**
Issue Date **19 Apr 2003**

000395692K

2546739



NRIC No **S2574185D**



Blood Group **O+** Date of issue **19-06-1995**

Address
**APT BLK 440 ANG MO KIO AVENUE 10
#07-1289
SINGAPORE 2056**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Feb 1984
Class 2A	Motorcycles between 201 cc and 400 cc	09 Feb 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Mar 1994
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Mar 1995

NP 428A



Land Transport Authority



VOCATIONAL LICENCE
Licence No **S2574185D**
Name **WONG TAM SENG**
Issue Date **19/1/2012**
Please visit www.lta.gov.sg to check the status of this vocational licence



**SINGAPORE
POLICE FORCE**



T/20180126/2001

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

1 of 3

Report No. T/20180126/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2018 00:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG TAM SENG			Address: APT BLK 440 ANG MO KIO AVE 10 #07-1289 HDB-ANG MO KIO SINGAPORE 560440		
ID Type / ID No.: NRIC NO / S2574185D			Contact No.: Home/Office: Mobile: 92980454		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 17/12/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2018 20:45	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY AFTER ENG NEO EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6750T	TAXI	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180126/2001

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

2 of 3

Report No. T/20180126/2001

CONTINUATION OF REPORT

Driver			
Name	WONG TAM SENG	ID No.	S2574185D
Related Vehicle	SHC6750T (TAXI)	Contact No.	92980454
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG PIE TOWARDS THE BKE EXIT ON THE 4TH LANE FROM THE RIGHT. THE VEHICLE INFRONT OF ME SUDDENLY JAMMED BRAKE AND I FOLLOWED SUITE AND MANAGED TO BRAKE BUT THE VEHICLE BEHIND ME HIT ONTO THE REAR OF MY VEHICLE AND CAUSED MY TAXI TO JERK FORWARD, COLLIDING WITH THE REAR OF THE FRONT VEHICLE.

THE REAR OF MY VEHICLE IS DAMAGED AND THE WINDSCREEN IS SHATTERED.

IT WAS A CHAIN COLLISION CONSISTING OF 4 VEHICLES.

AFTER THE COLLISION, WE CAME OUT AND INSPECTED THE DAMAGES TO THE CAR, EXCHANGED PARTICULARS AND WAITED FOR THE TRAFFIC POLICE TO ARRIVE. NOBODY WAS SENT TO THE HOSPITAL. MY PASSENGER SUFFERED SEVERAL CUTS ON HER ARM DUE TO MY SHATTERED WINDSCREEN BUT THERE WAS NO AMBULANCE AND SHE WAS RUSHING TO GO HOME SO I GOT ANOTHER TAXI TO DRIVE HER HOME.

I WAS TOLD TO GO TO TRAFFIC POLICE HQ TO MEET IO SUFIYAN. I WISH TO STATE THAT I HAVE BROUGHT MY MEMORY CARD AND AM GOING TO HAND IT OVER TO THE INVESTIGATING OFFICER.



SINGAPORE
POLICE FORCE

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



T/20180126/2001

3 of 3

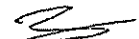
Report No. T/20180126/2001

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.

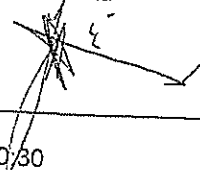
Signature Of Officer Recording The Report:
TP /
ZENG ZI CONG 

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

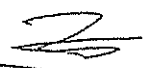


Date/Time:
26/01/2018 00:30

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 



**SINGAPORE
POLICE FORCE**



T/20180126/2075

Police Station-Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20180126/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2018 13:10		Vide Report No.: T/20180126/2001		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: WONG TAM SENG			Address: APT BLK 440 ANG MO KIO AVENUE 10 #07-1289 SINGAPORE 560440		
ID Type / ID No.: NRIC NO / S2574185D			Contact No.: Home/Office: Mobile: 92980454		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 17/12/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			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: 25/01/2018 20:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
After Eng Neo Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6750T	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180126/2075

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2

Report No. T/20180126

CONTINUATION OF REPORT

Driver			
Name	WONG TAM SENG		ID No. S2574185D
Related Vehicle	SHC6750T (Car)		Contact No. 92980454
Hospital/Clinic	OEI FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/01/2018	Date Discharge	26/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

I wish to make amendment to report: T/20180126/2001 in which I seek medical attention earlier and received 5 days of MC. I also wish to state that during the accident, I was hit by a lorry and in return I onto the front vehicle. It was not chain collision involving 4 vehicles. Thereafter, the lorry was then hit another vehicle from the rear. That is all.



**SINGAPORE
POLICE FORCE**



T/20180126/2075

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20180126/2075

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 IBRAHIM BIN CHEMAD

Signature Of Informant:

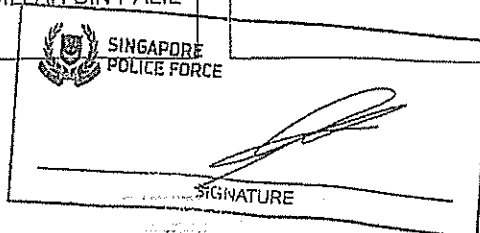
Signature Of Interpreter:
Not applicable

Date/Time:
26/01/2018 13:10

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168





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

Print Date/Time : 26 Jan 2018 / 17:34:34

Receipt Date/Time : 26 Jan 2018 / 17:34:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180126-001666

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - YM4743Z				
As at 25 Jan 2018/20:35:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - YM4743Z			
	Enquiry Fee	7.00	0.49	7.49
	20180126173209411854			
	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				
	xxxxxxxxxxxx0416	Credit Card: Visa/MasterCard		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.