



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 24/04/2020

Your Ref : CC6/FCI20003257/Aha3 (SHC8250G)

To : **MS FIRST CAPITAL INSURANCE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMM6791M & SHC8250G ON 11/02/2020  
AT BEFORE JUNCTION OF PASIR RIS DRIVE 8 AND DRIVE 3.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208118 @ S\$4,387.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,800.00 (9 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,

  
Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

# PROFORMA BILL

Bill To:

**MS FIRST CAPITAL INSURANCE LIMITED**

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

Bill No : 208118

Date : 24-April-2020

Vehicle Number : SMM 6791M

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,100.00
BEFORE GST		4,100.00
7% GST		287.00
TOTAL		\$ 4,387.00

**Tax Invoice will be issue upon amount finalised.**

*Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.*

Co's stamp & Authorised Signature

MG SOLUTION PTE LTD  
23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: ..... Lee Poh Choo .....  
CAR/ LORRY/CYCLE: REG NO: ..... JMM 8791M ..... POLICY NO: ..... - .....  
ACCIDENT CLAIM NO: ..... - .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. .... JMM 8791M ..... from the repairers,  
Messrs ..... MG SOLUTION PTE LTD .....  
And that all repairs necessary as a result of an accident in which the said vehicle was Involved on or  
about the ..... 11 ..... day of ..... 02 ..... 20..... 20 have been completed to my / our satisfaction, and that  
I / we have no further claim on the above company in Respect thereof.

Date: ..... Signature: ..... x 

Co's Stamp: ..... NRIC No: .....

24/02/2020 - PRI  
01/03/2020 - Sunday

Vehicle In - 24/02/2020  
Vehicle Out - 03/03/2020  
Low - 9 days x \$ 200  
= \$ 1,800



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 24 Feb 2020 / 15:38:03

Receipt Date/Time : 24 Feb 2020 / 15:38:03

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200224-002571

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC8250G

As at 11 Feb 2020/20:30:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHC8250G  
Enquiry Fee  
20200224153717764945

7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

20200224153724196	Direct Debit: eNETS Debit (Internet Banking)	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
-----------------	--	------

Excess Refundable Amount		0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



LETTER OF AUTHORITY

Name : Lee Poh Choo

Address : Blk 1 Jalan Membina  
#02-01 S(169479)

Contact No : \_\_\_\_\_

TO: Ms First Capital Insurance Limited

Dear Sirs,

ACCIDENT INVOLVING JMM 6791M AND SHC 8250G ON 11/02/2020  
AT/ ALONG Before Junction of Pasir Ris Drive 8 and Drive 3


I/We, Lee Poh Choo, am/are the registered owner of  
motor car no. JMM 6791M

Please note that I have assigned all compensations monies due to me/us in the above said accident  
to **M/S MG SOLUTION PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned  
accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION  
PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you

  
Signature of Claimant

  
Witness By

## 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	12/02/2020 16:12
Date Of Accident	11/02/2020 20:30
Exact Location Of Accident	JUST B/F TRAFFIC JUNCTION OF PASIR RIS DR 8/DR 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6791M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE POH CHOO
NRIC No	SXXXX341E
Email Address	RICHARD5NG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98357878
Alternative Phone No	OTHERS-97551182
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110896962
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG SIK FUNG
NRIC No	SXXXX588Z
Date Of Birth	25/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1982
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98357878
Fax Number	
Contact Number	OTHERS-97551182
Email Address	RICHARD5NG@YAHOO.COM.SG

Address 1 JALAN MEMBINA  
#02-01  
Postcode 169479

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 -  
Vehicle -  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
Weather Conditions DRIZZLING  
Road Surface WET

#### 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) 2  
Passenger 1  
NAME: : PASSENGER  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX  
BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200212/2032

#### 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 SHC8250G  
Vehicle Make/Model/Colour HYUNDAI I40  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver WONG MENG KOK, DAVID  
NRIC/Passport Number SXXXX969F  
Contact Number 97626856

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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 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

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

Reporting Centre Personnel's Signature  
Name  
NRIC/IN No.

