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REF: CS3/MSG18014048/Nvd31

NQZ

ASSIGNMENT (Office)

Justine Lok

M91G

Date/Time: 12/12/2018

Bill to:

RES/OB/ISS/IVA/INV/MV/CS

SBY 6484S

Insured: FN 7814C

Team AutoPro

Tel: 8269 9999

No. 38 Woodlands Ind. Park El #05-16

MSD/VM1/17-367454-CA

Claim No: MSC/V/18-001018

Excess:

D.O.A. 28/7/2018

REV 2018  
18/00amg2/18

lup

Person Contacted:

Mr. Eric

H.O.D. Endorsement:

Vehicle: IN/OUT

Instructions: (✓) Estimate

RY 15 - CS/MSG/11013108/Gfk3

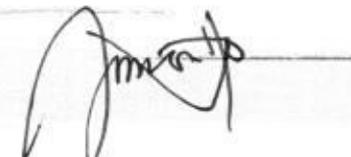
D.O.A: 07/07/2011

and no estimate for this case.

14/12/18

Submit LS \$ 4350 (Recl 8950, 6790), 6 days

RECEIVED 14 DEC 2018

  
14/12/2018.



## Nivitha (LKK Auto)

---

**From:** Jasmine Lok Kheng Kwei <jasmine\_lok@sg.msig-asia.com>  
**Sent:** Wednesday, 12 December 2018 5:45 PM  
**To:** Admin-D (LKKAuto); SUR  
**Cc:** assignments  
**Subject:** RE: Our ref: MSC/V/18-001018 TP vehicle: SBY6484S DOA: 26/07/2018

Hi Catherine,

Please conduct paper survey for this matter.

Grant rights in merimen.

Thank you.

Have a nice day ahead.

**Jasmine Lok**

Executive, Claims Services (Motor)

Direct line +65 6594 2550 | Direct fax +65 6225 7402 | [jasmine\\_lok@sg.msig-asia.com](mailto:jasmine_lok@sg.msig-asia.com)



**MSIG Insurance (Singapore) Pte. Ltd.** 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us

on     A member of **MS&AD** INSURANCE GROUP

---

**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Thursday, 6 December, 2018 2:28 PM  
**To:** Jasmine Lok Kheng Kwei <jasmine\_lok@sg.msig-asia.com>; SUR <sur@lkkauto.com>  
**Cc:** assignments <assignments@lkkauto.com>  
**Subject:** RE: Our ref: MSC/V/18-001018 TP vehicle: SBY6484S DOA: 26/07/2018

Dear Jasmine,

Thank you for your email.

**Dear Celine,**

**FYNA. Our Ref: CS/MSG18014048/Nrd3**

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

**From:** Jasmine Lok Kheng Kwei [[mailto:jasmine\\_lok@sg.msig-asia.com](mailto:jasmine_lok@sg.msig-asia.com)]  
**Sent:** Thursday, 6 December, 2018 2:05 PM  
**To:** assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** Our ref: MSC/V/18-001018 TP vehicle: SBY6484S DOA: 26/07/2018  
**Importance:** High

Dear Sir/Mdm,

We enclosed TP repair invoice for your attention.

Please upload the report in Merimen for your urgent attention.

Thank you.

Have a nice day ahead.

**Jasmine Lok**  
Executive, Claims Services (Motor)  
Direct line +65 6594 2550 | Direct fax +65 6225 7402 | [jasmine\\_lok@sg.msig-asia.com](mailto:jasmine_lok@sg.msig-asia.com)



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us

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## 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	27/07/2018 14:16
Date Of Accident	26/07/2018 12:15
Exact Location Of Accident	AYE TOWARDS CITY AT EXIT 13
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY6484S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARMILA BINTE SALIM
NRIC No	S8434449D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81881423
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 TURBO (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090817874-01
Cover Note Number	PREMIUM

### Driver

Name of Driver	KARMILA BINTE SALIM
NRIC No	S8434449D
Date Of Birth	30/10/1984
Occupation	INDOOR
Date Of Driving Pass	20/09/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81881423
Fax Number	
Contact Number	OFFICE-88888888
E-Mail Address	NOEMAIL

Address BLK 423 BUKIT BATOK WEST AVE 2  
02-139

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 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? NO

Was any injured conveyed to hospital by ambulance?

