

AND PREP BY

DATE

083/119008020/R11d3<sup>2</sup>

Special Instruction

SALES/RENT

Rasul

ASSIGNMENT (Office)

FROM (Person)

Gubriel wee

of

III

Date/Time

7/15/19 @ 9:17am

Estimated Cost

Bill to

OD/TT/VS/TP RES/OD RES/EVA/INV/MV/CS

To Inspect Vehicle No

SJT 6951S

Insured

SHA 78324

at Workshop info

Sau Huc Motor

Tel

of

Blk 10 AMK Ind. park 2A #02-14

Policy No.

MCOM0015

Claim No.

MCT19050075

Sum Insured

Excess

Make of Veh  
(Client's Record)

D.O.A.

4/5/2019

CA / REV / REP / REV 24 HRS

H.O.D. Endorsement

Date/Time

9:45am @ 7/15/19

Person Contacted

Robert

Vehicle

IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJT 6951S - X
	SHA 78324 - 083/119013716/Hln 1dy 2
	Lump 3000 / 5 days
	PRS & Paper Survey

DOA: 5/7/2011

Red = (\$4100)  
58%

2/7/2

Surveyor *Raman*

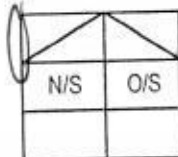
REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SJT 6951S  
at Workshop m/s SAN HOCK MOTOR  
of BLK 10 ANG MO PK 2A # 02-14  
Insured: 111  
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 Rpt: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SJT 6951S Yr Regn: OCT, 2009  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: HYUNDAI AVANTE C.C. 1591  
Colour: ARBY A/C: Insured / Std / NI / NA  
Sp. Reading: 138788 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: KMH041BMAN896401  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or  
Brake: Inorder / Jammed / Leaked / Burnt or  
Modi: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 195/60R16  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. \_\_\_\_\_ D.O.I. 07/05/19  
Survey held at SAN HOCK  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S FR  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

1) SA Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation: \_\_\_\_\_ \$ + RS. \$

Photos

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I. (\$) 3000

Survey

250

11

## Nivitha (LKK Auto)

---

**From:** Stanley Lai <stanley.lai@iii.com.sg>  
**Sent:** Thursday, 13 June 2019 2:10 PM  
**To:** 'sur@lkkauto.com'; admin-d@lkkauto.com  
**Cc:** Sherini Pillai; Mekavathanan Sarangapani; Hsiao Tong (chewht@lkkauto.com); Olivia Lau (olivialau@lkkauto.com)  
**Subject:** RE: MCT19050075

Dear Nivitha,

Rights granted in Merimen for the above LOD. Kindly proceed with the paper survey.

TP Veh No. : SJT6951S

Warmest regards,

Stanley Lai

**Motor Claims Department**

**India International Insurance Pte Ltd**

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

**S&P 'A-' rated Company**



---

**From:** Mekavathanan Sarangapani

**Sent:** Wednesday, 12 June, 2019 6:04 PM

**To:** Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>

**Cc:** Sherini Pillai <sherini@iii.com.sg>; Stanley Lai <stanley.lai@iii.com.sg>

**Subject:** MCT19050075

Recd LOD from WU LLC.

Need to do up paper survey, if only PRI was done for this case

Meka

Claim Details		Set/Modify Adj Mandate	
<b>CLAIM SUBFOLDER TRACKING</b>			
Case	Notified	Est Submitted	Adj Assigned
Main	(Not Notified)		07 May 2019 00:00
		Adj Submitted	Ins Auth'd
		Status	
		Pending Adjuster Su	
		<a href="#">Cancel Case</a>	
<div> <div>Main</div> <div>Offer Processing</div> <div>Claim Details</div> <div>Adjuster's Details</div> </div>			
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>			
Insured:			
Main Claimant: -			
Vehicle Reg. No.: <b>SJT6951S</b>		Date of Loss: 04/05/2019 00:00 - :59	
Claim Type: <b>TP</b>		Policy/Cover Note No.:	
Vehicle Reg. No. (Insured): <b>SHA7832U</b>		Policy No. (Claimant):	
		Excess:	
Repairer: <b>Sau Hock Motor Services (HQ) <a href="#">PROFILE</a></b> 10 Ang Mo Kio Industrial Park 2A, #02-14 AMK Autopoint, 5			
Handling Insurer: <b>India International Insurance Pte Ltd (HQ)</b> - Tel: 63476100 ... [Handled by Sherini Pillai]			
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt (			
<b>CLAIM NOT REGISTERED</b>			
This claim is not registered. Click <a href="#">Register</a> to register this claim.			
You need to register a claim if you want to link other related subfolders to it.			

