

Surveyor

REF: 033/FCI/8018018/4/13-1

Special Instruction:

HS: \$ 40,300.00

ASSIGNMENT (Office)

From (Person): Motor claims of FCI Date/Time: 10/12/18

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: PAL's Appraiser

Workshop: Z-one Automotive

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SFQ 59614 Insured: SHC 0665 X

at Workshop m/s Z-one Automotive Tel: 62502115

of 1 kaki Bukit Ave 6 # 01-85

Policy No: Claim No: D18007261MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 30/09/2018

(Client's Record) appr 03/6/19 @ 1.30pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig 16 days (Red \$ / %; Original 16 days)

Date/Time: 6/6/19 Submit Final Fig 30,000 / 16 days (Red \$ 10300 / 25 %; Original 16 days)

Date/Time	Action/Instruction
	Pls have Police Investigation Result.
	Pending For RI Appointment.
	SFQ 59614 - CR/TMI/2018/145/RI/b/s 2
	SHC 0665 X - CR/TMI/2018/145/RI/b/s 2
	Sumif L/S
	niv 31
	RECEIVED 06 JUN 2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

30X15=450

450+170=620

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Date:

Basic & Add
Transport
Photos
Others
Total

620
50
45
715

1) Date/Time 6/6/2019 File Pass to Typist

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time

4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to

ASS. REC. BY:

REF

CS3/FCI18018018/Ucd3

Special Instruction:

Surveyor:

Marcus

ASSIGNMENT (Office)

CWS

From (Person):

Lurene jaw

of

FCI

Date/Time:

4/10/18 @ 11:59am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFQ 5961 H

Insured:

SHC 0665X

at Workshop m/s:

Z-one Automotive

Tel:

9755 2115

of

1 Kaki Bukit Ave 6 # 01-87

Policy No:

Claim No:

D18007261MFSH

Sum Insured:

Excess:

Make of Veil:

D.O.A

30/9/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

12:09pm @ 4/10/18

Person Contacted:

Margaret

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SFQ 5961 H - X
	SHC 665X - CS3/FCI15016666 / Fqbd1
	Don: 1/10/15

(08/11/13) wef

ASS. REC. BY: MORISREF: Ref**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: STQ58614at Workshop m/s 2-ONE

of _____

Insured: _____

Policy No. _____

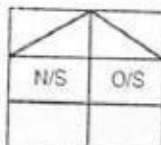
Claims No. _____

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: 31

IDAC Accident Report: _____ 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 30/4/2013

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STQ58614 Yr Regn: 6108Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CarMake: Tayota wish C.C. 1794Colour: blue A/C: Insured / Std / NI / NASp Reading: 241419 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W X03000217Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or okBrake: Inorder / Jammed / Leaked / Burnt or ok

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65-215

R: _____

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

TOYO / YOKO or FiremaxFront: _____ Rear: 6R/Bal: 6 mm R/Bal: 6 mmL/Bal: 6 mm L/Bal: 6 mmD.O.A. 30/9/18 D.O.I. 4/10/18

Survey held at _____ 12.15pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

0/5 hp &

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

Date / Time Action / Instruction

445.7m. L7A18692 Net 12/08
no settled.

RECEIVED 8 OCT 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos: _____

Others: _____

TOTAL

Report Format: PRE

Lump Sum / I.B.I: (\$ _____)

Nivitha (LKK Auto)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 10 December 2018 6:10 PM
To: sophia@satwantlaw.com.sg
Cc: Sithara; ASSIGNMENTS@LKKAUTO.COM; admin-d@lkkauto.com; CWS Motor Claims
Subject: Request for RE -INSPECTION-your ref no: PD/DL/1801723(MH)/ our Ref: D18007261MFSH;accident involving SHC0665X and SFQ5961H on 30-09-2018

Without Prejudice

Dear Sirs,

RE-INSPECTION: THIRD PARTY VEHICLE NO: SFQ5961H.

We refer to the above matter.

Please let us have Police investigation result & Kindly note that we wish to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Thanks & Regards,
Motor Claims Department
MS First Capital Insurance Ltd
cwsmotorclaims@msfirstcapital.com.sg

Nivitha (LKK Auto)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 10 December 2018 6:50 PM
To: ASSIGNMENTS@LKKAUTO.COM; admin-d@lkkauto.com
Cc: Sithara; CWS Motor Claims
Subject: Request for Re -Inspection-our Ref: D18007261MFSH;accident involving SHC0665X and SFQ5961H on 30-09-2018

Please find below link to download document
[Re survey.zip](#)

WITHOUT PREJUDICE
Dear Sir,

Kindly arrange Re inspection as per below email.

