

# SOON SAN MOTOR TRADING

Blk.3006,UBI ROAD 1,#01-390,SINGAPORE 408700,TEL:68414445 & FAX:67473546

To: Motor Claims Dept

INDIA INTERNATIONAL INSURANCE PTE LTD

64, Cecil Street #04/05

IOB BUILDING

S,pore 049711

Accident date:13/10/2019

Date:20/11/2019

Dear sir/Madam:-

Accident involving vehicle no: SLR 9523L & SHD 4964B along Rd 1 Hougang Ave 10.

We understand that you are the insurer of SHD 4964B vehicle.

I/We wish to inform you that my/our vehicle SLR 9523L have been completed repairs to my/our

Satisfaction by M/S SOON SAN MOTOR TRADING we therefore propose to claim from your as follows:-

Cost of repair	\$1,150.00
Loss of use 1day \$200 x 2	400.00
LTA search	7.50

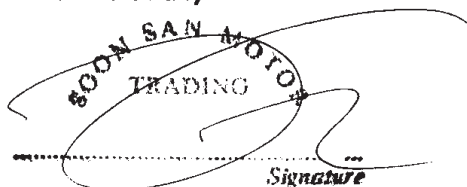
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Total: \$1,557.50

Please let us your reply soonest possible

Thank you.

Your faithfully

  
Signature

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INDIA INTERNATIONAL INSURANCE PTE LTD

64, Cecil Street #04/05

IOB BUILDING

S,pore 049711

Accident date:13/10/2019

Date:20/11/2019

Final bill cost to repair vel: SLR 9523L (BMW 325i) claims under vel: SHD 4964B.

To contract lump sum repair recommend by your surveyor and ourselves for Total:\$1,150.00 nett

(Sin/Dollars: One Thousand One Hundred Fifty Only)

SOON SAN MOTOR  
TRADING  
*Signature*

**AUTHORIZATION TO ACT**

I, Huan Siew Mei (the third party claimant) of  
BKK135, #03-500, Lorong Ah Soo, S' 530135 (address), owner of SLR9523L  
(vehicle no.) hereby authorize Soon San Motor Trading ("the workshop")  
to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for  
my vehicle no SLR9523L that was damaged pursuant to the accident which occurred on  
13/10/19 (date) along Hougang Ave 10 Car Park (location)  
involving vehicle no/s SHD 4964B ("the accident").

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

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

Dated this 13/10/19 (day) of \_\_\_\_\_ (month) 20\_\_ (year)

Huan  
Signed by "the third party claimant"  
(with chop if applicable)

SOON SAN MOTOR  
TRADING  
[Signature]  
Signed by "the workshop"  
(with chop)

"The contents of this document apply to vehicle  
damages only. All personal injuries and damages  
arising therefrom are excluded from the ambit  
and application of this document."

## SOON SAN MOTOR TRADING

Block 3006, Ubi Road 1, #01-390, Singapore 467800  
Tel : 68414555 Fax : 67473546 408700

### DISCHARGE VOUCHER

My / Our ..... BMW 325I - 2.5 (H) .....

Claim No. .... Vehicle No. SLR 9523L .....

I / We Huan Siew Mei .....

NRIC No. S2581158E of BIK 135, #03-500 .....

Lorong Ah Soo, S' 530135 .....

hereby declares that I have received my / our motor vehicle No. ....

SLR 9523L ..... from the above company in satisfactory condition

after repairs and have no further claims what-so-ever for the repairs

done which have been involved in an accident on 13/10/19 .....

The repairs were done to my satisfaction and what ever money due

Please pay to the repairers

Thank You.

Signature Huan .....

Date : 26/10/19 .....