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

ON THE STATED TIME DATE AND VENUE, I VEHICLE A WAS TRAVELLING STRAIGHT ON MY RIGHTFUL LANE. THE VEHICLE IN FRONT OF ME STOPPED, I FOLLOWED SUIT. SUDDENLY I FEEL AN IMPACT. I ALIGHTED MY VEHICLE AND SAW VEHICLE 'B' HAD COLLIDED ON MY LEFT REAR VEHICLE. I WISH TO STATE THAT MY LEFT REAR PORTION AND MY LEFT REAR TIRE WAS DAMAGE DUE TO THE ACCIDENT.

### 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 FN7814C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver SURISH S/O KUTTAN

NRIC/Passport Number S1576877J

Contact Number 84885487

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

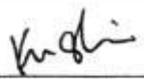
**SKETCH PLAN**

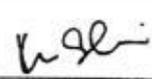
**IMPORTANT NOTICE**

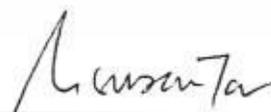
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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/FIN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	07/08/2018 18:35
Date Of Accident	26/07/2018 11:55
Exact Location Of Accident	ALONG AYE TOWARDS CTE AT EXIT 13
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN7814C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SURISH S/O KUTTAN
NRIC No	S1576877J
Email Address	BOYEFIRST@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-84885487
Alternative Phone No	Home-84885487

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	72007020/E01

### Driver

Name of Driver	SURISH S/O KUTTAN
NRIC No	S1576877J
Date Of Birth	29/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84885487

Fax Number	
Contact Number	HOME-84885487
E-Mail Address	BOYEFIRST@YAHOO.COM.SG
Address	BLK 29 TANGLIN HALT ROAD #08-140
Postcode	141029
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180807/2100 (PHOTOS ONLY GIVEN BY THE OWNER BIKE SOME ALREADY REPAIRED)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBY6484S
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 SURISH S/O KUTTAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FN7814C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

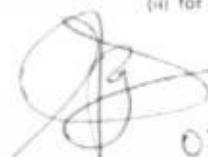
## SKETCH PLAN

### IMPORTANT NOTICE

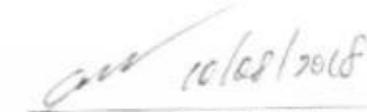
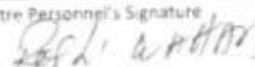
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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.

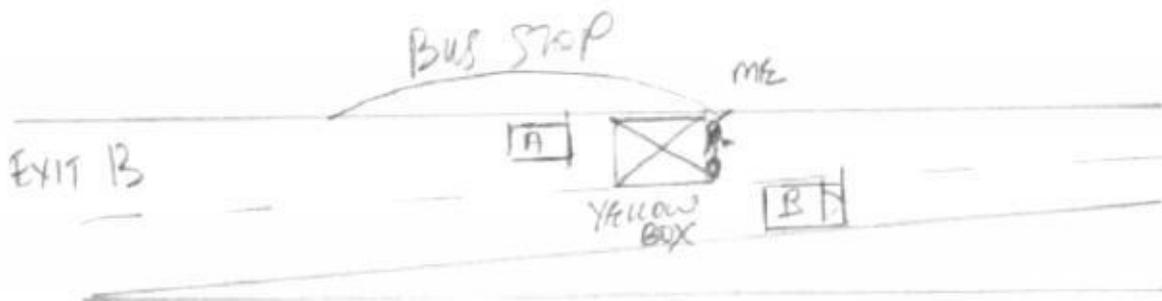
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time: 07/08/18 14:10h.

