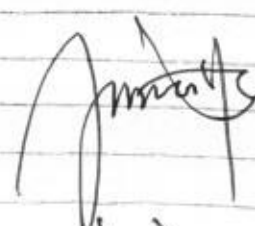


SS REC BY: Surveyor REF: CS / FWD 18019750 / Bg 03-1 Special Instruction:  
maim My Lin ASSIGNMENT (Office)  
 From (Person): clara h of FWD Date/Time: 15/3/2019  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS  
 To Inspect Vehicle No: SKW 777Y Insured: SLE 7743H  
 at Workshop n/s: my car consultant Tel: 8866 8832.  
 of: 55 Ubi Ave 1 # 01-33  
 Policy No: \_\_\_\_\_ Claim No: 1201800013412 / CL  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A: 17-10-2018  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement:  
 Date/Time: 23-10-2018 136pm Person Contacted: Elena Vehicle IN OUT

Date/Time	Action/Instruction ( X ) Estimate
	SKW 777Y - x
	SLE 7743H - x
	Dismantle: 26/10/2018
25/3/19	submit LS to 510, 8 days (red to 2010, 28%)

  
25/3/2019

RECEIVED 26 MAR 2019

12-100000

NO REC BY

REF: (CS / FWD) 18019750 / 805<sup>52</sup>

Special Instruction

Atty/Off

Off Title

ASSIGNMENT (Office)

Moimyn

From (Person)

Laurel Tan

FWD

Date/Time 19-10-2018 7:30pm

Estimated Cost

Toll to

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

To Inspect Vehicle No

SKW 7727Y

Insured

SLE 7743H

at Workshop info

My Car Consultant

Tel

8866 8832.

of

55 Ubi Ave 1 # 01-33

Policy No

Claim No

1201300013412 / CL

Claim Insured

Recent

Make of Vch  
(if Bent's Record)

D.O.A 17-10-2018

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

H.O.D. Enforcement

Date/Time

23-10-2018 136pm

Person Contacted

Elena

Vehicle (IN) OUT

Date/Time	Action/Instruction ( X ) Estimate
	SKW 7727Y - X
	SLE 7743H - X
	Disamandk: 26/10/2018

PRS

REF: FWD

## ASSIGNMENT

From: Date: 13-10-18

Estimated Cost:

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

To inspect Vehicle No:

SKW 2727Y

at Workshop m/s

My Car Consultants  
55 Ubi Ave 1 #01-33

of

Insured:

Policy No:

Claims No:

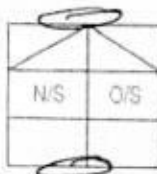
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? Yes or No

GIA / PR Seen:

Consistent? Yes or No

Est. Repairs:

8

days

Res.:

Yes or No

Lump Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SKW 2727Y

Yr Regn:

04/05/2018

Type:

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

Truck / Trailer or

Make:

Honda HRV 1.5DX CVT 90 1496

Colour:

Red

A/C

Insured / Std / NI / NA

Sp Reading:

78805

T/Radio:

Insured / Std / NI / NA

Eng No:

L15B4534093

C No:

JHMRU1810GX204092

Gen. Cond:

Good

/ Fair / Poor / Burnt

Steering:

In order

/ Jammed / Leaked / Burnt or

Brake:

In order

/ Jammed / Leaked / Burnt or

Mod:

Nil

/ S/Rim / STD A/Rim or

Tyre Size

F: 215/60R16

R: 215/60R16

BS / SUN

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

TOYO / YOKO or

Front

Rear

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A:

17.10.18

D.O.I:

23/10/18 1630

Survey held at

My Car Consultants

Des. of Damages:

Front

/ Rear

/ O/S

/ N/S

/ U/C

/ Rooftop or

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

MV 32K

PV 50,526K

Net 41K

Range \$7,000 - \$8,500

25/10/2018

Total

25/10/18

Date/Time: File Pass In?



: Preli. Report

11



: Final Report

Date/Time: File Return In?