Best Regards,

Mekavathanan

HOD

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

DID: 6347 6105 Fax: 6224 4174



This email is intended solely for the person to whom it has been addressed. It may contain confidential and/or legally privileged information. If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses. Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

## Nivitha (LKK Auto)

**From:** Olivia Lau (LKKAuto) <olivialau@lkkauto.com>  
**Sent:** Wednesday, 12 June 2019 6:04 PM  
**To:** Hsiao Tong (LKKAuto); assignments; Admin A  
**Subject:** FW: MCT19050075  
**Attachments:** MCT19050075 SHA7832U.PDF; MCT19050075 SJT 6951S.PDF; MCT19050075 10.pdf

**From:** Mekavathanan Sarangapani  
**Sent:** Wednesday, 12 June 2019 6:03:57 PM (UTC+08:00) Kuala Lumpur, Singapore  
**To:** Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)  
**Cc:** Sherini Pillai; Stanley Lai  
**Subject:** MCT19050075

Recd LOD from WU LLC.

Need to do up paper survey, if only PRI was done for this case

Meka

Claim Details		Set/Modify Adj Mandate				
<b>CLAIM SUBFOLDER TRACKING</b>						
Case	Notified	Est Submitted	Adj Assigned	Adj Submitted	Ins Auth'd	Status
Main	(Not Notified)		07 May 2019 00:00			Pending Adjuster Su <a href="#">Cancel Case</a>
Main		Offer Processing		Claim Details		Adjuster's Details
<b>CLAIM SUBFOLDER DETAILS</b>				[Created by adjuster]		
Insured:						
Main Claimant:		-				
Vehicle Reg. No.:		SJT6951S		Date of Loss:		04/05/2019 00:00 - :59
Claim Type:		TP		Policy/Cover Note No.:		
Vehicle Reg. No. (Insured):		SHA7832U		Policy No. (Claimant):		
				Excess:		
Repairer:		Sau Hock Motor Services (HQ) <b>PROFILE</b> 10 Ang Mo Kio Industrial Park 2A, #02-14 AMK Autopoint, 5				
Handling Insurer:		India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sherini Pillai]				
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt c				
<b>CLAIM NOT REGISTERED</b>						
This claim is not registered. Click <a href="#">Register</a> to register this claim.						
You need to register a claim if you want to link other related subfolders to it.						

Best Regards,

Mekavathanan  
HOD  
Motor Claims Department  
India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

DID: 6347 6105 Fax: 6224 4174



This email is intended solely for the person to whom it has been addressed. It may contain confidential and/or legally privileged information. If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses. Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

## Nivitha (LKK Auto)

---

**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 7 May 2019 9:17 AM  
**To:** tonygn tonygn; Sau Hock Tan; 'sur@lkkauto.com'; admin-d@lkkauto.com  
**Cc:** Sherini Pillai  
**Subject:** RE: Pri - G 442 sh III: sha7832u  
**Attachments:** pRI g 442 SH.JPG

Dear Sir / Mdm

**This Pre-Repair Survey is on Without Prejudice Basis.**

THIRD PARTY VEHICLE NO. : SJT6951S  
III INSURED VEHICLE NO. : SHA7832U  
DATE OF LOSS : 04.05.19

We acknowledge receipt of your email.

**In compliance to Pre-Action Protocol for NIMA cases, we note that**

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by **Sherini**.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

**\*\*Surveyor kindly upload this assignment to Merimen.**

Thank You.

*Best Regards,*  
**Gabriel Wee**



64 Cecil Street; #05 - IOB Building  
Singapore 049711  
Tel: 6347 6100, Ext - 248

---

**From:** tonygn tonygn [mailto:tonygn18@hotmail.com]  
**Sent:** 06 May, 2019 6:10 PM  
**To:** Motor Claim - III <motorclaim@iii.com.sg>; Sau Hock Tan <sauhock@live.com>  
**Subject:** Re: Pri - G 442 sh III: sha7832u

We'd like to reject your list of surveyors and we propose **PAR Automotive Consultancy** to be our surveyor.

Please update us your decision as soon as possible

Please email us at **Sauhock@live.com** regarding your choice.

