#### 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 witholding 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. 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	12/02/2019 09:48
Date Of Accident	03/02/2019 18:15
Exact Location Of Accident	DRAYCOTT DRIVE BY STEVENS ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU747B
Insured/Policyholder	
Name Of Registered Owner	RIGHT SERVICE PTE LTD
Co Reg No	201204421K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91508187
Alternative Phone No	OFFICE-91508187
Vehicle Particulars	
Manufacturer	BMW
Model	640I GRAN COUPE 4DR SR LED DSC NAV HUD
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 CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27448187 SMP
Cover Note Number	
Driver	

Driver

YOONG KOK HIN Name of Driver

NRIC No S0034262I 29/06/1952 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 20/10/1978

**Driving Experience** 40 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91508187

Fax Number

Contact Number OTHERS-91508187

**EMail Address NOEMAIL**  Address 65A JALAN LOYANG BESAR

Postcode 509381

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20190203/2108

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 SLB1952T

Vehicle Make/Model/Colour HONDA / VEZEL 1.5X CVT

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SOH XUEMAN, PRISCILLA

NRIC/Passport Number S9531037J

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please repair correctly the details of the acodent to speed up the claims process.
- The Form may 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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
  - 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:
  - 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:

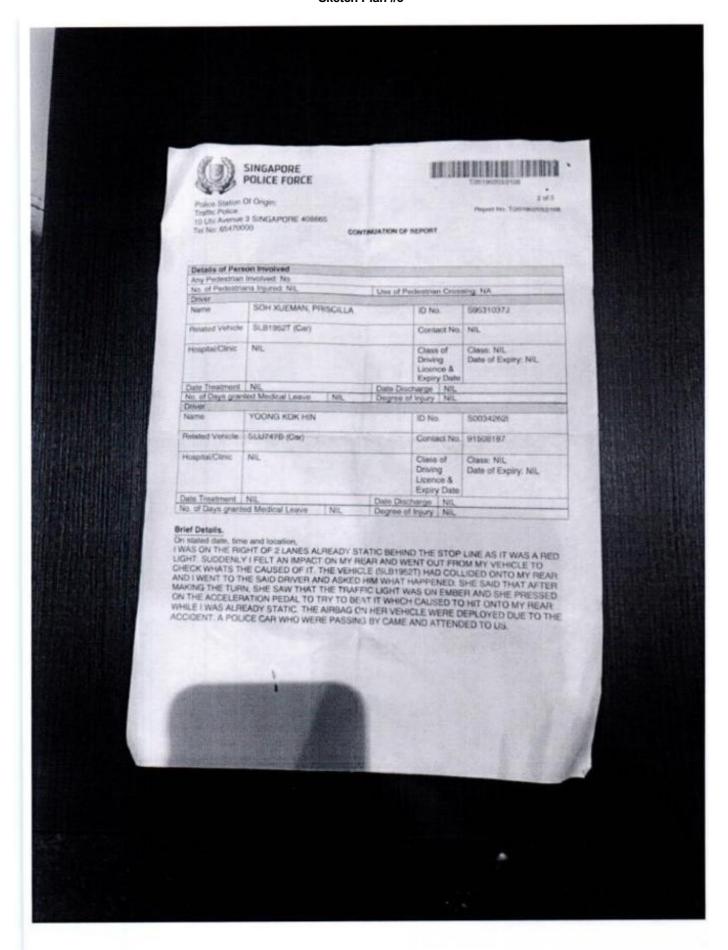
Reporting Centre Personnel's Signature

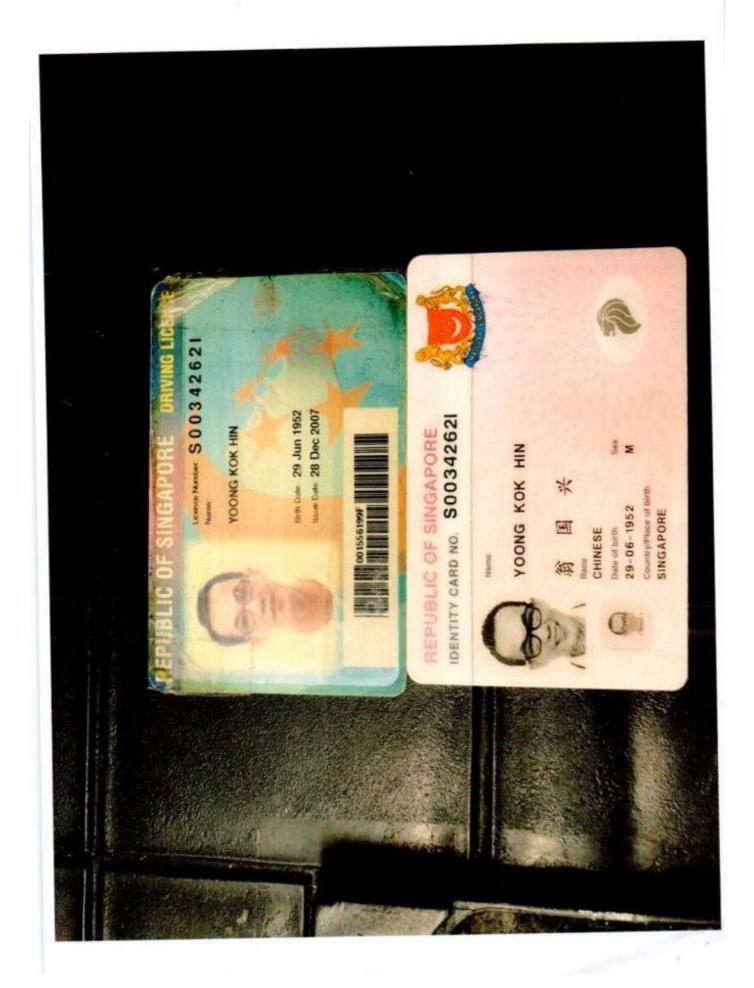
Name: NBIC/FIN

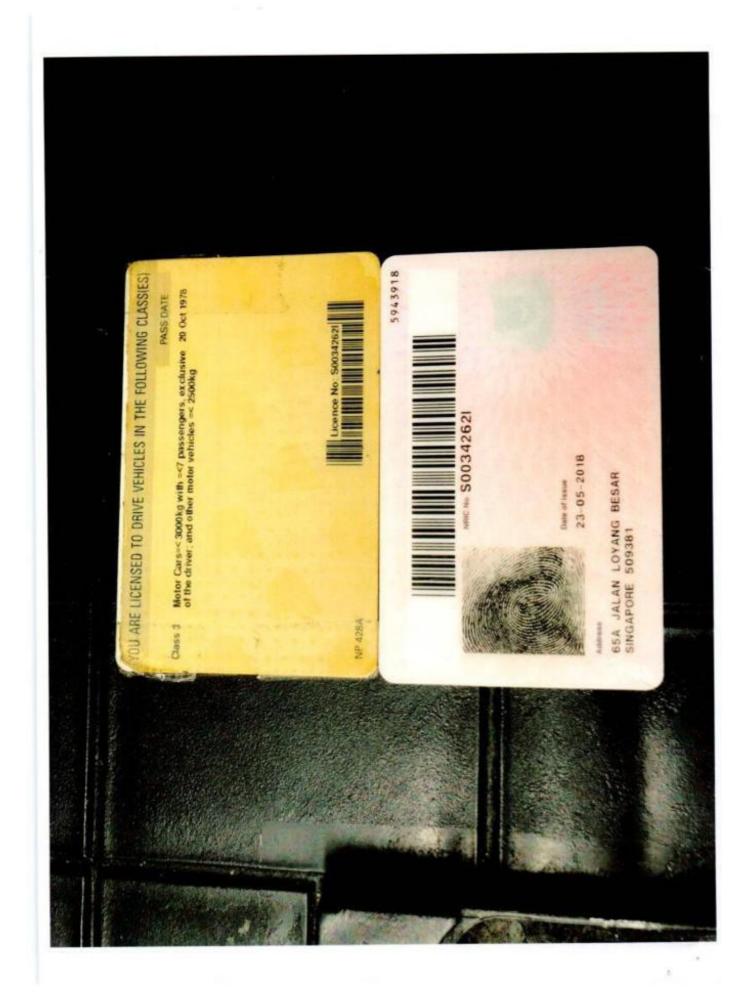
## Sketch Plan #2

SKETCH PLAN				
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Veh B: SLB 1902T		/		_
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CLARATION	1			
le declare the foregoing particulars	are true in every respect.			
	( AL		/ *.	12/2/201
cyhoider's Signature	Driver's Signature		Reporting Centre Persons	1
& Time:	Iff driver is not the policyho Date & Time:	(der)	Name. NRIC/FIN No.:	250

#### Sketch Plan #3







To:

# LETTER OF DECLARATION

Rico 60 Auto Services Pte. Ltd.	
8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit	
#02-24, Singapore 415875	
Dear Sir/Madam,	
RE: Accident on 03 01 2019 along	Rd & Draycot Dr / By stevens Ad
between vehicles nos. SLu 747B & SLS	B 1952T
1. Raid Service ate Ltd	NRIC no. 20/204421 K
of	
hereby confirmed that I was involved in the abo accident.	eve said accident, and it was not a false or staged
have not been advised by anyone to seek medic	ent, I confirmed that my injury is genuine and that I cal treatment for submitting a claim. I have been r staged, I am committing a serious criminal offence.
am only reporting the accident based on the be scenario and on my own accord.	est of my knowledge, in the light of the factual
A //	
V4X	
Driver's Signature	Date



RICO 60 AUTO SERVICES PTE. LTD.

Co. & GST Reg. No.: 201807623M

aki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24

