

## 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             | 03/02/2020 18:30                   |
| Date Of Accident           | 25/01/2020 02:30                   |
| Exact Location Of Accident | BEDOK NORTH AVE 4 BEDOK NORTH ROAD |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBJ1109M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | KEN NEO              |
| NRIC No                     | SXXXX307A            |
| Email Address               | KEN_NEO@OUTLOOK.COM  |
| Mobile Phone No             | (LOCAL) +65-96694424 |
| Alternative Phone No        | OFFICE-96694424      |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | PIAGGIO              |
| Model  | VESPA LX 150 I.E. 3V |
| Exact Purpose for which vehicle was being used at time of accident           | GOING HOME           |
| 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   | MOTORCYCLE           |

### Insurance Company

|                           |                               |
|---------------------------|-------------------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD         |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy              | NO                            |
| Policy Number             | VMZ/P1573259                  |
| Cover Note Number         |                               |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | KEN NEO              |
| NRIC No              | SXXXX307A            |
| Date Of Birth        | 05/04/1988           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 18/09/2013           |
| Driving Experience   | 6 YEARS AND 4 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96694424 |
| Fax Number           |                      |
| Contact Number       | OFFICE-96694424      |
| EEmail Address       | KEN_NEO@OUTLOOK.COM  |

|   |   |
|---|---|
| Address   | BLK 738 PASIR RIS DRIVE 10 #04-19 SINGAPORE |
| Postcode  | 510738                                      |
| 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?   | YES |
| Was any injured conveyed to hospital by ambulance?  | YES |
| Was any other material or property damaged?   | NO  |
| 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 [OTHER]               | T/20200128/2134 |
| Was notice of intended Prosecution given? | NO              |
| If Yes, against whom?                     |                 |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### 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         | SH8778U |
| 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  | KEN NEO                                     |
| Approximate Age                                     |   |
| Injuries Sustain                                    |   |
| Injured person in which vehicle?                    | FBJ1109M                                    |
| Were seat belts worn?                               | NO  |
| Was this injured conveyed to hospital by ambulance? | YES   |
| Address   | BLK 738 PASIR RIS DRIVE 10 #04-19 SINGAPORE |
| Postcode  | 510738                                      |

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



*[Signature]*

Policyholder's Signature

Date & Time: 03/04/2020  
1750hrs



*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 03/04/2020  
1750hrs



*[Signature]*

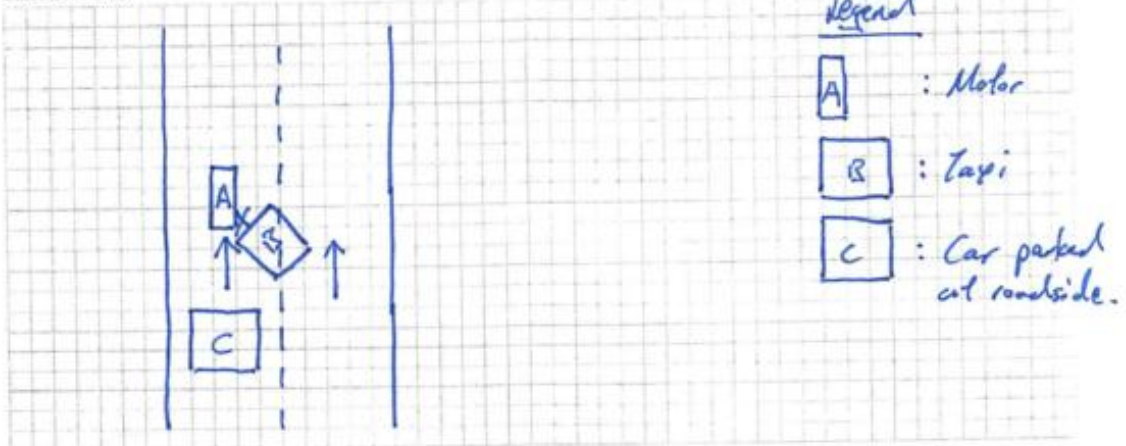
Reporting Centre Personnel's Signature

Name: LILIAN CHIA

NRIC/FIN No.: S8001094Z

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

### DECLARATION

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



Policyholder's Signature

Date & Time: 03/02/2020

1750hrs



Driver's Signature

(If driver is not the policyholder)

