



# SINGAPORE POLICE FORCE



F/20191213/2061

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## POLICE REPORT (NP299)

Report No. F/20191213/2061

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 13/12/2019 12:13	Vide Report No.	Station Diary No. 72
Name Of Informant KHOO RONGWEN	Address 73 ANCHORVALE CRESCENT #09-07 SINGAPORE 544661	
ID Type / ID No. NRIC NO / S8120974Z	Contact No. Home/Office Mobile 96282254	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Project Manager	Sex Male	Age 38
Institution/School Name	Date of Birth 28/06/1981	Race Chinese
Date/Time Of Incident 06/12/2019 21:15	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE PIE exiting TPE	

### Brief details.

On 06/12/2019 at about 2135hrs , I was driving my vehicle bearing vehicle number(SML9740X) along PIE exiting TPE whereby another vehicle bearing vehicle number(SKE4217J, Mr Putra , 87511436) and me had collided into each. Its was a minor accident so no Ambulance or police was at scene. We exchanged particular and both of us had agree to settle privately with insurance company.

Subsequently , my insurance advisor informed me that they checked with the other party vehicle

Signature Of Officer Recording The Report:

F / Sgt 1 EUGENE NG YONG JUN

Signature Of Interpreter:  
Not applicable

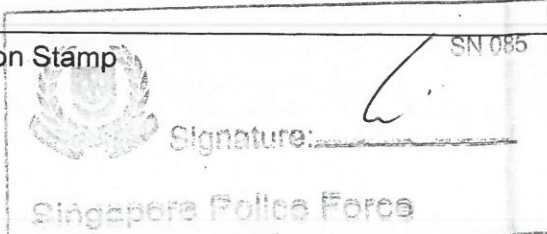
Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
Sgt 1 EUGENE NG YONG JUN  
Contact No.: 63438999

Signature Of Informant:

Date/Time:  
13/12/2019 12:13

Classification Of Case:

Authentication Stamp





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**CONTINUATION OF REPORT**

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insurance company(Liberty Insurance) who informed that they did not insured the vehicle number(SKE4217J).

There after I contacted 'Mr Putra' however there is not reply from him. Subsequently I informed thim that I will be reporting this matter to the police and he acknowledged by reply " ok , noted " . That is all .

Signature Of Officer Recording The Report:

F / Sgt 1 EUGENE NG YONG JUN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
Sgt 1 EUGENE NG YONG JUN  
Contact No.: 63438999

Signature Of Informant:

Date/Time:  
13/12/2019 12:13

Classification Of Case:

Authentication Stamp





AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : KHOO RONANEN  
VEHICLE NUMBER : SML9742X  
DATE/ TIME OF ACCIDENT : 06 DEC 2019 / 9.15pm  
PLACE OF ACCIDENT : ALONG PIE EXITING TO TPE  
THIRD PARTY VEHICLE (IF ANY) : SKE4217J

\*\*\*\*\*  
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

I started my journey at my parent's place at Bedok North and was travelling towards SELETAR MALL

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

HIT BY VEHICLE AT THE REAR. my vehicle suffered scratches at the rear bumper.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

As my passenger who is my wife suffered discomfort due to the collision, we went for check-up on the my wife's pregnancy at NHH A&E

*Ronnanen*

NAME: KHOO RONANEN

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE



## UNDERTAKING

I, KHOO RONKWEI, (NRIC No. S81209742), hereby confirm that the Singapore Accident Statement lodged by me on 13/12/2019 at 1425 hours pertaining to the accident involving motor car Reg. No: 5ML 9740X, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

:



Name of Insured / Driver

:

KHOO RONKWEI

Nric No.

:

S81209742

Date

:

13/12/2019

Signature

:

Name of Policyholder

:

Nric No.

:

Date

: