

ASS. REC. BY:

Steve

REF:

CS/CT120906920/EV43

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: FBK 2948XYr Regn: 20/6/15

Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YamahaYOR 125C.C. 124Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 10667

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: LBP RE1010005422

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 60/70-17R: 60/70-17

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

TOYO / YOKO or

Front

Rear

R/Bal. 5

mm

R/Bal. 5

mm

L/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. 30/6/20D.O.I. 3/7/20Survey held at Ran Hock HinDes. of Damages Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

MV-5000

PV-3229

NV-1771

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2) 23/7/20-Typist

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Report Format: Merimen

Lump Sum / LEH: \$ LS \$2000



**BAN HOCK HIN**  
Co., Pte Ltd

Co. Reg. No: 197000288K  
MOTORCYCLE ACCESSORIES | SERVICE CENTRE  
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL  
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

## QUOTATION

Customer :

NO. : 36298

CHINA TAIPING INSURANCE (S) PTE LTD  
105 CECIL STREET  
#18-00 / 19-00  
THE OCTAGON  
S'PORE 069534

DATE : 01/07/2020  
CLAIM NO. : 11572  
POLICY NO. : MC/00792419  
FROM : HASRIANAH

VEHICLE NO. : FBK2948X  
MAKE/MODEL : YAM / YBR125

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	BAR HANDLE / BT P/N: 42062	REPLACE	1.00	\$69.00	69.00
2	BEARING 6202-2NS (NACHI) Fork(Rim) N/C / P/N: 36695	REPLACE	2.00	\$14.00	28.00
3	BRACKET UNDER FORK / BT P/N: 27458	REPLACE	1.00	\$180.00	180.00
4	CAMERA (V_SYS) M6 (NON-WIFI VERSION) (NEW) X P/N: 57897	REPLACE	1.00	\$308.00	308.00
5	COVER TANK SIDE RH (RED) / CRU P/N: 52956	REPLACE	1.00	\$119.00	119.00
6	COWLING FRONT (BLACK) / BR P/N: 50000	REPLACE	1.00	\$283.00	283.00
7	CRASH BAR / BT P/N: 35878	REPLACE	1.00	\$203.00	203.00
8	CROWN HANDLE X NN P/N: 28100	REPLACE	1.00	\$75.00	75.00
9	FOOTREST FRONT / M (RH) P/N: 50005	REPLACE	1.00	\$54.00	54.00
10	FORK FRONT ASSY LH / BT P/N: 56248	REPLACE	1.00	\$625.00	625.00
11	FORK FRONT ASSY RH / BT P/N: 53204	REPLACE	1.00	\$625.00	625.00
12	HEADLIGHT ASSY / BR P/N: 50950	REPLACE	1.00	\$490.00	490.00
13	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	8.00	\$63.00	504.00

\*36298 \*

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S/N	Description	Action	Qty	Unit Price	Amount
14	LAMP SIGNAL FRONT LH / <i>CR</i> P/N: 43344	REPLACE	1.00	\$54.00	54.00
15	LEVER BRAKE / <i>CH</i> P/N: 50001	REPLACE	1.00	\$23.00	23.00
16	LEVER CLUTCH / <i>BT</i> P/N: 49946	REPLACE	1.00	\$19.00	19.00
17	METER ASSY / <i>CH</i> P/N: 50954	REPLACE	1.00	\$328.00	328.00
18	MID OIL SEAL (20X35X6) X NN P/N: 20911	REPLACE	1.00	\$5.00	5.00
19	MIRROR LH / <i>CH</i> P/N: 58099	REPLACE	1.00	\$35.00	35.00
20	MIRROR RH / <i>CH</i> P/N: 58187	REPLACE	1.00	\$35.00	35.00
21	MUDGUARD FRONT (RED) / <i>CR</i> P/N: 45374	REPLACE	1.00	\$97.00	97.00
22	PLATE FRONT COWLING ( <i>SHK</i> ) / <i>MC</i> P/N: 46220	REPLACE	1.00	\$26.00	26.00
23	PROTECTOR EXHAUST / <i>CH</i> P/N: 50024	REPLACE	1.00	\$119.00	119.00
24	PROTECTOR EXHAUST CAP / <i>CH</i> P/N: 50006	REPLACE	1.00	\$56.00	56.00
25	RIM SPORT FRONT X NN P/N: 45153	REPLACE	1.00	\$275.00	275.00
26	RUBBER FOOTREST FRONT / <i>CH (RH)</i> P/N: 26136	REPLACE	2.00	\$14.00	28.00
27	SPACER WHEEL FRONT X NN P/N: 14166	REPLACE	1.00	\$30.00	30.00
28	STAY HEADLAMP / <i>BT</i> P/N: 45750	REPLACE	1.00	\$68.00	68.00
29	STEERING CONE SET / <i>MC</i> P/N: 41793	REPLACE	1.00	\$66.00	66.00
30	STICKER (MCDONALDS) SIDECOVER/WINDSHEILD / <i>MC</i> P/N: 56222	REPLACE	1.00	\$16.00	16.00
31	STICKER NUMBER PLATE FRONT (BLACK) / <i>MC</i> STRAIGHT P/N: 32921	REPLACE	1.00	\$19.00	19.00
32	STOPPER 3 ( <i>Handkp black</i> ) / <i>BT</i> P/N: 44997	REPLACE	1.00	\$16.00	16.00
33	TRANSPORT CHARGES / <i>MC</i> P/N: 07169		1.00	\$56.00	56.00
34	VALVE RIM X NN P/N: 27762	REPLACE	1.00	\$13.00	13.00

SUB TOTAL  
GST @ 7 %

\$4,947.00  
\$346.29

\*36298 \*

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S/N	Description	Action	Qty	Unit Price	Amount
GRAND TOTAL (SGD)					\$5,293.29

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of  
BAN HOCK HIN CO PTE LTD

Acknowledge &amp; Accepted By



HASRIANAH

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

Steve (LKK)  
8322 8813

Stevechin@lkkauto.com

mtl P.L  
3/7/20, 12.30 pm  
L/S  
By AL Shy  
3 days

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

\*36298 \*

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## Vehicle Details



Vehicle Type:	Vehicle Attachment 1:
P00 - Passenger Motorcycle, Autocycle / Moped	No Attachment
Vehicle Scheme:	Chassis No.:
Normal	LBPREF101000054242
Propellant:	Engine No.:
Petrol	E3F5E039199
Motor No.:	Engine Capacity:
-	124 cc
Power Rating:	Maximum Power Output:
-	-
Maximum Laden Weight:	Unladen Weight:
320 kg	114 kg
Year Of Manufacture:	Original Registration Date:
2015	20 Jun 2015
Lifespan Expiry Date:	COE Category:
-	D - Motorcycle
Quota Premium:	COE Expiry Date:
\$6,509.00	19 Jun 2025
Road Tax Expiry Date:	PARF Eligibility Expiry Date:
19 Dec 2020	-
Inspection Due Date:	Intended Transfer Date:
19 Jun 2021	06 Jul 2020
CO2 Emission:	CEV/VES Rebate Utilised Amount:
-	-
CO Emission:	HC Emission:

## 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	01/07/2020 11:13
Date Of Accident	30/06/2020 18:30
Exact Location Of Accident	152 BISHAN STREET 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2948X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXX288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98956765

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00792419
Cover Note Number	NA

### Driver

Name of Driver	GE HENG BAO
NRIC No	GXXXX470R
Date Of Birth	04/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98956765
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address NA  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION  
 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? 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] TOA PAYOH N.P.C  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

ON 30062020 AT ABOUT 1830 HOURS, I WAS TRAVELLING ON MY VEHICLE(FBK2948X) ALONG BISHAN STREET 11, RIGHT BEFORE THE JUNCTION OF BISHAN STREET 13, I WAS ON THE LEFT OF TWO LANES TRAVELLING STRAIGHT. AS I WAS TRAVELLING FORWARD, ANOTHER VEHICLE(SLV9621R) TRAVELLING FROM THE OPPOSITE DIRECTION, SUDDENLY MADE A RIGHT TURN WANTING TO ENTER THE CAR PARK ON MY LEFT. I DID NOT MANAGE TO COME TO A STOP FAST ENOUGH AND COLLIDED INTO THE PASSENGER SIDE OF THE SAID VEHICLE AND FELL DOWN. AFTER THE ACCIDENT, I FELT PAIN IN MY UPPER CHEST AREA AS WELL AS MY RIGHT KNEE AND WAS NOT ABLE TO WALK. SHORTLY AFTER THE POLICE ARRIVED. WE WENT INTO THE CAR PARK TO EXCHANGE PARTICULARS AND TAKE SOME PHOTOS. AFTER WHICH MY VEHICLE HAD BE TOWED AWAY AS THE FRONT BUMPER HAD DROPPED OFF, AND THE FRONT WHEEL IS DENTED. AFTER EXCHANGE PARTICULARS, I PROCEEDED TO TAN TOCK SENG HOSPITAL TO SEE A DOCTOR. I WISH TO STATE THAT I HAVE A CAMERA FACING THE FRONT OF MY VEHICLE. HOWEVER I AM UNSURE IF IT IS WORKING