Date & Time: 03/02/2020

1750hrs



Signature of Reporting Centre Personnel

Reporting Centre Personnel's Signature

Name: LILIAN CHIA

NRIC/FIN No.: S8001094Z





# SINGAPORE ARMED FORCES IDENTITY CARD

Name

**KEN NEO**

NRIC No

**S8811307A**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTOSGPU1054519B1116

**00000050324307**

NRIC No / Colour

**S8811307A/ PINK**

Race

**CHINESE**

Date Of Birth

**05/04/1988**

Service Status

**REGULAR**

Address

**Bik 738 PASIR RIS DRIVE 10**

**#04-19 SINGAPORE 510738**

Blood Group

**A (+)**

Country Of Birth

**SINGAPORE**

Military Rank Status

**MILITARY EXPERT**

Sex

**M**



Identification Card

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S8811307A**  
Name: **KEN NEO**

Birth Date: **05 Apr 1988**  
Issue Date: **07 Jun 2019**



 002942251K

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

|    |          | <b>EFFECTIVE DATE</b>   |
|----|----------|---|
| CI | Class 2A | Motorcycles between 201 CC and 400 CC   |
| CI | Class 2B | Motorcycles $\leq$ 200 CC   |
|    | Class 3  | Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg |

**S8811307A** **S / No.9000329975**

**Licence No:S8811307A**

**NP 428A**





Changi  
General Hospital  
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD202017803

|   |   |   |
|---|---|---|
| Name<br>KEN NEO   |   | NRIC No.<br>S8811307A   |
| This is to certify that the above-named is unfit for duty for a period of <u>14</u> days from <u>25-Jan-2020</u> to <u>07-Feb-2020</u> inclusive. |   |   |
| Type of medical leave granted:  |   |   |
| <input checked="" type="checkbox"/> Hospitalization Leave   | <input type="checkbox"/> Outpatient Sick Leave              |   |
| Admitted on: _____  | <input type="checkbox"/> Maternity Leave,                   | Delivered on: _____   |
| Discharged on: _____  | <input type="checkbox"/> Sterilization Leave,               | Operated on: _____  |
| This certificate is not valid for absence from court attendance.  |   |   |
| Diagnosis<br>Closed fracture of clavicle  | Surgical Operation (if applicable)                          |   |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u>  |   |   |
| Comments:   |   |   |
| The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u><br>No medical leave is necessary.                               |   |   |
| Hospital/Clinic<br>Emergency Medicine<br>Changi General Hospital  | Ward No.<br>CGH Accident & Emergency<br>Date<br>25-Jan-2020 | Signature, Name (in BLOCK LETTERS) and Designation/MCR No.<br><br>ANG PECK HAR 130411 |





## Medical Certificate

**Date : 28 Jan 20**

**MC No. : 0000001125**

This is to certify that :

**Name : NEO, KEN**

**NRIC : S8811307A**

**is Given Hospitalization Leave for 21 days  
from 26 Jan 20 to 15 Feb 20 inclusive.**

**DR LEE EU JIN**

LM01 110787E

MBBS (London), MRCS (Edin),

M. Med (Orth), FRCS (Orth & Trauma)

Consultant Orthopaedic Surgeon

*Liberty Orthopaedic Clinic*

Lee Eu Jin

MBBS (London), MRCS (Edin),  
M. Med (Orth), FRCS (Orth & Trauma)  
Consultant Orthopaedic Surgeon

**Liberty Orthopaedic Clinic Pte Ltd**

Company Reg. No.: 201706882G

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

☎ (65) 6735 0081 (24hrs) ☎ (65) 6735 0082 ✉ libertyorthopaedic@gmail.com 🌐 www.libertyorthopaedic.com