Thank You

Yours

Sincerely,

**Sau Hock**

Sent from Outlook

---

**From:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>

**Sent:** Monday, May 6, 2019 5:07 PM

**To:** tonygn tonygn; Sau Hock Tan

**Subject:** RE: Pri - G 442 sh III: sha7832u

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

*Best Regards,*  
**Gabriel Wee**



64 Cecil Street; #05 - IOB Building  
Singapore 049711  
Tel: 6347 6100, Ext - 248

---

**From:** tonygn tonygn [<mailto:tonygn18@hotmail.com>]

**Sent:** 06 May, 2019 4:39 PM

**To:** Sau Hock Tan <[sauhock@live.com](mailto:sauhock@live.com)>; Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>

**Subject:** Pri - G 442 sh



Sent from Outlook

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

# Sau Hock Motor Services

Blk. 10, Ang Mo Kio Industrial Park 2A, AMK Autopoint, #02 -14, Singapore 568047

Fax : 6555 - 4006 / Email : sauhock@live.com

Date :- 6 / 5 / 2019

**COPY**

Motor Claims Department

India Int'l Ins Pte Ltd

BY FAX :-

Dear Sir,

6224 - 4174

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION  
WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF  
PRE-ACTION PROTOCOL FOR NIMA CASES**

**BY HAND**

We have been appointed by the Owner to repair his/her motor vehicle

No. SJT69515 on 4-5-19 with another vehicle

No. SHA 78324 along B109, Bkt Purnei car - Park

Please be informed that the said vehicle can be inspected at:-

**Contact**

**Workshop : Sau Hock Motor Services**

Blk. 10, AMK Industrial Park 2A (Ave, 5)

#02-14, AMK Autopoint, Singapore 568047

**Fax : 6555 - 4006**

**Contact**

**Person : Mr. Robert / 9109 - 8638**

**Email : sauhock@live.com**

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Holiday. We will commence repairs thereafter without further reference to you.

Yours faithfully,

**Wu LLC - Law Firm - Tony Gn**

**Our Ref : 19**

5442

MC 711.9050075

	RESERVES			
	TPPD	PRESERVE	(410)	qco.
	TPPI	PRESERVE	(310)	
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	INVESTIGATION FEE			
	SURVEY FEES			
	LEGAL FEES			
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

*Handwritten notes:*  
 S. M. /  
 P. C. /

\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

JOB NO. 1089  
DESTINATION ADDRESS 963230860  
SUBADDRESS  
DESTINATION ID  
ST. TIME 13/06 09:59  
TX/RX TIME 00' 20  
PGS. 1  
RESULT OK

FAXED  
13 JUN 2019  
MOTCLM DEPT.

San Hail  
MLF



**WU LLC**

ADVOCATES AND SOLICITORS · COMMISSIONER FOR OATHS · NOTARY PUBLIC  
Incorporating P. K. NG, Harides C Partners and Y L Wu & Co.

mt/1905075

Your Ref: SHA 7832 U  
Our Ref: NPK/TG/ACC G 442 - 19 SH

Add/Tel/Fax: Robinson Office

7 June 2019

**WITHOUT PREJUDICE**

**Motor Claims Department**  
**India International Insurance Pte. Ltd.**  
No.64, Cecil Street,  
IOB Building, #04 - 05,  
Singapore 901438.

Robinson Office  
101, Cecil Street, 19 - 03  
Tong Eng Building  
Singapore 069533  
Tel: (65) 6323 1261  
Fax: (65) 6323 0860

Dear Sir,

**BY HAND**

**RE:-Accident involving vehicles Nos. SJT 6951 S/SHA 7832 U**

We refer to our letter dated 6 May 2019.

We forward herewith the following documents, namely:-

1. GIA report lodge by SJT 6951 S;
2. Vehicle Registration;
3. Certificate Of Insurance;
4. LTA Search;
5. Towing Fee;
6. Letter of Pre-repair Inspection;
7. Our client's final repair bill;
8. Surveyor's report;

Stamp: "We and by rec... We shall retain... rights to conduct a... investigation... our... your client who... necessary."

Handwritten: "EXC 7MV" with a large checkmark.

Stamp: "Our Ref: 600" with "Date" and "Name" fields.

San Hock  
M/S



**WU LLC**

ADVOCATES AND SOLICITORS · COMMISSIONER FOR OATHS · NOTARY PUBLIC  
Incorporating P. K. NG, Haridas & Partners and Y L Wu & Co.

