

POLICE REPORT Pg. 1



POLICE FORCE



T/20180904/2053

2 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180904/2053

CONTINUATION OF REPORT

Driver			
Name	LIM GIM HENG	ID No.	S1782140G
Related Vehicle	SHB9670B (Car)	Contact No.	90277556
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	04/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	SEAH CHEE KIONG	ID No.	S1815613Z
Related Vehicle	NIL	Contact No.	92391824
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

Brief Details.

On 03/09/2018 at about 1400hrs, I was driving along Queensway Road towards Farrer Road on the 3rd lane. I was driving my company's vehicle bearing SHB9670B from TransCab.

As I was approaching a junction, I slowed down and halt my vehicle as there was a vehicle which was stationary and the traffic light was red. Subsequently, a vehicle bearing SLP3091R approaching from the rear could not stop his vehicle and collided onto my vehicle's rear portion. My vehicle sustained damages on the rear portion area.

The impact was hard. I managed to established the driver's particulars. There was no government property damaged and no ambulance was activated. I do not installed any camcorder in my vehicle.

I have consulted a doctor from Mt Alvernia Hospital on 04/09/2018 and was given 4 days on MC dated on 04/09/2018 until 07/09/2018 by Dr Oh Jen Jen (MC: M18012180). I suffered some pains on my entire whole back area due to the impact.

I am lodging this report to facilitate the matter for insurance purposes.

**SINGAPORE
POLICE FORCE**

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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:

E /

Sgt 2 AHMAD MUHAJMIN AMZAR BIN MOHD
YUSOFSignature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

04/09/2018 13:50

Classification Of Case:

SN 062

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB9670B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	04 Sep 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2012
Engine No.:	Z20S1462187K
Chassis No.:	KL1LA69RJBB124044
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,189.00
Original Registration Date:	02 May 2013
First Registration Date:	02 May 2013
Transfer Count:	0
Actual ARF Paid:	\$14,189.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 May 2021
PARF Rebate Amount:	\$9,932.00
Intended COE Rebate Details	
COE Expiry Date:	01 May 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$57,045.00
COE Rebate Amount:	\$18,954.00
Total Rebate Amount:	\$28,886.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 Sep 2018

OK

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Horizon - cc/mwaf70048212 : DOA: 3/1/17
 - NALCTU13024287123 : DOA: 20/1/17
 S6S903L - X
 Hg RMR. Sent out 67 letter.

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:

%

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

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:

(08/11/13)

REF:

Surveyor: Kalvin**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 11704 Yr Regn: 1284, 206

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.0 C.C. 1582Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 244893 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMA D2814VH J12488Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / g Jammed / Leaked / Burnt orBrake: Inorder / g Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / SA Rim orTyre Size: F: 195/ 65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Maxxis

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 4/9/8 D.O.I. 5/9/8Survey held at Premier

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Rear.

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

Date / Time Action / Instruction

AXA
P3

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

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