



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 26/04/2019

Your Ref : **SJR1798L**

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKN902T & SJR1798L ON 21/02/2019 AT
ALONG PIE TOWARDS TUAS AT ALJUNIED FLYOVER BEFORE KALLANG
BAHRU EXIT 12.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **198133 @ S\$6,099.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$2,250.00 (9 Days x S\$250)**
- 3) LTA Search @ **S\$7.45**
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com

Co's stamp & Authorised Signature

MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: WONG HENG KIT
CAR/ LORRY/CYCLE: REG NO: SKN902T POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SKN902T from the repairers,
Messrs MG SOLUTION PTE LTD
And that all repairs necessary as a result of an accident in which the said vehicle was Involved on or
about the 21 day of 02 2019 have been completed to my / our satisfaction, and that
I / we have no further claim on the above company in Respect thereof.

Date: Signature: WCHell

Co's Stamp: NRIC No:

25/02/2019 - PRI
03/03/2019 - Sunday

Vehicle In - 25/02/2019
Vehicle Out - 05/03/2019
LOU - 9 days x \$250
= \$2250

> Back to OneMotoring



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

Print Date/Time : 21 Feb 2019 / 21:17:26

Receipt Date/Time : 21 Feb 2019 / 21:17:26

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190221-003801

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 - SJR1798L				
As at 21 Feb 2019/17:50:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SJR1798L Enquiry Fee 20190221211558066596	7.00	0.49	7.49
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				
	20190221211611535	Direct Debit: eNETS Debit (Internet Banking)		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.

[> Back to OneMotoring](#)

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJR1798L	21 Feb 2019 / 17:50:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Print](#)

[OK](#)

[Save as PDF](#)

LETTER OF AUTHORITY

Name : WONG HENG KIT

Address : BLK 102 JALAN DUSUN
#07-04 SINGAPORE 320102

Contact No : _____

TO: ACH ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKN902T AND SJR1798L ON 21/02/2019
AT/ ALONG PIE TOWARDS TUAS AT ALJUNIED FLYOVER BEFORE
KALLANG BAHRU EXIT 12.

I/We, WONG HENG KIT, am/are the registered owner of
motor car no. SKN902T

Please note that I have assigned all compensations monies due to me/us in the above said accident to **M/S MG SOLUTION PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you

Wong Heng Kit

Signature of Claimant

[Signature]

Witness By



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, WONG HENG KIT ("the third party claimant")
of BLK 102 JALAN DUSUN #07-04 SINGAPORE 320102 (address),
owner of SKN 9027 (vehicle no.) hereby authorize
MG SOLUTION PTE LTD
("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SKN 9027 that was
damaged pursuant to the accident which occurred on 21/02/2019 (date) along
P/E TOWARDS TUAS AT ALJUNIED FLYOVER BEFORE KALLANG BAHRU EXIT (location) 12.
involving vehicle no/s SJK 1798L ("the accident").

I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.

Date this _____ day of _____ (month) 20 _____ (year)

Wong Heng Kit

Signed by "the third party claimant"



Signed by "the workshop"



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor

Chopped & Signed by "the workshop"



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 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	22/02/2019 12:39
Date Of Accident	21/02/2019 17:50
Exact Location Of Accident	ALONG PIE(TUAS)B4 KALLANG BAHRU EXIT 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN902T
Insured/Policyholder	
Name Of Registered Owner	WONG HENG KIT
NRIC No	S0190711E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97564681
Alternative Phone No	OTHERS-97564681

Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3035761801
Cover Note Number	

Driver

Name of Driver	WONG HENG KIT
NRIC No	S0190711E
Date Of Birth	13/08/1952
Occupation	INDOOR
Date Of Driving Pass	15/03/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97564681
Fax Number	
Contact Number	OTHERS-97564681
EEmail Address	NOEMAIL

Address	BLK 102 JALAN DUSUN #07-04
Postcode	320102
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	CHAIN COLLISION
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	3
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190221/2156

