

22/03/2002

ASS. REC. BY:

REF:

CS3 / ASM18015071 / B24602

Special Instruction:

Surveyor:

Small claim

ASSIGNMENT (Office)

From (Person):

Cynthia Loh

of

ASM

Date/Time:

17082018 1138am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMA 9820G

Insured:

SGV 8998U

at Workshop m/s

My Car Consultants

Tel:

of

53 Ubi Ave 1 #01-33

Policy No:

Claim No:

S8MODRUA

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10082018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi'

H.O.D. Endorsement:

Date/Time:

17082018 128pm

Person Contacted:

Damen

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SMA 9820G - NA / ALH18014576 / KU
	SGV 8998U - X
22/8/18	Dis missed.

D/A: 10082018

(08/11/13) wef

ASS. REC. BY:

REF:

AXA

ASSIGNMENT

From: _____ Date: 20/8/18

Estimated Cost: _____

On TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMA 9820 Gat Workshop m/s Teamwork Garageof 53 Ubi Ave 1 # 01-23/24

Insured: _____

Policy No. _____

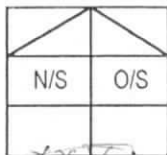
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) Darren @ 6844 2475

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Cup

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMA 9820 G Yr Regn: 25/Jun/2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota AHIS c.c. 1598Colour: Black A/C: Insured / Std / NI / NASp. Reading: 2047 T/Radio: Insured / Std / NI / NAEng/No: 1ZER0665498C/No: MRC53REH604583468Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55 R16R: 205/55 R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. _____ D.O.I. 20/8/2018 @ 0435pSurvey held at Teamwork GarageDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

13/9/18 Submit PRS Report

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

100

100

Report Format : _____

Lump Sum / I.B.I. (\$) _____




Service Request Details

Claim

S8M00RUA

Reference

CS3/ASM18015091/Bz4b 

Loss Date

August 10, 2018

Request Date

August 17, 2018

Due Date

August 17, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Complete Work

More ▼

Vehicle Information

Incident Vehicle Registration #

SMA9820G

Make

TPVD TOYOTA

Model

Service Address

...

Primary Contact/Insured

TAN KHOON HUI
1C PINE GROVE, #09-12, 592001, Singapore
98565582

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

8/24/18 9:37 AM

FROM

LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT

S8M00RUA

BODY

Dear Cynthia, We refer to the above matter. Ple...



Nivitha (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Friday, 17 August 2018 1:51 PM
To: assignments
Subject: FW: PRE-REPAIR INSPECTION FOR SMA9820G
Attachments: 20180816150405810.pdf

4.28pm @ 17/8/18
person @ Denon
vehicle in
(Wesp under teamwork
garage)

Hi Nivitha,

Kindly assist.

TP AXA – Smart.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: admin admin <admin@mycar.sg>

Sent: Thursday, 16 August, 2018 5:15 PM

To: SG AXA Insurance SM Claims Service Team <cst@axa.com.sg>; SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>

Cc: admin admin <admin@mycar.sg>

Subject: PRE-REPAIR INSPECTION FOR SMA9820G

WITHOUT PREJUDICE

OUR REF: SMA9820G

YOUR REF: SGV8998U

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR SMA9820G
ACCIDENT INVOLVING SMA9820G AND SGV8998U ON 10.08.18**

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.

Regards,

My Car Consultant Pte Ltd
53 Ubi Ave 1 #01-33
Paya Ubi Industrial Park
Singapore 408934

INS. CASE OWNER:

CL

CC 4 / Asm 180 15091, 13 was

LKK:

IDAC:

64051

ASSIGNMENT

Surveyor:

Mr. Lim

DOI:

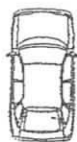
20/8/2018

Date / Time:

17/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGV 8998U

Claim No.:

58MORRUA

Name of Insured:

LAN KHON HUI

Policy No.:

GA342603/1

Insured Tel No.:

HP:

98565582

Make / Model:

VOLVO XC90

Excess Sec II :SS

D.O.A.:

10/8/2018

Place of Accident:

SIN MING PO > MISTON ST

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMA 9820 G



INSRS:

WSP:

Tel:

Liability:

RMKS:

My car consultant



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

28/8

SMA 9820 G

MISTON

SGV 8998U

KATONG 18514576/KK : 10/8/18

10/9/18

confirm accident details. inform TP claim.
letter send out

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 27.