#### 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 SLV9621R  
 Vehicle Make/Model/Colour HONDA / SHUTTLE HYBRID 1.5 AUTO  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TAN JUN YAO  
 NRIC/Passport Number SXXXX677D  
 Contact Number 93664857



Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name GE HENG BAO  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBK2948X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name TAN JUN YAO  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLV9621R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



**SKETCH PLAN**

**IMPORTANT NOTICE**

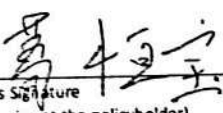
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT**

\_\_\_\_\_  
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.:

1/7/2020

Sketch Plan #2

SKETCH PLAN

A: FAK2948X

B: 9LV9621R

152  
BISHAN ST 11

BISHAN ST 11

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT

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



# SINGAPORE POLICE FORCE



T/20200630/2100

1 of 3

Report No. T/20200630/2100

Police Station Of Origin:

Toa Payoh N P C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319104

Tel No. 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 30/06/2020 23:35		Video Report No.		Station Diary No. 777	
<b>Informant's Particulars</b>					
Name of Informant GE HENGBAO			Address 109 LORONG 1 TOA PAYOH TOA PAYOH NORTH SINGAPORE 310109		
ID Type / ID No FIN NO / G2884470R			Contact No Home/Office Mobile: 98956765		
Nationality CHINESE			Email		
Sex Male	Age 33	Date of Birth 04/05/1987	Type of Informant Rider		
Race Chinese			Language		Institution / School Name
Occupation Motorcycle delivery man			Driving Licence Information: Class 2B,3C Date of Expiry		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 BISHAN STREET 11				
Before the junction of Bishan Street 13				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2848X	Motorcycle				Seriously Damaged	0
SLV965 R	Car					0

**Data of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200630/2100

Police Station Of Origin:

Toa Payoh N P C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No: T/20200630/2100

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	GE HENGBAO	ID No	G2884470R
Related Vehicle	FBK2948X (Motorcycle)	Contact No	98956765
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Exp: NIL
Date Treatment	30/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Tan Jun Yao	ID No.	S9008677D
Related Vehicle	NIL	Contact No.	93664857
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

Brief Details.

On 30/06/2020 at about 1830hrs, I was travelling on my vehicle (FBK2948X) along Bishan Street 11, right before the junction of Bishan Street 13. I was on the left of the two lanes travelling straight. As I was travelling forward, another vehicle (SLV9621R) travelling from the opposite direction, suddenly made a right turn wanting to enter the car park on my left. I did not manage to come to a stop fast enough and collided into the passenger side of the said vehicle and fell down.

After the accident, I felt pain in my upper chest area as well as my right knee and was not able to walk. Shortly after, the police arrived. We went into the carpark to exchange particulars and take some photos. After which my vehicle had to be towed away as the front bumper had dropped off, and the front wheel is dented.

After exchanging particulars, I proceeded to Tan Tock Seng Hospital to see a doctor.

I wish to state that I have a camera facing the front of my vehicle. However I am unsure if it is working.





**SINGAPORE  
POLICE FORCE**



T20200630/2100

3 of 3

Report No. T20200630/2100

Police Station Of Origin:  
Toa Payoh N P C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No. 1800-2519999

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:

E/

Sgt 2 GARY LEW QI HAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/06/2020 23:35

Officer In Charge Of Case:

TP / G / SINGAPORE  
Staff Sgt SURESH BILALAKRISHNAN  
Contact No: 65476390

SN 168

Classification Of Case.

Authentication Stamp

NP168

  
SIGNATURE