Your Ref: SHA 7832 U  
Our Ref: NPK/TG/ACC G 442 - 19 SH

MCT/19050075

Add/Tel/Fax: Robinson Office

7 June 2019

**WITHOUT PREJUDICE**

**Motor Claims Department**  
**India International Insurance Pte. Ltd.**  
No.64, Cecil Street,  
IOB Building, #04 - 05,  
Singapore 901438.

Robinson Office  
101, Cecil Street, 19-03  
Tong Eng Building  
Singapore 069533  
Tel: (65) 6323 1261  
Fax: (65) 6323 0860

Dear Sir,

**BY HAND**

**RE:-Accident involving vehicles Nos. SJT 6951 S/SHA 7832 U**

We refer to our letter dated 6 May 2019.

We forward herewith the following documents, namely:-

1. GIA report lodge by SJT 6951 S;
2. Vehicle Registration;
3. Certificate Of Insurance;
4. LTA Search;
5. Towing Fee;
6. Letter of Pre-repair Inspection;
7. Our client's final repair bill;
8. Surveyor's reports; and
9. Seventy - Nine (79) photographs showing the extent of damage to our client's vehicle on your undertaking to return them upon request.

Stamp: We are in receipt of your letter of 12 June 2019. We shall revert to you as soon as possible. We are in receipt of your letter of 12 June 2019. We shall revert to you as soon as possible. We are in receipt of your letter of 12 June 2019. We shall revert to you as soon as possible.

Our Ref: 600  
Name: [blank]  
Date: [blank]

APK TNU

if your letter, which is reviewing our pol...  
Kindly note that we are per...  
a medical re-examination on your behalf...

India International Insurance P L

1/2

Stamp: We are in receipt of your letter of 12 June 2019. We shall revert to you as soon as possible. We are in receipt of your letter of 12 June 2019. We shall revert to you as soon as possible. We are in receipt of your letter of 12 June 2019. We shall revert to you as soon as possible.

MCT/19050075

shyini

12/6/2019



Your Ref: SHA 7832 U  
Our Ref: NPK/TG/ACC **G 442** - 19 **SH**

7 June 2019


Our quantification is as follows:-

1. Costs of Repair (Lump Sum)	\$ 7,100.00
2. Loss Of Use for 6 days @\$180.00)	\$ 1,080.00
3. 2 days Pre-Repair @\$180.00	\$ 360.00
4. LTA Search	\$ 7.49
5. Towing Fee	\$ 50.00
6. Surveyor fee	\$ 754.00
7. Incidentals	\$ 40.00
8. Costs (party & party)	\$ 700.00
	<u>\$10,091.49</u>

If you have any queries on the above matter, please contact our Mr. **Tony Gn** at telephone no. 9221 - 7272 **Or 6283 - 5919** (Fax) **Or** tonygn18@hotmail.com.

Kindly consider our client's claim and give us an early and amicable proposal within the **next 7 days**.

Yours faithfully,

  
C. c.client

Enc

The contents of this letter/fax and its enclosures are confidential and may be subject to legal privilege. If you are not the intended recipient, kindly notify us immediately and do not copy or use it for any purposes, or disclose its contents to any other person.

*We do not accept service of Court documents by facsimile*

WU LLC Co. Regn. No. 200709407E (incorporated with limited liability)

COPY

WU LLC

ADVOCATES AND SOLICITORS · COMMISSIONER FOR OATHS · NOTARY PUBLIC  
Incorporating P. K. NG, Haridas & Partners and Y L Wu & Co.

Your Ref:  
Our Ref

SHA 7832 U  
NPK/TG/ACC G 442 - 17 SH

6 May 2019



Add/Tel/Fax: Robinson Office

**Motor Claims Department**  
**India International Insurance Pte. Ltd.**  
No.64, Cecil Street,  
IOB Building, #04 - 05,  
Singapore 901438.

*Robinson Office*  
101, Cecil Street, 19 - 03  
Tong Eng Building  
Singapore 069533  
Tel: (65) 6323 1261  
Fax: (65) 6323 0860

BY HAND

Dear Sirs,

**RE:-Accident involving vehicles Nos. SJT 6951 S/SHA 7832 U**

We act for **Tan Yao Guang**, the owner of vehicle No. **SJT 6951 S** which was damaged in an accident involving our client's vehicle and one other vehicle on **4 May 2019 (0744 Hrs)** at **Car-Park of B/109, Bukit Purmei, Singapore**. On our record, you are the insurer of motor vehicle No. **SHA 7832 U**.