12

Days Of Repair:

8

Resurvey No. of Trip:

1

Survey Fee:

Transportation

) \$ - PS

) Photo

) Notes

TOTAL

Report Format:

PRS

Lump Sum / I.B.k (\$

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$



## Nivitha (LKK Auto)

---

**From:** clara.li@fwd.com  
**Sent:** Friday, 15 March 2019 12:50 PM  
**To:** assignments@lkkauto.com; sur@lkkauto.com; admin-a@lkkauto.com; admin-d@lkkauto.com  
**Cc:** motorclaims.sg@fwd.com  
**Subject:** [Paper Resurvey] SLE2743H, SKW2727Y & SKZ7146A ALONG TPE TOWARDS PUNGGOL Our Ref: 1201800013412  
**Attachments:** 20190312152535430 (2).pdf

Hi LKK team,

Please assist to conduct paper survey and forward us the report via email.

Thank you.

Regards,  
Clara

---

**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Monday, 22 October, 2018 11:06 AM  
**To:** Motor Claims SG - SG Common; assignments  
**Cc:** Clara Li Zirong - SGUser  
**Subject:** RE: CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 17 OCTOBER 2018 AT ABOUT 17:45HRS INVOLVING MOTOR VEHICLES NO(S). SLE2743H, SKW2727Y & SKZ7146A ALONG TPE TOWARDS PUNGGOL

Dear Lionel,

Thank you for the assignment.

Kindly assist provide us the workshop detail.

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:** [motorclaims.sg@fwd.com](mailto:motorclaims.sg@fwd.com) [mailto:motorclaims.sg@fwd.com]  
**Sent:** Friday, 19 October, 2018 7:20 PM  
**To:** [assignments@lkkauto.com](mailto:assignments@lkkauto.com); [sur@lkkauto.com](mailto:sur@lkkauto.com)  
**Cc:** [clara.li@fwd.com](mailto:clara.li@fwd.com); [motorclaims.sg@fwd.com](mailto:motorclaims.sg@fwd.com)  
**Subject:** FW: CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 17 OCTOBER 2018 AT ABOUT 17:45HRS INVOLVING MOTOR VEHICLES NO(S). SLE2743H, SKW2727Y & SKZ7146A ALONG TPE TOWARDS PUNGGOL

Attn: LKK Team

Please attend to attached PRS notice.

Kindly create case in Merimen. Our Ref: 1201800013412/CL

Best Regards,

Lionel Tan  
Senior Executive, Claims



FWD Singapore Pte. Ltd.  
6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986  
T (65) 6914 6824  
E [lionel.tan@fwd.com](mailto:lionel.tan@fwd.com)  
W [fwd.com.sg](http://fwd.com.sg)



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Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

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Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

## 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 GIAs 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 a/crossed.

### ACCIDENT STATEMENT

Date Of Report 18/10/2018 20:17  
 Date Of Accident 17/10/2018 17:45  
 Exact Location Of Accident TPE TOWARD PUNGGOL  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW2727Y  
**Insured/Policyholder**  
 Name Of Registered Owner TAN SEE LENG  
 NRIC No S8432182F  
 Email Address ADMIN@MYCAR.SG  
 Mobile Phone No (LOCAL) +65-96426720  
 Alternative Phone No OFFICE-96426720

### Vehicle Particulars

Manufacturer HONDA  
 Model HRV 1.5 DX CVT  
 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 SOMPO INSURANCE SINGAPORE PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number D18MTPV01007455

Cover Note Number

### Driver

Name of Driver TAN SEE LENG  
 NRIC No S8432182F  
 Date Of Birth 23/10/1984  
 Occupation INDOOR  
 Date Of Driving Pass 03/03/2005  
 Driving Experience 13 YEARS AND 7 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-96426720  
 Fax Number  
 Contact Number OFFICE-96426720  
 EMail Address ADMIN@MYCAR.SG