Singapore 415875 | Email: enquiry@rico60.com Tel: +65 6286 6060 | Fax: +65 6286 7060

# LETTER OF AUTHORISATION

Accident on	(aki Bukit Avenue 4, Pren	nier @ Kaki Bukit,
In consideration of Rico 60 Auto Services Pte. Ltd., 8 I #02-24, Singapore 415875, repairing my/our motor ve	(aki Bukit Avenue 4, Pren	nier @ Kaki Bukit,
. 0.47	childre no.	at my/our
request, I/We,		("the claimant")
200 B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
of		
of	proceeding for cost of reg us in respect of the said a payable to them absolute them to give an absolute	pairs, loss of use and accident/claim and all ely by the insurance discharge on my/our
the claims maintained by Rico 60 Auto Services Pte. indemnify them against my/our claim for costs which is unsuccessful, I/we undertake to pay to Rico 60 Auto my/our vehicle. In the event that settlement cheque hereby give my/our instruction to clear the said chec for payment directly into Rico 60 Auto Services Pte. I/we further authorise Rico 60 Auto Services Pte. Ltd. monies to pay their charges without further referent Auto Services Pte. Ltd. shall amount to a good discharge their appointed law firm's obligation to me in respective.	to Services Pte. Ltd. the converge to be drawn in my/que on my/our behalf by put. Ltd. account. Upon cleared, and/or their appointed to the me. I confirm that the large of Rico 60 Auto Servict of the settlement moniconders.	ost of repairs of our favour, I/we presenting the same ance of the said cheque law firm to utilise the ne payment to Rico 60 vices Pte. Ltd. and/or es.
Dated this day of	(month)	(year).
"The Claimant's" Signature	Rico 6	60 Auto Services Pte Ltd
	Name:	
Name:	Marilla S	
NRIC No.:		