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	SJR1798L
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WB6718U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	98983835
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG HENG KIT
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKN902T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. A report must be completed on the date of the accident for zero damage or minor damage.
2. This form must be completed by the Policyholder and for the driver's insurer.
3. Information provided must be as truthful and accurate as possible. Any false or misreported information may result in the policy being voided and the insurer may refuse to pay any claims.
4. The issue and acceptance of this form by the insurer is not a warranty of the accuracy of the information provided by the policyholder.
5. Any false information may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Road Traffic Management Centre, Singapore, to the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will be made available to the relevant interested parties.
7. By the lodging of this report, the insured, policyholder, and/or the insurer(s) for the vehicle(s) involved in the accident, hereby agree to the following:
 - (a) Consent under the Personal Data Protection Act (PDPA)
 - (i) understand, know, agree, and consent to;
 - (ii) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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:
 - (1) collecting, handling and processing my personal data/personal information for the purpose(s) of investigating, handling and settling my claims relating to the accident;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of items of personal data about me to bring about delivery of the same as well as the external cover of envelopes/fms and apps; and/or;
 - (5) a valid and lawful purpose for the processing, use, handling and disclosure of my personal data for the purpose(s) of;
 - (b) I understand that the Insurers and/or the GIA may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose(s) of:
 - (1) collecting, handling and processing my personal data/personal information for the purpose(s) of investigating, handling and settling my claims relating to the accident;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of items of personal data about me to bring about delivery of the same as well as the external cover of envelopes/fms and apps; and/or;
 - (5) a valid and lawful purpose for the processing, use, handling and disclosure of my personal data for the purpose(s) of;
 - (c) I understand that the Insurers and/or the GIA may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose(s) of:
 - (1) collecting, handling and processing my personal data/personal information for the purpose(s) of investigating, handling and settling my claims relating to the accident;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of items of personal data about me to bring about delivery of the same as well as the external cover of envelopes/fms and apps; and/or;
 - (5) a valid and lawful purpose for the processing, use, handling and disclosure of my personal data for the purpose(s) of;
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 - (1) collecting, handling and processing my personal data/personal information for the purpose(s) of investigating, handling and settling my claims relating to the accident;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of items of personal data about me to bring about delivery of the same as well as the external cover of envelopes/fms and apps; and/or;
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 - (1) collecting, handling and processing my personal data/personal information for the purpose(s) of investigating, handling and settling my claims relating to the accident;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of items of personal data about me to bring about delivery of the same as well as the external cover of envelopes/fms and apps; and/or;
 - (5) a valid and lawful purpose for the processing, use, handling and disclosure of my personal data for the purpose(s) of;
 - (c) I understand that the Insurers and/or the GIA may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose(s) of:
 - (1) collecting, handling and processing my personal data/personal information for the purpose(s) of investigating, handling and settling my claims relating to the accident;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of items of personal data about me to bring about delivery of the same as well as the external cover of envelopes/fms and apps; and/or;
 - (5) a valid and lawful purpose for the processing, use, handling and disclosure of my personal data for the purpose(s) of;



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

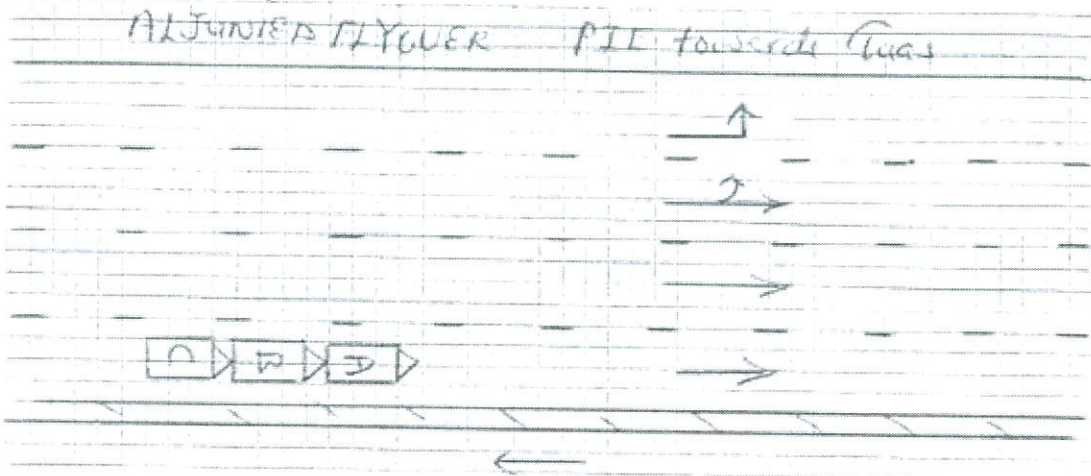
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 22/02/19