We are instructed by our client that the negligent driver of vehicle No. **SHA 7832 U** is wholly to blame for the accident. As such we have been further instructed to claim for costs of repair and other expenses.

Kindly let us know whether you are prepared to admit liability. If so, we shall proceed to quantify the damages.

Please furnish us your Reference **Number** and the **Name** of the Officer-in-Charge together with their Contact Number if we have any queries.

If you have any queries on the above matter, please contact our Mr. **Tony Gn** at telephone no. 9221 - 7272 **Or 6283 - 5919** (Fax) **Or** [tonygn18@hotmail.com](mailto:tonygn18@hotmail.com).

Yours faithfully,

c.c. **M/s. Ntuc Income Insurance Co-operative Ltd**

(Policy No. 5068213940-04)-Please do not settle any third party claim without reference to us to avoid jeopardizing our client's claim.

Thank You.

The contents of this letter/fax and its enclosures are confidential and may be subject to legal privilege. If you are not the intended recipient, kindly notify us immediately and do not copy or use it for any purposes, or disclose its contents to any other person.

We do not accept service of Court documents by facsimile

WU LLC Co. Regn. No. 200709407E (incorporated with limited liability)

**(ACCIDENT STATEMENT FORM)**

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement claim.  
This form is to facilitate the mobile reporting service for E-filing

**Chew Goon Motor**

Date of Accident	Time	Exact Location of Accident
04/05/2019	07:44 AM	Bukit Purni Rd B'k 109 - 1st Park.

**REGISTERED OWNER VEHICLE DETAILS**

Registration No: SST 6951 S	Vehicle Make:	Model:	Colour:
Name of Registered Owner: TAN YAO GUANG	NRIC/FIN/Company Reg. No: 584059401		
Owner Contact: 82 82 3890	Office:	Owner Email: Jonathan.Tan.y.g@gmail.com	

**INSURANCE**

Name of Insurance Company: NTUC	Policy No: 5068213940-04
Policy Type: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party	Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Category: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Private Hire	Are you claiming your own Insurance Policy for the repair of your Vehicle: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Claim 3rd Party

**DRIVER'S DETAIL**

Name of Driver: TAN YAO GUANG	NRIC/FIN/Passport No: S84059401
Driver Address: B'k 4406 Bukit Batok West Ave 8 #08-739 (653406)	Date of Birth: 23/02/1984
Driver Contact: 82823890	Driver Email: Jonathan.Tan.y.g@gmail.com
Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Was Driver an Employee of the Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driving Pass Date:
If Yes, please state Name of Company:	Relationship of the Driver with the Insured If not an Employee: OWNER

**ACCIDENT DETAILS**

Exact Purpose for which vehicle was being used at the time of accident: <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Others	Weather Condition: <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Other:
	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other:

**POLICE DETAILS**

Was Accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Notice of Prosecution Given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please state which Police Station the report made?	If Yes, against whom?

**WAS ANY OTHER VEHICLE OR PROPERTY INVOLVED?**

* Registration No: SHA 7832 U	Vehicle Category:	Vehicle Make:	Colour:
Name of Driver:	NRIC / FIN:	Contact: 97494396	
* Registration No:	Vehicle Category:	Vehicle Make:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	
* Registration No:	Vehicle Category:	Vehicle Make:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	

**DETAILS OF INJURED PERSON**

Name of Injured Person:	Contact:	If passenger, State which Vehicle:
Conveyed to Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Was seat belts worn? <input type="checkbox"/> Yes <input type="checkbox"/> No

**WITNESS**

Name of Witness:	NRIC/FIN/Passport No:
Witness Contact:	Email Address:
Is Witness a passenger or insured or third party? <input type="checkbox"/> Insured <input type="checkbox"/> Third Party <input type="checkbox"/> Independent Witness	

**Declaration:**

We declare that the above particulars & information provided above are true in every aspect.

Video Footage: Yes or No

Total Pax (Included driver): 02

Name Of Passenger: CHUA MUH YEN  
Gender: F

Registered Owner or Driver's Signature



Address BLK 440C BUKIT BATOK WEST AVE 6 #08-739  
 Postcode 653440  
 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 (including own vehicle) involved in the accident 2  
 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  
 Have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1

NAME: CHUA MUN YENG  
 GENDER: FEMALE

#### 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

REFER TO ATTACHED SKETCH PLAN.