Address THE ESTUARY, 99 YISHUN AVENUE 1 769139  
 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 CHAIN COLLISION  
 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? 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) 2  
 Passenger 1  
 NAME : ELYSIA GOH  
 GENDER : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] YISHUN SOUTH NPC  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT NO : T/20181017/2019D LODGED AT YISHUN SOUTH NPC I WAS TRAVELLING ALONG TPE AND VEHICLE (SKZ7146A) IN FRONT OF ME CAME TO A STOP WHICH I STOPPED BEHIND. HOWEVER VEHICLE (SLE2743H) BEHIND, COLLIDED INTO THE REAR OF MY VEHICLE WHICH THEN CAUSED A CHAIN COLLISION WHICH INVOLVED 5 VEHICLES. AT THIS POINT OF TIME I HAD A PASSENGER WITH ME NAMED ELYSIA GOH, C/N: 96961165. AFTER THE ACCIDENT HAPPENED I EXITED MY VEHICLE AND SOMEONE APPROACHED ME AND INFORMED THAT HE COULD REPAIR MY VEHICLE DAMAGES. I THEN LEFT IN MY VEHICLE WITH THE SAID PERSON TO THE WORKSHOP. I AM UNSURE IF ANYONE WAS CONVEYED BY THE AMBULANCE BUT I WAS INFORMED BY VEHICLE (SLE2743H) THAT TRAFFIC POLICE WERE AT SCENE AND I WAS GIVEN THE REPORT NUMBER TO LODGE A POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PENDING FROM INSURED  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE2743H  
 Vehicle Make/Model/Colour NISSAN/ QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LOO SHEK PENG  
 NRIC/Passport Number S2649373J



Contact Number 96181786  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ7146A  
Vehicle Make/Model/Colour MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GANESAN  
NRIC/Passport Number S8007556A  
Contact Number 98197330  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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	18/10/2018 20:17
Date Of Accident	17/10/2018 17:45
Exact Location Of Accident	TPE TOWARD PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2727Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SEE LENG
NRIC No	S8432182F
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(LOCAL) +65-96426720
Alternative Phone No	OFFICE-96426720

### Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 DX CVT
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01007455
Cover Note Number	

### Driver

Name of Driver	TAN SEE LENG
NRIC No	S8432182F
Date Of Birth	23/10/1984
Occupation	INDOOR
Date Of Driving Pass	03/03/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96426720
Fax Number	
Contact Number	OFFICE-96426720
E-Mail Address	ADMIN@MYCAR.SG

Address

THE ESTUARY, 99 YISHUN AVENUE 1 769139

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 CHAIN COLLISION

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? 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) 2

Passenger 1

NAME: ELYSIA GOH

GENDER: FEMALE

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] YISHUN SOUTH NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER TO THE POLICE REPORT NO : T/20181017/2019D LODGED AT YISHUN SOUTH NPC I WAS TRAVELLING ALONG TPE AND VEHICLE (SKZ7146A) IN FRONT OF ME CAME TO A STOP WHICH I STOPPED BEHIND, HOWEVER VEHICLE (SLE2743H) BEHIND, COLLIDED INTO THE REAR OF MY VEHICLE WHICH THEN CAUSED A CHAIN COLLISION WHICH INVOLVED 5 VEHICLES. AT THIS POINT OF TIME I HAD A PASSENGER WITH ME NAMED ELYSIA GOH, C/N: 96961165. AFTER THE ACCIDENT HAPPENED I EXITED MY VEHICLE AND SOMEONE APPROACHED ME AND INFORMED THAT HE COULD REPAIR MY VEHICLE DAMAGES. I THEN LEFT IN MY VEHICLE WITH THE SAID PERSON TO THE WORKSHOP. I AM UNSURE IF ANYONE WAS CONVEYED BY THE AMBULANCE BUT I WAS INFORMED BY VEHICLE (SLE2743H) THAT TRAFFIC POLICE WERE AT SCENE AND I WAS GIVEN THE REPORT NUMBER TO LODGE A POLICE REPORT.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING FROM INSURED

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLE2743H

Vehicle Make/Model/Colour NISSAN/ QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOO SHEK PENG

NRIC/Passport Number S2649373J

Contact Number 96181786  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ7146A  
Vehicle Make/Model/Colour MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GANESAN  
NRIC/Passport Number S8007556A  
Contact Number 98197330  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Sketch Plan



**SKETCH PLAN**

1. I hereby declare that the information provided in this report is true and correct to the best of my knowledge and belief.