Please find the attached documents.

Thanks & Regards,
Motor Claims Department
MS First Capital Insurance Ltd
cwsmotorclaims@msfirstcapital.com.sg

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Monday, December 10, 2018 3:40 PM
To: sophia@satwantlaw.com.sg
Cc: Sithara; ASSIGNMENTS@LKKAUTO.COM; admin-d@lkkauto.com; CWS Motor Claims
Subject: Request for RE -INSPECTION-your ref no: PD/DL/1801723(MH)/ our Ref: D18007261MFSH;accident involving SHC0665X and SFQ5961H on 30-09-2018

Without Prejudice

Dear Sirs,

RE-INSPECTION: THIRD PARTY VEHICLE NO: SFQ5961H.

We refer to the above matter.

Please let us have Police investigation result & Kindly note that we wish to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Thanks & Regards,

Motor Claims Department

MS First Capital Insurance Ltd

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/10/2018 14:56
Date Of Accident	30/09/2018 15:20
Exact Location Of Accident	ALONG SUNGEI KADUT DRIVE TOWARDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ5961H
Insured/Policyholder	
Name Of Registered Owner	LIM BOON CHONG
NRIC No	S7114528Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91114480
Alternative Phone No	OFFICE-91114480

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT101224
Cover Note Number	

Driver

Name of Driver	LIM BOON CHONG
NRIC No	S7114528Z
Date Of Birth	03/05/1971
Occupation	INDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114480
Fax Number	
Contact Number	OFFICE-91114480
Email Address	NOEMAIL

Address	BLK 704 CHOA CHU KANG STREET 53 #07-66
Postcode	680704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : CHEW GUAT TENG GENDER: : FEMALE
Passenger 2	NAME: : LIM SHUMIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report T/20181003/2056.

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	SHC665X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

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

DETAILS OF INJURED PERSON 1

Name
LIM BOON CHONG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SFQ5961H
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
YES
Address
BLK 704 CHOA CHU KANG STREET 53
#07-66
Postcode
680704

DETAILS OF INJURED PERSON 2

Name
CHEW GUAT TENG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SFQ5961H
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name
LIM SHUMIN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SFQ5961H
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 lodging 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 if relevant.
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 investigation relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) following up and/or dealing with my enquiries 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, regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time


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

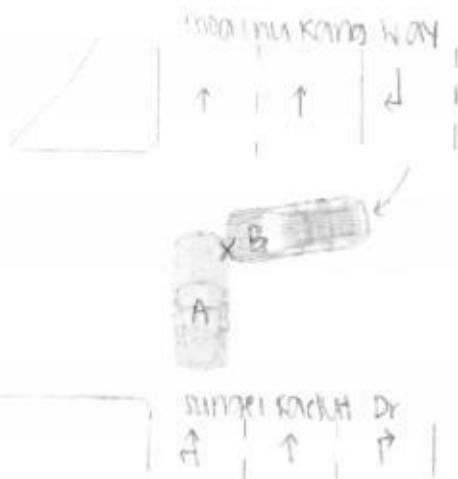

Reporting Centre Person's Signature
Name
NRIC/FIN No

I am fully aware that the insurers may have a 14-day period for me to decide on filing an Own Damage Claim.

Accident Sketch Plan

SKETCH PLAN

Date of Accident 30/09/2018



A. SFQ5961H
B. SHC665X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report T/20181003/2056

Vehicle A is currently at Traffic Police compound, therefore no photos.

- ☐ Own Damage Claims
☐ Third Party Claims
☒ OD/TP Claims of another workshop
☐ Reporting Only

DECLARATION

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

Policyholder's Signature _____
Date & Time _____

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

Reporting Centre Personnel Signature
Name: _____
NRIC/FIN No: _____



Certificate of Insurance

Tokio Marine Insurance Singapore Ltd.