### Accident Sketch Plan

SKETCH PLAN

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1. $\frac{1}{2}$	2. $\frac{1}{3}$	3. $\frac{1}{4}$	4. $\frac{1}{5}$	5. $\frac{1}{6}$	6. $\frac{1}{7}$	7. $\frac{1}{8}$	8. $\frac{1}{9}$	9. $\frac{1}{10}$	10. $\frac{1}{11}$	11. $\frac{1}{12}$	12. $\frac{1}{13}$	13. $\frac{1}{14}$	14. $\frac{1}{15}$	15. $\frac{1}{16}$	16. $\frac{1}{17}$	17. $\frac{1}{18}$	18. $\frac{1}{19}$	19. $\frac{1}{20}$	20. $\frac{1}{21}$	21. $\frac{1}{22}$	22. $\frac{1}{23}$	23. $\frac{1}{24}$	24. $\frac{1}{25}$	25. $\frac{1}{26}$	26. $\frac{1}{27}$	27. $\frac{1}{28}$	28. $\frac{1}{29}$	29. $\frac{1}{30}$	30. $\frac{1}{31}$	31. $\frac{1}{32}$	32. $\frac{1}{33}$	33. $\frac{1}{34}$	34. $\frac{1}{35}$	35. $\frac{1}{36}$	36. $\frac{1}{37}$	37. $\frac{1}{38}$	38. $\frac{1}{39}$	39. $\frac{1}{40}$	40. $\frac{1}{41}$	41. $\frac{1}{42}$	42. $\frac{1}{43}$	43. $\frac{1}{44}$	44. $\frac{1}{45}$	45. $\frac{1}{46}$	46. $\frac{1}{47}$	47. $\frac{1}{48}$	48. $\frac{1}{49}$	49. $\frac{1}{50}$	50. $\frac{1}{51}$	51. $\frac{1}{52}$	52. $\frac{1}{53}$	53. $\frac{1}{54}$	54. $\frac{1}{55}$	55. $\frac{1}{56}$	56. $\frac{1}{57}$	57. $\frac{1}{58}$	58. $\frac{1}{59}$	59. $\frac{1}{60}$	60. $\frac{1}{61}$	61. $\frac{1}{62}$	62. $\frac{1}{63}$	63. $\frac{1}{64}$	64. $\frac{1}{65}$	65. $\frac{1}{66}$	66. $\frac{1}{67}$	67. $\frac{1}{68}$	68. $\frac{1}{69}$	69. $\frac{1}{70}$	70. $\frac{1}{71}$	71. $\frac{1}{72}$	72. $\frac{1}{73}$	73. $\frac{1}{74}$	74. $\frac{1}{75}$	75. $\frac{1}{76}$	76. $\frac{1}{77}$	77. $\frac{1}{78}$	78. $\frac{1}{79}$	79. $\frac{1}{80}$	80. $\frac{1}{81}$	81. $\frac{1}{82}$	82. $\frac{1}{83}$	83. $\frac{1}{84}$	84. $\frac{1}{85}$	85. $\frac{1}{86}$	86. $\frac{1}{87}$	87. $\frac{1}{88}$	88. $\frac{1}{89}$	89. $\frac{1}{90}$	90. $\frac{1}{91}$	91. $\frac{1}{92}$	92. $\frac{1}{93}$	93. $\frac{1}{94}$	94. $\frac{1}{95}$	95. $\frac{1}{96}$	96. $\frac{1}{97}$	97. $\frac{1}{98}$	98. $\frac{1}{99}$	99. $\frac{1}{100}$	100. $\frac{1}{101}$	101. $\frac{1}{102}$	102. $\frac{1}{103}$	103. $\frac{1}{104}$	104. $\frac{1}{105}$	105. $\frac{1}{106}$	106. $\frac{1}{107}$	107. $\frac{1}{108}$	108. $\frac{1}{109}$	109. $\frac{1}{110}$	110. $\frac{1}{111}$	111. $\frac{1}{112}$	112. $\frac{1}{113}$	113. $\frac{1}{114}$	114. $\frac{1}{115}$	115. $\frac{1}{116}$	116. $\frac{1}{117}$	117. $\frac{1}{118}$	118. $\frac{1}{119}$	119. $\frac{1}{120}$	120. $\frac{1}{121}$	121. $\frac{1}{122}$	122. $\frac{1}{123}$	123. $\frac{1}{124}$	124. $\frac{1}{125}$	125. $\frac{1}{126}$	126. $\frac{1}{127}$	127. $\frac{1}{128}$	128. $\frac{1}{129}$	129. $\frac{1}{130}$	130. $\frac{1}{131}$	131. $\frac{1}{132}$	132. $\frac{1}{133}$	133. $\frac{1}{134}$	134. $\frac{1}{135}$	135. $\frac{1}{136}$	136. $\frac{1}{137}$	137. $\frac{1}{138}$	138. $\frac{1}{139}$	139. $\frac{1}{140}$	140. $\frac{1}{141}$	141. $\frac{1}{142}$	142. $\frac{1}{143}$	143. $\frac{1}{144}$	144. $\frac{1}{145}$	145. $\frac{1}{146}$	146. $\frac{1}{147}$	147. $\frac{1}{148}$	148. $\frac{1}{149}$	149. $\frac{1}{150}$	150. $\frac{1}{151}$	151. $\frac{1}{152}$	152. $\frac{1}{153}$	153. $\frac{1}{154}$	154. $\frac{1}{155}$	155. $\frac{1}{156}$	156. $\frac{1}{157}$	157. $\frac{1}{158}$	158. $\frac{1}{159}$	159. $\frac{1}{160}$	160. $\frac{1}{161}$	161. $\frac{1}{162}$	162. $\frac{1}{163}$	163. $\frac{1}{164}$	164. $\frac{1}{165}$	165. $\frac{1}{166}$	166. $\frac{1}{167}$	167. $\frac{1}{168}$	168. $\frac{1}{169}$	169. $\frac{1}{170}$	170. $\frac{1}{171}$	171. $\frac{1}{172}$	172. $\frac{1}{173}$	173. $\frac{1}{174}$	174. $\frac{1}{175}$	175. $\frac{1}{176}$	176. $\frac{1}{177}$	177. $\frac{1}{178}$	178. $\frac{1}{179}$	179. $\frac{1}{180}$	180. $\frac{1}{181}$	181. $\frac{1}{182}$	182. $\frac{1}{183}$	183. $\frac{1}{184}$	184. $\frac{1}{185}$	185. $\frac{1}{186}$	186. $\frac{1}{187}$	187. $\frac{1}{188}$	188. $\frac{1}{189}$	189. $\frac{1}{190}$	190. $\frac{1}{191}$	191. $\frac{1}{192}$	192. $\frac{1}{193}$	193. $\frac{1}{194}$	194. $\frac{1}{195}$	195. $\frac{1}{196}$	196. $\frac{$
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10. 11. 1944