2. I understand that the information provided in this report may be used for the purpose of investigating the cause of the accident and for the purpose of determining the liability of the parties involved.

3. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

4. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

5. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

6. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

7. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

8. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

9. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

10. I understand that the information provided in this report may be used for the purpose of determining the liability of the parties involved.

**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

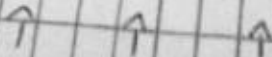
Sketch Plan

TPE

→ SKZ714UA

→ SKW2727Y

→ SLE2743H



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun South N.P.C.  
32 Yishun Street B1 SINGAPORE 758456  
Tel No: 1800-8522999



T/20181017/20190

1 of 4

Report No: T/20181017/20190

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 23:10		Vide Report No: E/20181017/0136	Station Diary No.: 5033
Name of Informant: TAN SEE LENG		Address: 99 YISHUN AVENUE 1 #06-40 SINGAPORE 769139	
ID Type / ID No.: NRIC NO / S8432182F		Contact No:	Mobile: 96426720
Nationality: SINGAPORE CITIZEN		Home/Office:	
Sex: Female		Age: 33	Date of Birth: 23/10/1984
Race: Chinese		Type of Informant: Driver	Institution / School Name:
Occupation: DIRECTOR		Language:	
		Driving Licence Information: Class 3	Date of Expiry:

Type of Accident: Non-Injury	Attended by Police: Yes	Drink Drive: No	Date/Time of Accident: 17/10/2018 05:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW2727Y	Car	HONDA	HRV 1.5 DX CVT	Red		1
SKZ7146A	Car	NISSAN		Silver		0
SLE2743H	Car	MAZDA		White		0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun South N.P.C.  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20181017/20190

2 of 4

Report No: T/20181017/20190

CONTINUATION OF REPORT

Details of Motor Insurance		Insurance No.	Effective Date	Expiry Date
SKW2727Y	TENET SOMPO INSURANCE PTE LTD	D18MTPV0100745 5	04/05/2018	03/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SEE LENG	ID No.	58432182F
Related Vehicle	SKW2727Y (Car)	Contact No.	96426720
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	Ganesan	ID No.	S8007558A
Related Vehicle	SKZ7146A (Car)	Contact No.	98197330
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	Loo Shek Peng	ID No.	S2649373J
Related Vehicle	SLE2743H (Car)	Contact No.	96181786
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**

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20181017/2019D

Report No. T/20181017

### CONTINUATION OF REPORT

#### Brief Details.

I was travelling along TPE and vehicle (SKZ7146A) in front of me came to a stop which I stopped behind however vehicle (SLE2743H) behind, collided into the rear of my vehicle which then caused a chain collision which involved 5 vehicles.

At this point of time I had a passenger with me namely Elysia Goh, C/N: 95961165. After the accident happened I exited my vehicle and someone approached me and informed that he could repair my damages. I then left in my vehicle with the said person to the workshop.

I am unsure if anyone was conveyed by the ambulance but I was informed by vehicle (SLE2743H) that traffic police were at scene and I was given the report number to lodge a police report.