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0504E
Vehicle Details	
Vehicle No.:	SMA9820G
Vehicle to be Exported:	No
Intended De-registration Date:	21 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS STANDARD AUTO
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	1ZR0B65498
Chassis No.:	MR053REH604583468
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,741.00
Original Registration Date:	25 Jun 2018
First Registration Date:	25 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$19,741.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jun 2028
PARF Rebate Amount:	\$14,805.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,001.00
COE Rebate Amount:	\$33,599.00
Total Rebate Amount:	\$48,404.00

The information contained herein is correct as at 21 Aug 2018

OK

> [Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SMA9820G		
Vehicle Type :	Z10 - Private Hire (Chauffeur) Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	COROLLA ALTIS STANDARD AUTO		
Chassis No. :	MR053REH604583468		
Propellant :	Petrol		
Engine No. :	1ZR0B65498		
Engine Capacity :	1598 cc		
Maximum Power Output :	96.0 kW (128 bhp)		
Maximum Laden Weight :	1655 kg		
Unladen Weight :	1230 kg		
Year Of Manufacture :	2018		
Original Registration Date :	25 Jun 2018		
Lifespan Expiry Date :	-		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium :	\$38,001.00		
COE Expiry Date :	24 Jun 2028		
Road Tax Expiry Date :	24 Dec 2018		
PARF Eligibility Expiry Date :	24 Jun 2028		
Inspection Due Date :	24 Jun 2021		
Intended Transfer Date :	21 Aug 2019		
CO2 Emission :	139.00 (g/km)		
CEV/VES Rebate Utilised Amount :	-		
CO Emission :	0.191310 (g/km)		
HC Emission :	0.033780 (g/km)		
NOx Emission :	0.006780 (g/km)		
PM Emission :	1.900000 (mg/km)		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 25 Dec 2018 to 24 Jun 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	371.00	-	371.00
Total Amount Payable :			396.00
Amount Payable (From 25 Dec 2018 to 24 Dec 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	742.00	-	742.00
Total Amount Payable :			767.00

You may print this page for reference.

OK

Print

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	11/08/2018 16:38
Date Of Accident	10/08/2018 19:45
Exact Location Of Accident	JUNC OF MARYMOUNT RD AND SIN MING AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9820G
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90932248
Alternative Phone No	OFFICE-90932248

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994694
Cover Note Number	

Driver

Name of Driver	LAI SHIN WEI DESMOND
NRIC No	S7118952Z
Date Of Birth	10/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90932248
Fax Number	
Contact Number	OTHERS-90932248
Email Address	NOEMAIL

Address	102 HAIG ROAD #09-05
Postcode	438798
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
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)	5
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE
Passenger 4	NAME: : NIL GENDER: : MALE

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

PLS REFER TO THE POLICE REPORT : T/20180810/2147

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	SGV8998U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAI SHIN WEI DESMOND
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA9820G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 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

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

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

Sketch Plan #2

SKETCH PLAN

A-SMA9820G
B-SGV8998U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Police Report
T/20180810/2147

DECLARATION

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

X



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:

11/8/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180810/2147

1 of 4

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

Report No. T/20180810/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 10/08/2018 21:39		Vide Report No.		Station Diary No. 33
Informant's Particulars				
Name of Informant LAI SHIN WEI DESMOND		Address 102 HAIG ROAD #09-05 SINGAPORE 438798		
ID Type / ID No. NRIC NO / S7118952Z		Contact No. Home/Office Mobile: 90932248		
Nationality SINGAPORE CITIZEN		Email:		
Sex Male	Age 47	Date of Birth 10/06/1971	Type of Informant Driver	
Race Chinese		Language English	Institution / School Name	
Occupation GRAB DRIVER		Driving Licence Information Class: 3 Date of Expiry		

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 10/08/2018 07:45	Type of Location X-Junction
Location Junction of Road 1 and Road 2 MARYMOUNT ROAD SIN MING AVENUE At the junction				
Weather Clear		Road Surface Dry	Road Speed Limit	
Traffic Flow Two Way		Traffic Control Traffic Light - Working	Traffic Volume No Traffic	
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
SGV8998U	Car	VOLVO	XC90 2.5T A/T ABS D/AB 4WD 5DR TC	Grey		0
SMA9820G	Car	TOYOTA	COROLLA ALTIS STANDARD AUTO	Black		4

Police Report



**SINGAPORE
POLICE FORCE**



T/20180810/2147

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

2 of 4

Report No: T/20180810/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KHOON HUI	ID No	S1536238C
Related Vehicle	SGV8998U (Car)	Contact No	98565582
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	NIL	Degree of Injury	NIL
Driver			
Name	LAI SHIN WEI DESMOND	ID No	S7118952Z
Related Vehicle	SMA9820G (Car)	Contact No	90932248
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 10th August 2018 at 7.45am, I was driving my vehicle registration number: SMA9820G along Marymount Road. I have 4 other passengers in my vehicle. (Grab IOS 3866340-4-032)

Upon reaching the junction of Marymount Road/Sin Ming Avenue, I was at the stationary position while waiting for arrow turning right. Then, there was a strong impact from my rear portion. I alighted and discovered that there was another vehicle registration number: SGV8998U (V2) had collided to my rear portion.

The driver told me to claim from my insurance company. I exchanged particulars with the other driver. I do have CCTV installed in my vehicle.

Due to the impact, I went to seek medical attention and was given 5 days MC. I am lodging this report for insurance claimed.

My passengers also claimed that they were in pain too.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180810/2147

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

3 of 4

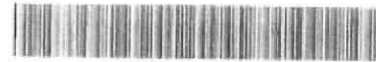
Report No. T/20180810/2147

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20180810/2147

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

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Report No: T/20180810/2147

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 /
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time:
10/08/2018 21:39

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No: 65476367

Classification Of Case

Authentication Stamp
NP158