#### 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 SHA7832U  
 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)

## 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: 6/5/19

Driver's Signature

(If driver is not the policyholder)

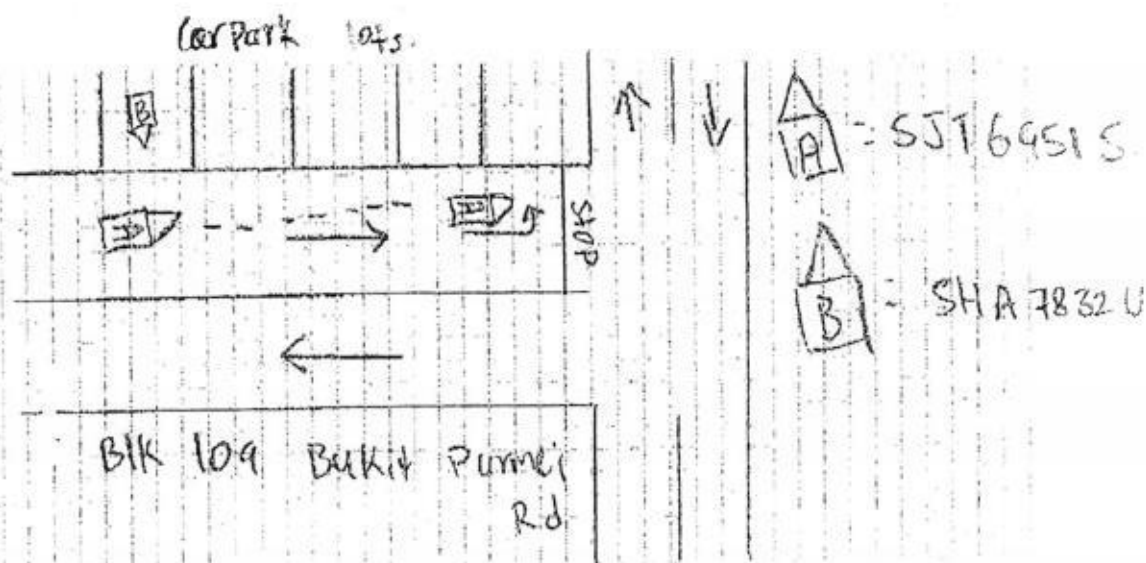
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of the carpark, half way have a bump sound. It is too fast to act. At the location of BLK 109 Bukit Purnei Rd.

Damaged front portion LH, windscreen.

## DECLARATION

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

Policyholder's Signature

Date & Time: 6/5/19

Driver's Signature

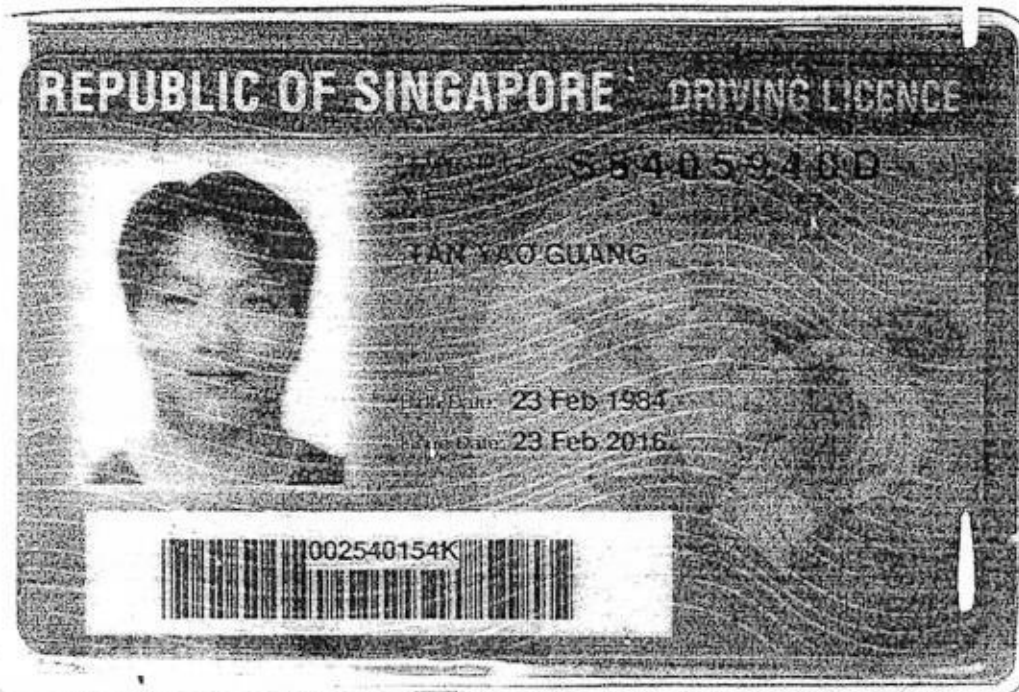
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