# WARRANT TO ACT

	Date:
To:	M/s Chia S Arul LLC
	151 Chin Swee Road #03-09 Manhattan House Singapore 169876
Re_	
1.	I/We. NRIC Nodo
***	hereby appoint you, M/s Chia S Arul LLC, Advocates & Solicitors, to act for me/us in the above matter.
2.	You may proceed to apply and pay fees, charges etc. on my/our behalf/behalves to government and other authorities, organisations, bodies, companies or persons etc. and obtain, any information and/or document which in your discretion you deem necessary for the conduct of the above matter.
3.	I/We authorise you to commence legal proceedings on my/our behalf/halves in the above matter or to file a defence or counterclaim or other pleadings or documents necessary for the conduct of the above matter, including making and defending interlocutory applications which in your discretion you deem necessary.
4.	I/We agree to pay you fees for work done / solicitor and client costs in the above matter and expenses incurred. I/We agree that in the event you and I/we cannot agree on your fees then you shall present your bill(s) to Court for taxation for the purpose of determining the fees due to you.
5.	I/We agree to pay for the Medical Report in the event the Medical Report Fee is more than \$400 which will be refunded by the 3 <sup>rd</sup> Party's insurance company as part of the disbursements in my Personal Injury claim when the matter is settled.
6.	I/We agree to abide by your advice and to take all steps as directed by you in the conduct of the above matter.
7.	You are at liberty to discharge yourselves from acting for me/us in any of the following events:  a) I/We do not deposit sufficient funds with you for the conduct of the above matter or I/we do not pay your fees within a reasonable time;
	<ul> <li>b) I/ We disagree with the advice given by you to me/us and you decide that in the circumstances you no longer can continue to act for me/us;</li> </ul>
	<ul> <li>c) I We cannot be contacted at the address or contact number(s) provided by me/us after you have</li> </ul>
	made reasonable attempts; d) If for any reason you are of the opinion that there is a conflict of interest or that there are circumstances which may result in you compromising legal professional standards and ethics if you continue to act for me/us.
Sign	nature of Client(s):
	ne(s):
Tel	(H):
Fax	1
H/P	Email:
Add	ress:

# CLINICAL ABSTRACT APPLICATION

Please furni	ish					with
		med	ical report or	n myself.		
I was treated		ospital as i			State Company of the Land	
was					auth, can	dion no
This information Claims/Shipping	Company or	reports/Other	(specify) _		1171	•
medical report w purposes stated b	hether for i	use in conne				
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For Official L	Jse Only	Signature  Name in E  plicable  Address  I/C No.  Witness	or Thumb P			Sig

# CHIAS ARUL LLC ADVOCATES & SOLICITORS UEN 201330709H

ARULCHELVAN S

		DATE:
Dea	r Sir/Mo	lm,
RE:	ACCID	ENT CLAIM
1.	Than	nk you for instructing us to act for you in the above matter.
2.	As v	we have discussed with you, you are aware that your case may take about 6 ths to 24 months to be settled, depending on the following issues;
	(1)	Conclusion of police investigations, which may take 4 months to 24 months;
	(2)	Application of medical report may take 2 to 3 months, and in certain cases the release of medical report may take 12 months or more if you have not been fully recovered from you injuries.
	(3)	If Writ of Summons is filed (your case is commenced in Court), it may take about 8 months to 24 months, for the matter to be resolved.
	(4)	If the 3 <sup>rd</sup> party's vehicle is a Malaysian vehicle, it may take between 12 months to 24 months to complete your case. In our experience, it has also taken much longer than the stipulated time, when we are dealing with a <b>foreign insurer</b> .
	(5)	If the 3 <sup>rd</sup> party's insurer (driver of the other vehicle) decides to terminate/repudiate their insured's policy, it will take about 12 months to 24 months for your matter to be resolved. Your case will be filed in Court and due to legal procedures, it is inevitable that your case will be delayed.
3.	We w	assure you that our firm would at all times act in your best interest and ill take all steps to complete your case as soon as possible.
	nave be	en notified of the above legal procedures and I agree to be patient and ve with Chia S Arul LLC till my case comes to a conclusion.
l i	nave be	en told that should I have <u>ANY</u> inquiries regarding my <u>INJURY CLAIM</u> , I also with <u>Chia S Arul LLC</u> , and <u>NOT</u> the workshop.
Name		1

TEL 1 (05) 6733 4847 • FAX : (65) 6733 8183 (not for Service of Court documents)
EMAIL : info@chiasrul.com

# CLAIM FOR PERSONAL INJURY COMPENSATION ARISING FROM A ROAD TRAFFIC ACIDENT

We thank you for your instructions in the above matter.

We write to inform that recently there is an adverse publicity in the newspaper on claim for personal injury compensation as a result of a road traffic accident because some of the insurance claims were fraudulent, i.e. the claimant was not in the motor car at the material time of the accident.

As a result, the insurance companies have referred some of the suspicious insurance claims for personal injury to Police CID (Criminal Investigation Department) for further investigations. We understand some of the claimants could be soon charged in Court for cheating under Section 420 of the Penal Code, which carries a maximum imprisonment of 7 years because they were not in the motor car at the time of the accident.

We have a legal duty to warn you NOT to make a fraudulent or false insurance claim for personal injury compensation since you face guaranteed imprisonment up to 7 years if you do so.

We now give you the option to withdraw your insurance personal injury claim BEFORE your claim is submitted to the insurance company. You do not have to give us any reason for withdrawing your insurance claim.

We advise you as your solicitors to think carefully of the contents of this letter and the legal consequences of making false insurance claims.

Please sign a copy of this letter to acknowledge that you are aware of the criminal penalties of making fraudulent personal injury insurance claim.

Acknowledged by:

Name: NRIC:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 5224 0030 UEN: 566SS0020G / GST Reg. No.: #4400017735

Operating hours: Monday - Friday (9.00 am to 5.00 pm) RECORDS MANAGEMENT CENTRE D. PARTICULARS OF APPLICANT Name/Company: Rico 60 Auto survices pto. Ltd. Your Ref Address: 8 KAKI BULLIF AVORF, Promise & NRIC No : Co Reg. No : 201 P076234 Singapore 4 (5875) paper supert, 402-24 6286 6060 6286 7060 Tel / Mobile No:\_ Fax No : E. DETAILS OF TRAFFIC ACCIDENT Date/Time of Accident: Vehicle No. for requested Accident Report (Third Party): Place of Accident: Company's Stamp Applicant's signature & Date F. UNDERTAKING BY INDIVIDUAL INVOLVED/PROXY OR ATTACH WARRANT TO ACT NRIC No/Co Reg. No.: (Driver/Owner Name) my vehicle registration No.\_ was involved in this accident. ☐ wish to apply for the Non - Injury Accident Report and undertake to pay for the necessary fees. ☐ I hereby authorize \_ of NRIC No/Co Reg No. : to apply for the Non - Injury Accident Report on my behalf. I undertake to pay the necessary fees. Driver/Owner's Signature & Date G. UNDERTAKING BY LAW FIRMS/INSURANCE COMPANIES AND LOSS ADJUSTERS ONLY NRIC No/Co Reg. No.\_ We act on behalf of was involved in this accident. We undertake to pay for all the necessary whose vehicle Reg. No. \_ FOR GIARMC OFFICIAL USE: Cash Giro G Cheque

TP Accident Report Purchase Form v12



NRIC No.:

### RICO 60 AUTO SERVICES PTE. LTD.

Co. & GST Reg. No.: 201807623M aki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24 Singapore 415875 | Email: enquiry@rico60.com Tel: +65 6286 5060 | Fax: +65 6286 7060

# SATISFACTION VOUCHER

I/We,	
	irs to my/our vehicle no.
has/have been completed to	my/our satisfaction and that I/we have collected my/our said vehicle
on the stated date.	
Date In:	Date Out:
. 1	110
GOX	9 N 3 S S
Owner's Signature	Date
	5.615
me:	