A company Reg. No. 142333148B in S.S. Reg. No. 142333148B

20 MacArthur Street #04-01 Tokyo Marine Centre Singapore 069046

Tel: 65 6221 6111 / 65 6221 6355 / 65 6221 0895 / Fax: 65 6221 0896 / Email: tokio@tokiomarine.com.sg / www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MT101224 (Private Car)		
1. Index Mark and Registration Number of Vehicle	SFC5961H	Chassis No.: JTDGR1ZWK03000217
2. Name of Policyholder	LIM SOON CHONG	
3. Effective date of the Commencement of Insurance for the purposes of the Act	07/04/2018 (00:00:00)	
4. Date of Expiry of Insurance	06/04/2019	
5. Persons or Class of Persons entitled to drive*	(a) The Policyholder (b) Any other person who is driving on the Policyholder's order or with his permission	

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations in force in the Motor Vehicle or has been so permitted and is not required by order of a Court of law to be licensed or registered or to be licensed from driving the Motor Vehicle, and provided further that the Motor Vehicle is registered under the Road Traffic Act and its regulations.

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Conditions mentioned in Schedule 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Schedule 10 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

No Validity: worth that the Policy is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not to be used as a receipt. If the insurance is cancelled for whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or if the Certificate has been lost or destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION			Account No. 214700A
Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess	Own Damage Claims	SGD 800.00	(Original Excess: SGD 800.00)
	Additional Excess for Uninsured Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperienced Driver(s)	SGD 3,500.00	
	Windscreen Excess	SGD 100.00	
	Financial Interest:	AUTOMOBILE TRADERS PTE LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Police Report



**SINGAPORE
POLICE FORCE**



T/20181003/2056

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

1 of 3
Report No. T/20181003/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2018 11:44	Vide Report No.: J/20180930/0186	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM BOON CHONG			Address: 704 CHOA CHU KANG STREET 53 #07-66 SINGAPORE 680704		
ID Type / ID No.: NRIC NO / S7114528Z			Contact No : Home/Office: Mobile: 91114480		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 03/05/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2018 15:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SUNGEI KADUT DRIVE CHOA CHU KANG WAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFQ5961H	Car	TOYOTA	WISH 1.8 AUTO	Blue		3
SHC665X	TAXI					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFQ5961H	TOKIO MARINE INSURANCE SINGAPORE LTD	MT101224	07/04/2018	06/04/2019

Police Report



SINGAPORE
POLICE FORCE

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



T/20181003/2056

2 of 3

Report No. T/20181003/2056

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG SUNGEI KADUT DRIVE ON THE EXTREME LEFT LANE OF THE 3-LANE ROAD WITH 2 PASSENGERS AND WAS INTENDING TO GO STRAIGHT TOWARDS CHOA CHU KANG WAY. I WAS AT THE JUNCTION OF SUNGEI KADUT DRIVE AND SUNGEI KADUT AVE AND THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR. SO I PROCEEDED TO GO STRAIGHT. AS I WAS CROSSING THE JUNCTION, A TAXI(SHC665X) THAT WAS ON THE ONCOMING SIDE MADE A RIGHT TURN AND COLLIDED INTO THE FRONT RIGHT SIDE OF MY CAR. AMBULANCE CAME AND CONVEYED MY 2 PASSENGERS AND I TO NG TENG FONG GENERAL HOSPITAL. ONE OF MY PASSENGERS(MY WIFE) RECEIVED 3-DAYS MC AND I RECEIVED 6-DAYS MC.

Police Report



SINGAPORE
POLICE FORCE



T/20181003/2056

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

3 of 3

Report No. T/20181003/2056

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/10/2018 11:44

Officer In Charge Of Case:
TP / GIT /
SI NG CHWEE THENG
Contact No.: 65476397

Classification Of Case:

Authentication Stamp
NP168



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7114528Z**



Name
LIM BOON CHONG
林文忠




Place
CHINESE

Date of Birth
03-05-1971

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7114528Z**
Name:
LIM BOON CHONG



Birth Date: **03 May 1971**
Issue Date: **16 Jan 2003**



 000124448J

Identification Card

2226292



NRIC No. S7114528Z

Blood Group Date of issue
O+ 30-07-1994

APT BLK 704 CHOA CHU KANG STREET 53 #07-66
SINGAPORE 680704

NRIC No: S7114528Z Date: 23/08/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS, S

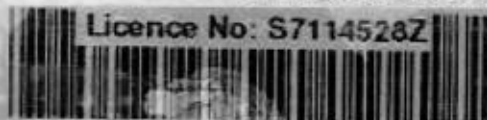
PASS DATE

Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	16 Jan 2003
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	22 Feb 2008

S7114528Z

S / No. 9000088557

IP 428A



Licence No: S7114528Z

Accident Photo



Accident Photo