" The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

## 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	19/10/2019 10:14
Date Of Accident	13/10/2019 18:30
Exact Location Of Accident	OPEN CARPARK OF BLK 401 HOUGANG AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9523L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUAN SIEW MEI
NRIC No	S2581158E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91777880
Alternative Phone No	OTHERS-96561230

### Vehicle Particulars

Manufacturer	BMW
Model	325i-2.5 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA263913
Cover Note Number	

### Driver

Name of Driver	HENG SEE BAH
NRIC No	S1164345J
Date Of Birth	10/09/1955
Occupation	INDOOR
Date Of Driving Pass	04/09/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96561230
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 135 LORONG AH SOO #03-500 SINGAPORE
Postcode	530135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-
<b>General Information of the Accident</b>	
Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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)	0
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHD4964B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

## 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 willful 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 a legitimate purpose of the report will be a for general use available to all applicable relevant 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 insurers, who have insured vehicle(s) involved in the accident (the "Insurers") 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 involve (might relating to the claim);
  - (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 claim (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal information about me to third parties, about delivery of the same as well as 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) Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firm, may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) of the above Purpose(s).
- (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 based 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 government orders.

Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN

	<b>Vehicle</b> A - 515 95230 B - 515 95230
	<b>Legend</b> 

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

## DECLARATION

We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) day window to file a claim against your policy must be made from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:

16:50GWW  
 19/10/19



# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 13/10/19		Time 1800		2 Exact location of accident OPEN C/P R/LK 401 Hougang Ave 10		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SLR9523L

6 Insured (policyholder (see insurance cert.))  
Name (capital letters) Hoon Siew Mei

Address 8/135 Tuong Ah

NRIC / Passport no. 52581138E

Tel no. (from 6pm till 5pm)  
Tel 918 777 880

7 Vehicle  
Make, type BMW 321L 23

8 Insurance company  
TAI (TPET ☐ TPO ☐)

Does the policy cover damage to vehicle A?  
No ☐ Yes ☒

Policy no. GA 563913

9 Driver ☐ Same as Insured  
Name (capital letters) Hery See Bah

NRIC / Passport no. 51164317

Class of licence 96561336

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (⇒)

11 Visible damage to vehicle A

14 My remarks

If the event of an accident or in the event of damage to property other than to vehicles A and B, give information over and over

### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chase Collision
<input type="checkbox"/>	Collision into bicycle
<input type="checkbox"/>	Collision into motorcyclist
<input type="checkbox"/>	Collision into parked vehicle
<input type="checkbox"/>	Collision into pedestrian
<input type="checkbox"/>	Collision into property
<input type="checkbox"/>	Collision - Change/turn lane
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to tail
<input type="checkbox"/>	Collision - Major/Minor hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - T-burn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Low Visibility / Nighttime
<input type="checkbox"/>	Other
<input type="checkbox"/>	Hit and Run - Stolen Vehicle / Damaged while Parked
<input type="checkbox"/>	Hit by Car or Truck / Other Obstacle
<input type="checkbox"/>	Hit by Pedestrian
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Other

State TOTAL number of boxes marked with a cross

### 13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road; 2. the direction of vehicles A and B with arrows; 3. their positions at the time of impact; 4. the road signs; 5. names of the streets or roads

REFER TO ATTACHED

15 Signatures of drivers

A

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

Registration No. (VEHICLE B) SHD49MB

6 Insured (policyholder (see insurance cert.))  
Name (capital letters)

Address

NRIC / Passport no.

Tel no. (from 6pm till 5pm)  
Tel

7 Vehicle  
Make, type

8 Insurance company  
☐ C ☐ TPET ☐ TPO

Does the policy cover damage to vehicle B?  
No ☐ Yes ☐

Policy no. (if available)

9 Driver (See driving licence)  
(if different from insured B above)  
Name (capital letters)

NRIC / Passport no.