# INSURANCE

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel 1800 8804888 Fax:  
Website www.axa.com.sg  
GST Registration Number: 199903512M  
customer.care@axa.com.sg



## CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VMZ/P1573259 Account No. : 03375  
Coverage : Third Party Fire & Theft Only  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : KEN NEO  
Vehicle Registration No. : FBJ1109M  
Period of Insurance : From 06/01/2020 To 05/01/2021 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder  
(b) 1. KEN NEO

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and reward
- b) Use for racing, pace-making, reliability trial or speed-testing
- c) Use for the carriage of goods (other than samples) in connection with any trade or business
- d) Use for any purpose in connection with the Motor Trade

(11)

Fire&Theft - Insured&Named Ri. : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates 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, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN02 on 26/12/2019

### IMPORTANT

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

WARRANTED ALL  
ACCIDENT REPAIRS  
MUST BE CARRIED  
OUT ONLY AT OUR  
AUTHORISED  
WORKSHOPS

ANDA INSURANCE AGENCIES PTE LTD  
(MOTOR DEPARTMENT)  
1 King George's Avenue  
#06-00 Raffles Building, Singapore 208567  
Tel: 6554 2288 Fax: 6453 4466  
Email: thomson@anda.com.sg

# Police Report



**SINGAPORE  
POLICE FORCE**



T-20200128/2134

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852995

1 of 4

Report No. T-20200128/2134

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |   |                          |                            |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>28/01/2020 18:40 |            | Vide Report No.:<br>G/20200125/0051 |   | Station Diary No.:<br>83 |                            |
| <b>Informant's Particulars</b>             |            |                                     |   |                          |                            |
| Name of Informant:<br>KEN NEO              |            |                                     | Address:<br>APT BLK 738 PASIR RIS DRIVE 10 #04-19 SINGAPORE<br>510738 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S6811307A   |            |                                     | Contact No.:<br>Home/Office:  |                          | Mobile: 98894424           |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:  |                          |                            |
| Sex:<br>Male                               | Age:<br>31 | Date of Birth:<br>05/04/1988        | Type of Informant:<br>Rider   |                          |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English  |                          | Institution / School Name: |
| Occupation:<br>NAVY OFFICER                |            |                                     | Driving Licence Information:<br>Class: 2B,2A,3                        |                          | Date of Expiry:            |

## General Information of the Accident

|  |                           |                                    |  |                                      |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>25/01/2020 02:30 | Type of Location:<br>Straight Road   |
| Location:<br>Along Road 1<br>BEDOK NORTH AVENUE 4<br>BEDOK NORTH ROAD<br>Bedok North Avenue 4 towards Bedok North Road |                           |                                    |  |                                      |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               |  | Road Speed Limit:<br>40 Km/h         |
| Traffic Flow:<br>Dual Carriage Way   |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic        |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction  |                           |                                    |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make    | Model                | Color | Condition        | No. of Passenger |
|-------------|------------|---------|----------------------|-------|------------------|------------------|
| FBJ1109M    | Motorcycle | PIAGGIO | VESPA LX 150 I.E. 3V | Red   | Slightly Damaged | 0                |
| SH8778U     | Car        | HYUNDAI |                      | Blue  | No Damage        | 0                |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company               | Insurance No. | Effective  | Expiry Date |
|-------------|---------------------------------|---------------|------------|-------------|
| FBJ1109M    | AXA INSURANCE SINGAPORE PTE LTD | P1573259      | 08/01/2020 | 05/01/2021  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200128/2134