Policyholder's Signature
Name:
NRIC No.:

Accident Sketch Plan

SKETCH PLAN



DETAILED CIRCUMSTANCES OF THE ACCIDENT

On 21/02/2019 at about 1750 hrs at along PTE towards Tuas at Aljunied Flyover before Kallang Bahru exit 12. I was travelling on the extreme Right lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

(A) SKN 902 T (C) WB 6718 U
(B) SJR 1798 L

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I hereby declare that the above information is true and correct.

W. H. L. L.

Policyholder's Signature
Date: 21/02/19

Witness signature
(Driver and/or co-driver use)
Date: 21/02/19

Sym 22/02/19

Witness signature
Name: _____
Relationship: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20180221/2156

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7440853

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Report No: T/20180221/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2019 20:35		Vide Report No: G/20180221/0187		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: WONG HENG KIT		Address: APT BLK 107 JALAN DUSUN #01-04 SINGAPORE 320102			
ID Type / ID No: NRIC NO / 90160711E		Contact No: Home/Office		Mobile: 97364687	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 65	Date of Birth: 13/05/1952	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE(TUAS) NEAR 12.4KM				
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
SJR1798L	Car					0
SKN902T	Car	TOYOTA	MARK X 250G P AT ABS D/AIRBAG 2WD	Black	Seriously Damaged	0
WBSY18U	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T20190221/2108

Police Station Of Origin
MacPherson NP7
54 Phipp Road #01-52/54 SINGAPORE
370054
Tel No: 1800-7449638

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Report No: T20190221/2108

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKN802T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPC5N3035761501	09/05/2016	08/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	WONG HENG KIT	ID No.	S0180711E	
Related Vehicle	SKN802T (Car)	Contact No.	97564688	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Unknown Driver	ID No.	NIL	
Related Vehicle	WB6718L (Car)	Contact No.	98333535	
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	TUANG KENG POH	ID No.	S8348041H	
Related Vehicle	NIL	Contact No.	90187173	
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	

Police Report



SINGAPORE
POLICE FORCE



T201902210155

Police Station Of Origin
MacPherson NRP
64 Prit Road #01-22/24 SINGAPORE
117004
Tel No: 1800-7448999

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REPORT NO: T201902210155

CONTINUATION OF REPORT

Brief Details.

On 21/2/2019 at about 1750hrs while travelling in my vehicle SKN902T along PIE (towards near to 12.4KM mark on Lane 1, as the traffic was heavy and came to a slow stop. I then came to a complete stop. I then heard a loud bang from the rear of my vehicle and a second bang with impact on the vehicle behind me. SUR1798L hit onto the rear portion of my vehicle. I then came out of my vehicle to make a check and there were damages to the rear portion of my vehicle and further discovered that another vehicle WBE715U hit onto SUR1798L as such he was hit onto me. I then exchanged details with the other drivers. I am lodging this report for insurance claims.

Police Report



SINGAPORE
POLICE FORCE



T:20190221:2155

Police Station Of Origin:
MacPherson NPP
54 Raffles Road #01-50/54 SINGAPORE
373054
Tel No: 1800-7449988

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Report No: T20190221:2155

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 65474888 stating the report number as reference.

Signature Of Officer Recording The Report
G /

Sgt 1 SHAUN CHUA YONG QUAN

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time

21/02/2019 20:35

Officer In Charge Of Case

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476304

Classification Of Case

Authentication Stamp
NP-68