YEC RECOVERY

190 Middle Road #10-08 Singapore 188979

Tel: 6285 1151 Fax: 6285 7261

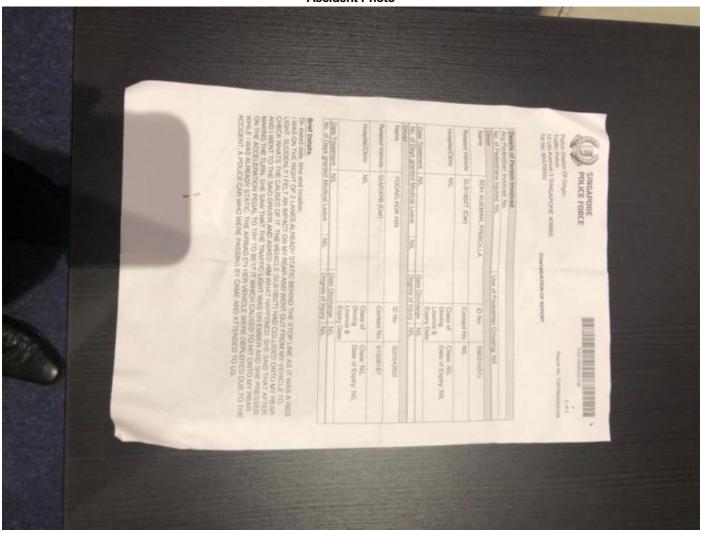
Email: KECRECOVERY@gmail.com

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Additional ch	arges:	Tow Driver Q_ I	
	Work	kshop Contact No:	
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	90	Time con	1110 500 1931531
	Battery	☐ Escort / Standby	☐ Multi Storey Car Park
Flat Bed	☐ With Body Kit	☐ Door Opening Service	☐ Basement car Park
☐ Single Line Winch	☐ Jumpstart	☐ Tyre Replacement	☐ Veh on Offshore Islands
☐ With Canopy	☐ With Freezer Box	☐ With Cargo Box	☐ Collect Documents / Ignition Ke
Release Brakes	☐ Dismantle Shaft	☐ Transport Charged	☐ Handling Import / Export Veh
Call cancelled	Sunday	☐ Public Holiday	☐ Midnight Charge
ote: Vehicle is tow	ed at owner's risk. 1	The Company accepts no re	sponsibility for
damages o	or other misdemean	our to your vehicle whilst be	aing towed.
	Additional ch  Time Arrive  Breakdown Veh  Flat Bed  Single Line Winch  With Canopy  Release Brakes  Call cancelled  ote: Vehicle is tow	Additional charges:  Work  Time Arrived:  S:  Breakdown Veh  Battery  With Body Kit  Single Line Winch  With Canopy  With Freezer Box  Release Brakes  Dismantle Shaft  Call cancelled  Sunday  ote: Vehicle is towed at owner's risk.  damages or other misdemean	Additional charges:

Tow Driver Signature

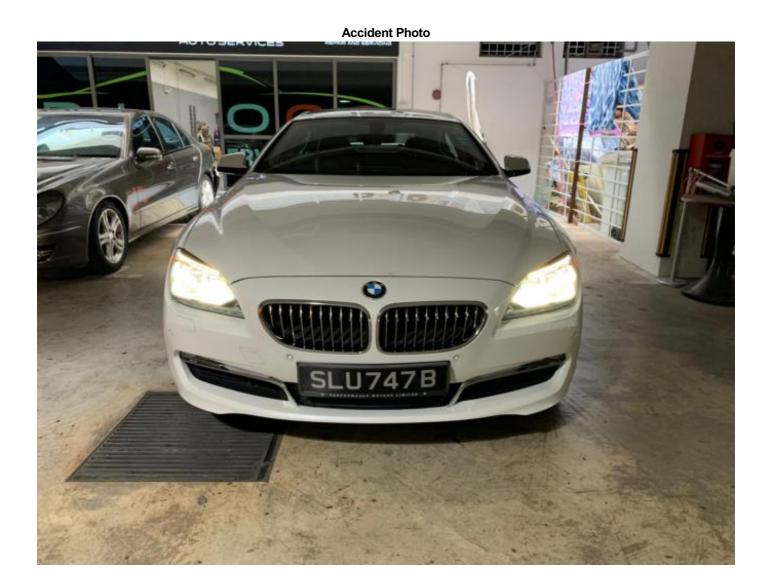
Customer's Signature



**Accident Photo** 

















## Police Report





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190203/2108

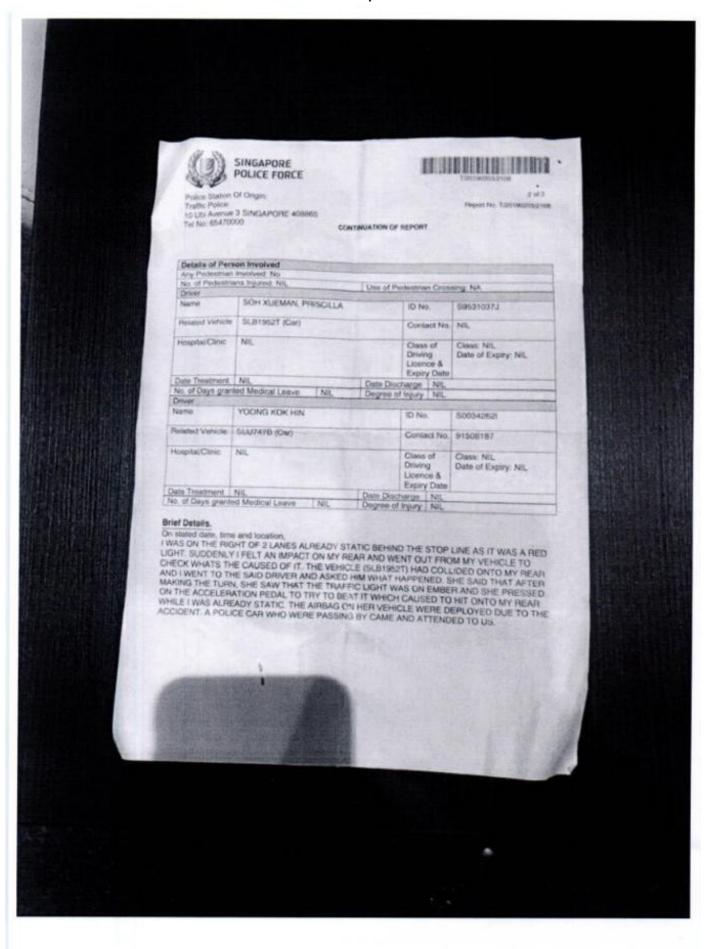
# REPORT OF A TRAFFIC ACCIDENT

Date/Tir 03/02/2	me Report I 019 21:33	Made:	Vide Report No.: Station D	
Informa	int's Partic	ulars	GILLE VERY CONTRACTOR	With the second with the second
	f Informant: KOK HIN		Address: 65 JALAN LOYANG BESAR	SINGAPORE 509381
ID Type NRIC N	/ ID No.; O / S00342	621	Contact No.: Home/Office:	Mobile: 91508187
National SINGAP	ity: ORE CITIZ	EN	Email:	WOONE. 91300107
Sex: Male	Age: 66	Date of Birth: 29/06/1952	Type of Informant: Driver	
Race: Chinese	Race:		Language:	Institution / School Name:
Occupat BUSINE			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2019 18:15	Type of Location
Location: Along Road 1 DRAYCOTT D				
Weather:	HOAD	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:	-	Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLB1952T	Car	HONDA	VEZEL 1.5X			0
SLU747B	Car	BMW	640I GRAN COUPE 4DR SR LED DSC NAV HUD			1

#### **Police Report**



#### **Police Report**





20190203/2106

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20 190203/2108

3 of 3

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 Informant: Signature Of Officer Recording The Report: TP/ MOHAMED ANWAR BIN MOHAMED IBRAHIM Date/Time: Signature Of Interpreter: 03/02/2019 21:33 Not applicable Classification Of Case: Officer In Charge Of Case: TP/GIT/ SINGAPORE SI YEO CHUN JIAN POLICE FORCE Contact No.: 65476213 \*tication Stamp Signature