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

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

SKETCH PLAN

ALONG AVE TOWARDS CITY AT EXIT 13



- A) FIN 7A14C
- B) SBY 0424S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT  
1/2018007/2100

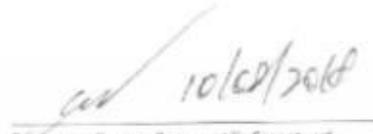
DECLARATION

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

  
 Policyholder's Signature  
 Date & Time

07/08/2018 14:06

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

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





**SINGAPORE  
POLICE FORCE**



T201806072100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queenway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 2  
Report No: T201806072100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 07/08/2018 15:13	Vide Report No.	Station Diary No. 53
---	-----------------	-------------------------

**Informant's Particulars**

Name of Informant SURISH S/O KUTTAN		Address APT BLK 29 TANGLIN HALT ROAD #08-140 SINGAPORE 141029	
ID Type / ID No. NRIC NO / S1576877J		Contact No. Home/Office Mobile: 84885487	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 54	Date of Birth 29/10/1963	Type of Informant Rider
Race Indian		Language	Institution / School Name
Occupation Motorcycle delivery man		Driving Licence Information Class: 2B 2A 2 3 4 5 Date of Expiry	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident 26/07/2018 11:55	Type of Location HIGHWAY
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY EXIT 13				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FN7814C	Motorcycle	HONDA	CB400S F V/S	Silver	Seriously Damaged	0
SBY64B4S	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FN7814C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72007020	17/06/2017	11/09/2018



**SINGAPORE  
POLICE FORCE**



T/20180807/2100

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180807/2100

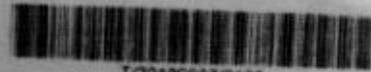
**CONTINUATION OF REPORT****Brief Details.**

On 26/07/2018 at about 1155hrs, I was riding in my motorvehicle registration plate number FN7814C from AYE Towards City exiting number 13 of the expressway, when I was riding at the most left lane of the expressway, while I was checking out for oncoming vehicle from my right. The next moment I could react was, I had been hit and fell onto the left most lane in front of the bus stop right in front of the yellow box. The vehicle that was involved in a collision with mine was registration plate number SBY6484S. Shortly after the collision, the driver had alighted and check my wellbeing and immediate render medical assistance. The cost of repair to my damages is around 1500 Singapore dollars only. The damage to my motorvehicle is Signal light, fork, handle bar, fork oil seal, spocket and chain, foot rest, meter, tyres and clutch level, mirror and tubervalva. I am lodging this police report as I wish to make insurance claims.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180807/2100

Police Station Of Origin  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3  
Report No: T/20180807/2100

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  
D /  
Sgt 1 GABRIEL CHAN WEE KEEN

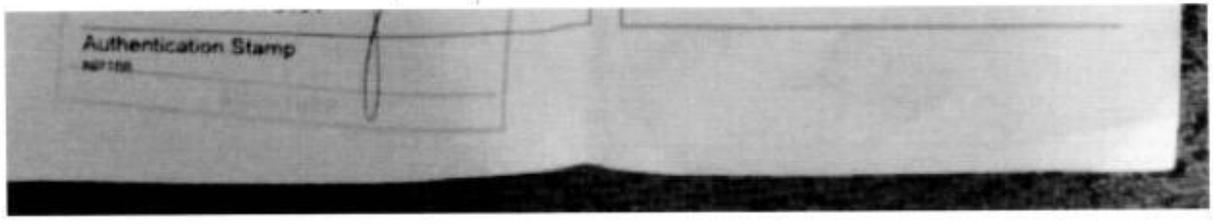
Signature Of Informant

Signature Of Interpreter  
Not applicable

Date/Time  
07/08/2018 15:13

Officer in Charge Of Case  
TP / AEIT /  
SGI 2 YEO GEAK ENG CECILIA  
Contact No: 65476404

Classification Of Case



Authentication Stamp

APR 1988

Accident Photo