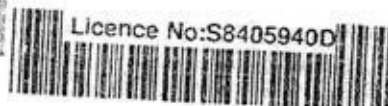


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	05 May 2004
Class 2A Motorcycles between 201 cc and 400 cc	22 Nov 2005
Class 2 Motorcycles $>$ 400 cc	03 Apr 2007
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	11 Nov 2005
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	05 May 2006
Class 5 Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	
Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	07 Dec 2006

82823890

NP 428A



Licence No: S8405940B

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you, the Policyholder named in the schedule to this Policy.

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-B

Policy Number	: 5068213940-04
The Policyholder	: TAN YAO GUANG BLK 290D #02-374 BUKIT BATOK EAST AVENUE 3 SINGAPORE 651290
Period of Insurance	: 27 Oct 2018 To 26 Oct 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$659.21
Interest Insured	
Cover Type	: drive CLASSIC
Primary Driver	: TAN YAO GUANG
Named Driver (1)	: N/A
Named Driver (2)	: N/A
Make/Model	: HYUNDAI/AVANTE
Registration Number	: SJT69515
Chassis Number	: KMHJU41BMAU896401
Repair at Owner's Preferred Workshop	: No
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Windscreen Excess	: S\$100
Additional Excess	: N/A
Unnamed Driver Excess	: Please refer to Terms and Conditions
Hire Purchase Company	: MAYBANK
Optional Cover	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 1600cc
Registration Year	: 2009
Off-peak Car	: Yes
Insure with COE	: Yes
NCD Entitlement	: 50%
NCD Protection	: Yes (Free)
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operate : M4

Agency : Lim Kok Jwee (00000583571)  
 Date of Issue : 01 Oct 2018 21:03 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

## 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	04/05/2019 11:48
Date Of Accident	04/05/2019 07:40
Exact Location Of Accident	BLK 112 BUKIT PURMEI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7832U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TAY LIONG PA
NRIC No	S0062882D
Date Of Birth	16/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1980
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97494394
Fax Number	
Contact Number	
EMail Address	OTUMTAY@HOTMAIL.COM



Address	BLK 725 TAMPINES STREET 71 #08-181
Postcode	520725
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190504/2029 \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6951S
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)



**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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 04 MAY 2019

SKETCH PLAN

A = SHAA 7832U

B = SJT 6951S  
(HYUNDAI)

BLK 108

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report (P)

T/20190504/2029

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:



**SINGAPORE  
POLICE FORCE**



T/20190504/2029

1 of 2

**POLICE REPORT (NP299)**

Report No. T/20190504/2029

Police Station Of Origin  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Date/Time Report Made 04/05/2019 09:24	Vide Report No.	Station Diary No.	
Name Of Informant TAY LIONG PA	Address APT BLK 725 TAMPINES STREET 71 #08-181 TAMPINES COURTVIEW SINGAPORE 520725		
ID Type / ID No. NRIC NO / S0062882D	Contact No. Home/Office	Mobile 97494394	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation Taxi driver	Sex Male	Age 66	Date of Birth 16/12/1952
Institution/School Name	Language English	Race Chinese	
Date/Time Of Incident 04/05/2019 07:40 - 04/05/2019 07:40	Location Of Incident SINGAPORE		

**Brief details.**

On 04/05/2019 at about 0740hrs, I was at Blk 112 Bukit Purmei open space carpark driving out from one of the parking lot, while I was driving out from the lot, I have check clear for oncoming vehicle and suddenly a vehicle(SJT 6951S) collided into my Taxi(SHA 7832U) right side portion. After which both driver came out of the vehicle and talk about who is at fault and we have exchanged particulars. I also have a witness with me to prove that he is driving at fast speed

Witness : THAM KENG FATT / S01384891 / HP : 96313134 - I was walking pass the carpark and saw a

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2019 09:24
Officer In-Charge Of Case: TP / Traffic Police / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



T/20190504/2029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20190504/2029

taxi trying to get out of the parking lot, suddenly a vehicle came from my right at a fast speed and collided into a taxi while coming out from the parking lot.