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20181017/20190

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Report No. T/20181017/20190

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:  
F /  
Sgt 1 RACHEL BOON SI YING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time  
17/10/2018 23:10

Officer In Charge Of Case:  
TP / GIT /  
SI NORASHIKIN BINTE DAUD  
Contact No.: 65476439

Classification Of Case:

Authentication Stamp  
IP168

Signature

Police Force

Accident Photo



Accident Photo



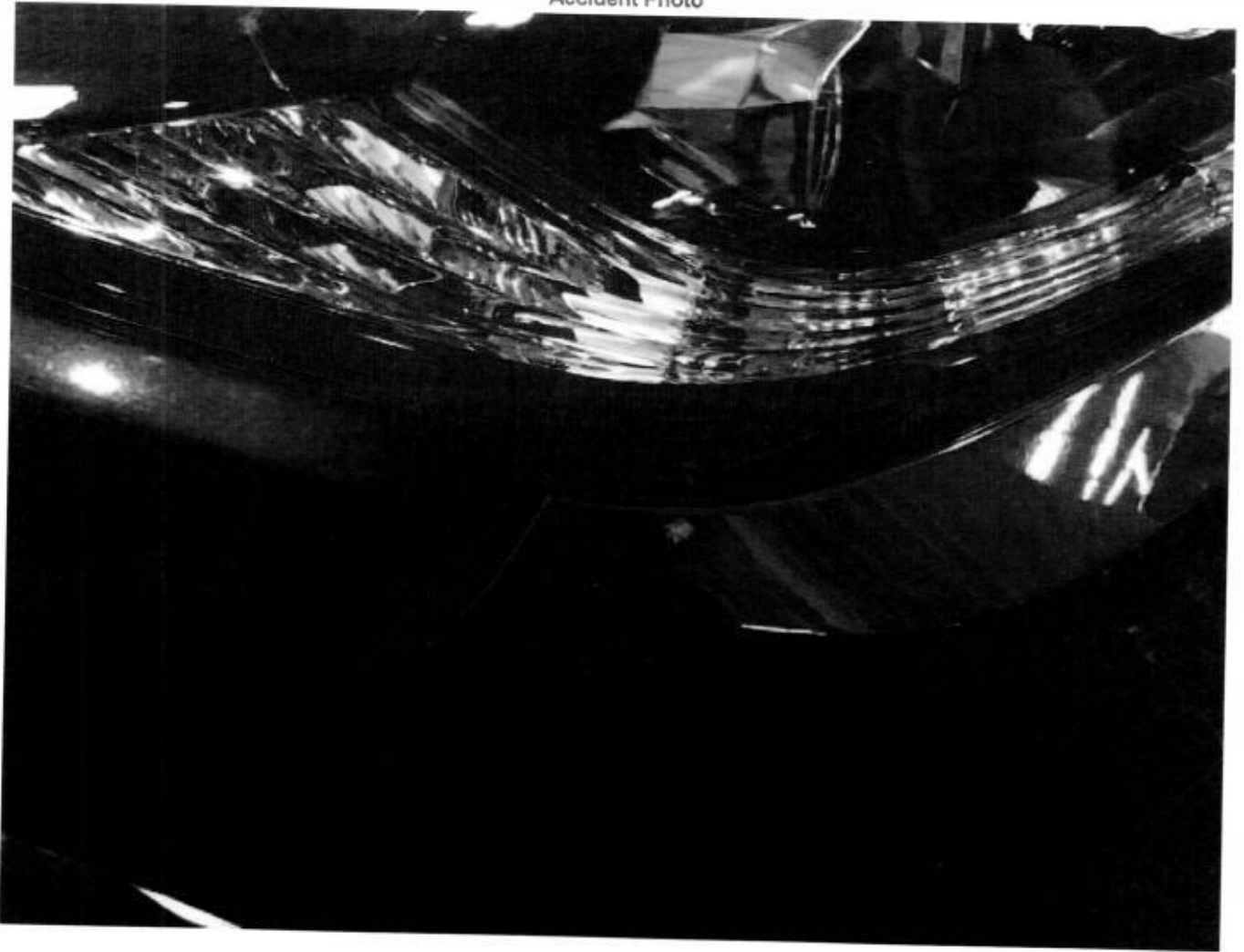
Accident Photo



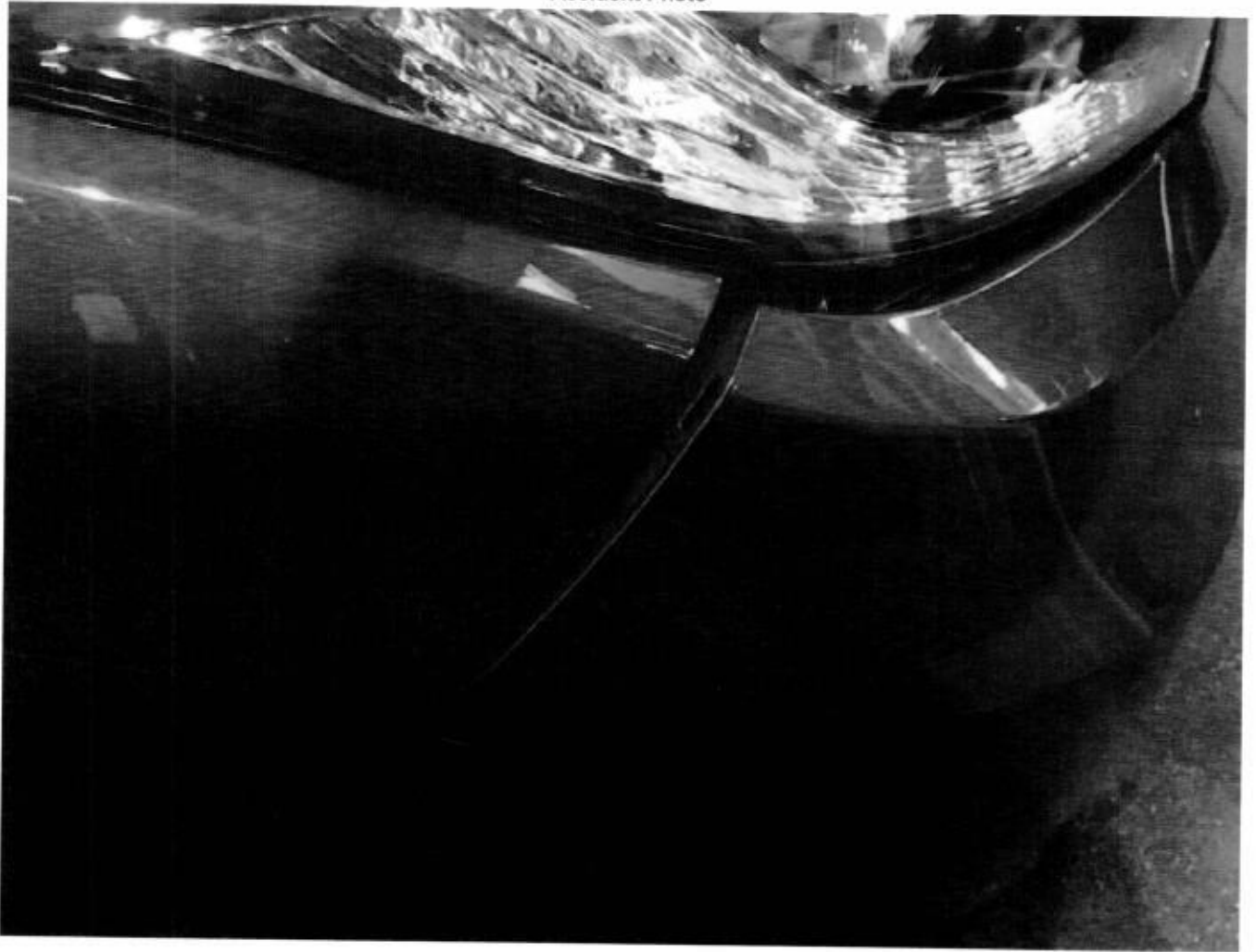
Accident Photo



Accident Photo



Accident Photo



Accident Photo