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No. 1800-5852998

Report No. T/20200128/2134

## CONTINUATION OF REPORT

|                                   |                          |  |                                       |
|-----------------------------------|--------------------------|--|---------------------------------------|
| <b>Details of Person Involved</b> |                          |  |                                       |
| Any Pedestrian Involved: No       |                          |  |                                       |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA         |                                       |
| <b>Rider</b>                      |                          |  |                                       |
| Name                              | KEN NEO                  | ID No.                                 | S6811307A                             |
| Related Vehicle                   | FBJ1109M (Motorcycle)    | Contact No.                            | 96694424                              |
| Hospital/Clinic                   | MOUNT ELIZABETH HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | 25/01/2020               | Date Discharge                         | 26/01/2020                            |
| No. of Days granted Medical Leave | 21                       | Degree of Injury                       | Serious                               |
| <b>Driver</b>                     |                          |  |                                       |
| Name                              | ROSLAN BIN MOHAMAD       | ID No.                                 | S1468119Z                             |
| Related Vehicle                   | SH8778U (Car)            | Contact No.                            | 97329454                              |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                                   |

### Brief Details.

On the 25/01/2020 at around 0230hrs, I was riding my motorcycle, a red Piaggio Vespa, registration plate number FBJ1109M along the 2nd lane of Bedok North Avenue 4 towards Bedok North Road at around 30 to 40 km/hr. During this time, there was a taxi, a blue Hyundai, registration plate number SH8778U which was travelling in front of me. As we were passing by Blk 89, there was a parked car along lane 2 of the road. As such, the taxi in front of me overtook the vehicle by changing lane to the right and I followed suit after him. After both of us passed by the parked car, I then changed lane back to the 2nd lane and subsequently moved ahead of the taxi which was still on lane 1. However, as I was slightly just ahead of the taxi, the taxi driver changed lane to lane 2 and in the midst of changing lane, the front left of the taxi knocked against the right rear side of my motorcycle, causing me to fall off my motorcycle. I laid down on the road for quite sometime while some passersby assisted to switch off my motorcycle's engine and shifted it to the side of the road. The driver of the taxi eventually came over to make a check on me and I asked him to help me up so that I could move to the side of the road as well. Traffic police have already attended to the accident vide G/20200125/0051, in charge case TP JO Jaya and I was subsequently conveyed to Changi General Hospital by ambulance.

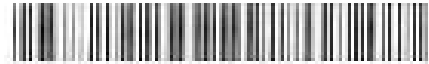
I wish to state that the road was well lit, dry and the weather was clear. Due to the accident, my motorcycle sustained deep scratches on it's right body as well as a broken right brake lever. I am unsure if the taxi sustained any damages and I did not see any visible injuries on the taxi driver. Due to the accident, I received treatment at Changi General Hospital (CGH) and was discharged on the 25/01/2020 itself with 14 days of medical leave. Although CGH had diagnosed me with a fractured right collar bone, they informed me that they were unable to perform any immediate surgery due to the unavailability of



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200128/2134

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519467  
Tel No: 1800-6852969

3 of 4

Report No. T/20200128/2134

### CONTINUATION OF REPORT

doctors and told me to return on the 3 February 2020 for my appointment with their orthopedic specialist. However, as I was in so much pain later that morning, I decided to proceed to Mount Elizabeth Hospital for treatment. I was subsequently warded there and they performed a surgery on me for my fractured collar bone. I then received medical leave for 21 days from the Mount Elizabeth. I wish to add that I also sustained bruises on my right elbow, right hip and left lower rib cage due to the accident.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200128/2134

4 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20200128/2134

### 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:  
G /  
SI KHAIRUDIN BIN SUPOMO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232



Authentication Stamp  
NP163

Signature Of Informant:

Date/Time:  
28/01/2020 16:40

Classification Of Case:

SIGNATURE

Accident Photo





Accident Photo





Accident Photo



Accident Photo





PHOTO



PHOTO





PHOTO



PHOTO



A red Vespa LX150 scooter is parked in the foreground of a motorcycle shop. The scooter has a tan seat and silver wheels. In the background, several other motorcycles are parked, including a blue one and a black one. The shop has a yellow and green striped pillar and a sign that says "MOTORBIKE".