I am lodging this report for insurances purposes.

That's all.

Signature Of Officer Recording The Report:

TP / TONG HWEE SIONG

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp

Signature Of Informant:

Date/Time:  
04/05/2019 09:24

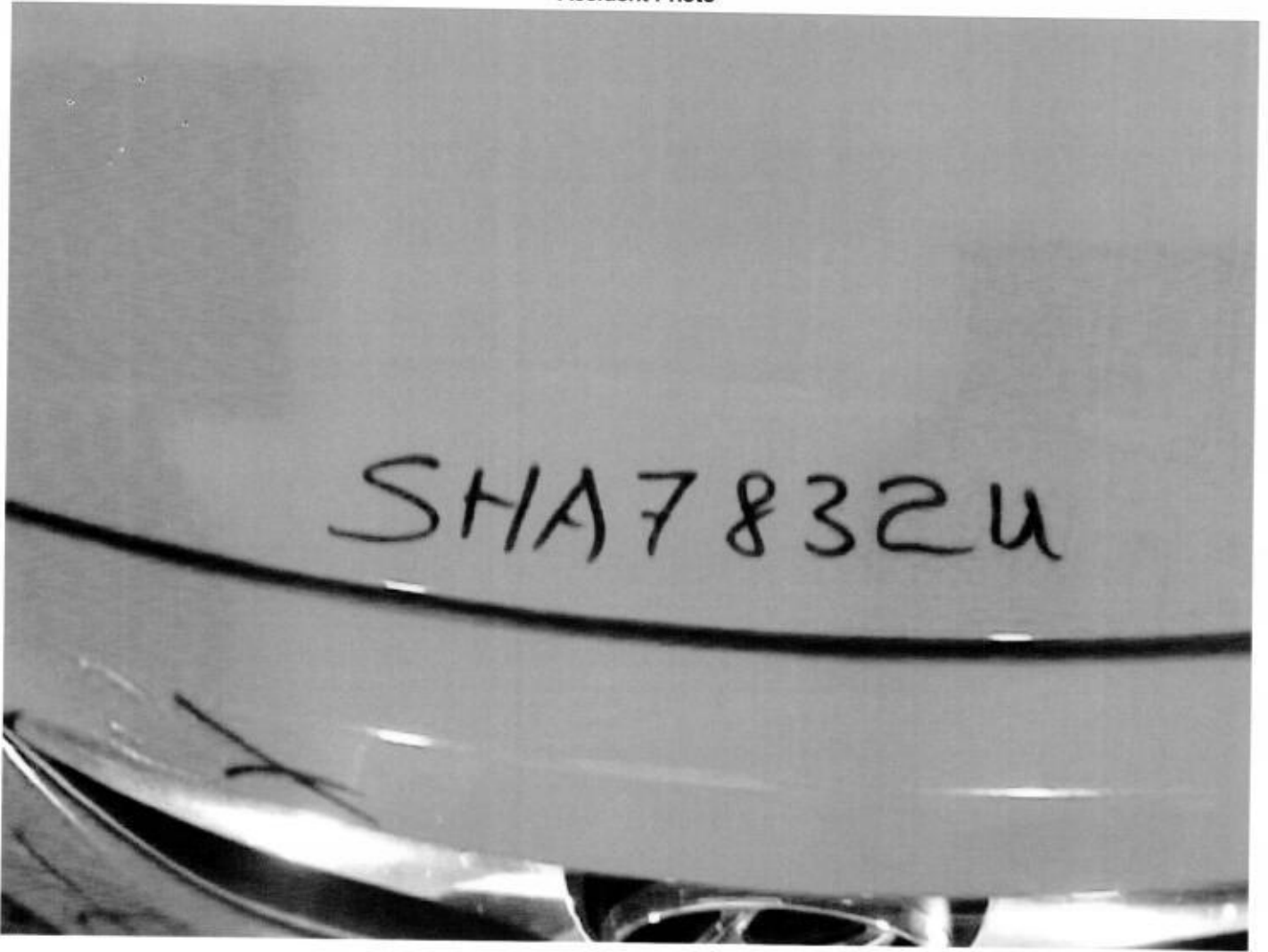
Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_

Accident Photo



Accident Photo