Figure 1 is a line graph showing the percentage of total energy expenditure (TEE) for different activities over a 24-hour period. The Y-axis is 'Percentage of TEE' (0-100) and the X-axis is 'Time of Day' (0-24). The activities and their approximate percentages are:

Time of Day	Sleeping	Resting	Sitting	Standing	Walking	Running
0	40	10	10	10	10	10
4	50	10	10	10	10	10
8	40	10	10	10	10	10
12	30	10	10	10	10	20
16	20	10	10	10	10	30
20	10	10	10	10	10	40
24	40	10	10	10	10	10

File  
No. 1250  
6

1000

1000

Volume 5791

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KHMER TO RUSSIAN GROUP T120308212 / 7-21

## 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

1 Feb 2020

Reporting Centre Personnel's Signature  
Name: VAO

2. 反例:  $\sqrt{2}$  是无理数, 但  $\sqrt{2}^2 = 2$  是有理数.



## POLICE REPORT



SINGAPORE  
POLICE FORCE



1/20200212/2032

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No. 1800-2369999

1 of 3

Report No. T/20200212/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 11:00		Vide Report No.:		Station Diary No.: 60
<b>Informant's Particulars</b>				
Name of Informant: NG SIK FUNG		Address: 1 JALAN MEMBINA #02-01 SINGAPORE 169479		
ID Type / ID No.: NRIC NO / S2564588Z		Contact No.: Home/Office Mobile 97551152		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 25/06/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/02/2020 20:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8250G	Car	TOYOTA		Blue	No Damage	0
SMM6791M	Car				Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200212/2032

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No 1800-2389999

2 of 3

Report No T/20200212/2032

## CONTINUATION OF REPORT

Driver			
Name	NG SIK FUNG	ID No.	S2564568Z
Related Vehicle	NIL	Contact No	97551182
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11 February 2020 at about 2030hrs, I was driving along Pasir Ris Drive 8 and I would like to state that I was driving a Toyota Vics, SMM6791M. I then approached a T-junction and was turning right to Pasir Ris Drive 1. I would like to state that there was 2 lanes turning right on Pasir Ris Drive 8 and that I was driving on the second lane turning right.

I wish to state that there was a blue taxi, SHC8250G driving on the third lane, the taxi then wanted to join the second lane to turn right. He then swerved to the right and hit my vehicle on my left passenger's door causing a dent and a long scratch on my car. I would like to state that the dent was on my front left fender and the scratch was from the left fender to the boot area. I wish to state that we then stopped by the side and exchanged particulars. Hence I am lodging this report for insurance purposes.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200212/2032

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

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Report No: T/20200212/2032

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 65474865 stating the report number as reference

Signature Of Officer Recording The Report A / Sgt 2 MOHAMAD IKRAM BIN MUSA	Signature Of Informant 
Signature Of Interpreter. Not applicable	Date/Time. 12/02/2020 11:00
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP16a	Signature  Singapore Police Force