Class of licence

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (⇒)

11 Visible damage to vehicle B

14 My remarks

For insured's Individual Statement (Part II) sap overleaf ⇒

# Individual Statement

Soonson motor @ yahoo com

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
<b>Insured</b>  Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	1. Occupation (If more than one, state all)		Email:												
	2. Vehicle registration no. C.C.		If commercial vehicle, state permissible carrying capacity												
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state Relationship of Driver with owner: <u>Sonson</u>		state the vehicle number and name of owner of driver's own vehicle (where applicable)												
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify														
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7. Date of birth	Occupation	Date of license pass												
	10/9/55	Indoor Outdoor	4/9/72												
	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>														
8. Give details of any pre-existing impairment of sight or hearing and of any other disability															
9. Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
<b>Injured persons</b>	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
<b>Damage to property &amp; vehicles (other than vehicles A and B)</b>	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
<b>Police action</b>	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station: <u>Huagang NPC</u>														
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____														
	14. Weather conditions: Clear <input checked="" type="checkbox"/> Rainy <input type="checkbox"/> Others <input type="checkbox"/> 15. Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> 16. Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr														
<b>Accident details</b>	17. What warnings were given by driver or other party?														
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19. What lights were displayed on your vehicle/the other vehicle(s)?														
	20. If your vehicle is commercial, state weight of load carried at time of accident														
	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)														
	22. State number of Passengers (including Driver) <u>0</u>														
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature _____ Date _____														
	Driver's signature (If driver is not the policyholder) <u>[Signature]</u> Date _____														



# SINGAPORE POLICE FORCE



T/20191014/2001

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20191014/2001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2019 00:29	Vide Report No.:	Station Diary No.: 4
--------------------------------------------	------------------	-------------------------

**Informant's Particulars**

Name of Informant: HENG SEE BAH			Address: APT BLK 135 LORONG AH SOO #03-500 SINGAPORE 530135	
ID Type / ID No.: NRIC NO / S1164345J			Contact No.: Home/Office: Mobile: 96561230	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 10/09/1955	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/10/2019 18:30	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 10				
Open carpark of Blk 401 Hougang Ave 10- the first carpark lot beside the entrance gantry				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: carpark gantry pole hit by taxi and the pole hit another car				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4964B	Car			Blue	No Damage	0
SLR9523L	Car			Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR9523L	AXA INSURANCE SINGAPORE PTE LTD	VA1/GA263913	08/10/2019	07/10/2020



**SINGAPORE  
POLICE FORCE**



T/20191014/2001

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20191014/2001

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHD4964B (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	HENG SEE BAH	ID No.	S1164345J
Related Vehicle	SLR9523L (Car)	Contact No.	96561230
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/10/2019 at about 1810hrs, I parked my car at the said carpark, everything was intact and normal. Upon return to my car at about 1900hrs, I discovered that there was a gantry pole underneath the front part of my car. I made a check and discovered that there was scratches and dents on the front bonnet of my car.

On the same day I managed to retrieve my in car cctv and it showed a footages of one Comfort Delgro taxi, SHD4964B hit the gantry pole and the pole had landed on my car at 1831hrs. On the same day at about 2126hrs, I called the police non-emergency hotline who advised me that I could lodge a police report at any police post. At about 2136hrs, I received a call from the Traffic Police who told me to return to the incident location. At 2200hrs, I met with the Traffic Police officer who then gave me a case card with incident number F/20191013/0023 and also informed that Investigating Officer from the Traffic Police will call me for further details of the incident.

This is the first time such incident happened to me and the said taxi driver did not leave any note or contact number.

*[Handwritten signatures]*



**SINGAPORE  
POLICE FORCE**



T/20191014/2001

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20191014/2001

**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 2 MOHAMED ALI S/O MUBARAK HUSSAIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Insp GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
14/10/2019 00:29

Classification Of Case:

**Enquire Vehicle & Owner Information ( Vehicle No. SHD4964B As At 13 Oct 2019 / 18:30:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TW

**Current Owner Details**

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

**Current Vehicle Details**

Vehicle No.: SHD4964B

Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD

Attn: Thomas