

ASS. REC. BY:

CS / Tml 20007646 / Dqf3

ASSIGNMENT

COE Dec 2024

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD 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: 8 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 7552 K Yr Regn: 2016 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685Colour Blue A/C: Insured / Std / NI / NASp. Reading N.A T/Radio: Insured / Std / NI / NAEng/No: D4FDGU695228C/No: KMHLB41UMHU097346Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205 / 60 R16R: — 11 —

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

TOYO / YOKO or Henkook

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 22/07/2020D.O.A. 24/07/2020Survey held at Sifrust Sin Ming

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

N/S Front y O/S Rear

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

Date / Time Action / Instruction

20/7/20 @ 3-39p Revised to Ong Chin Kiat via Meridian.

To lio Marine SGP 222L

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 27-Jul-20

INSURANCE: Tokio Marine

MODEL: HYUNDAI I40

VEHICLE NO.: SH7552K

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>1st</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>NH</i>	1	\$35.70	\$35.70
BONNET RUBBER (RH) <i>NH</i>	1	\$35.70	\$35.70
BONNET HINGE (LH/RH) <i>NH</i>	2	\$126.70	\$253.40
BONNET LOCK <i>NH</i>	1	\$142.40	\$142.40
BONNET ABSORBER (LH ONLY) <i>NH</i>	1	\$61.60	\$61.60
BONNET INSULATOR <i>NH</i>	1	\$202.50	\$202.50
BONNET SEAL <i>NH</i>	1	\$31.90	\$31.90
BONNET INSULATOR CLIPS <i>NH</i>	1	\$15.00	\$15.00
BONNET CABLE <i>NH</i>	1	\$69.60	\$69.60
RADIATOR GRILLE H EMBLEM <i>cut new</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>cut</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>broken</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>NH</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>1st 1st</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH/RH) <i>NH 1st cut 0/8 NH</i>	2	\$149.20	\$298.40
FRONT BUMPER LIP <i>NH</i>	1	\$152.00	\$152.00
FRONT BUMPER BRACKET TOP (LH/RH) <i>NH</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH/RH) <i>SV</i>	2	\$49.20	\$98.40
FRONT BUMPER RETAINER MOUNTING <i>NH</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH/RH) <i>NH</i>	2	\$126.20	\$252.40
HEADLAMP SUPPORT PANEL ASSY <i>broken</i>	2	\$907.40	\$1,814.80
HEADLAMP (LH/RH) <i>broken</i>	2	\$2,776.00	\$5,552.00
HEADLAMP SUPPORT TOP COVER <i>NH</i>	2	\$222.60	\$445.20
RADIATOR <i>NH</i>	1	\$1,637.20	\$1,637.20
RADIATOR GUARD (LH/RH) <i>NH</i>	2	\$76.50	\$153.00
COOLANT <i>NH</i>	1	\$ 45.00	\$ 45.00
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>NH</i>	1	\$1,194.20	\$1,194.20
AIR FILTER <i>NH</i>	1	\$45.70	\$45.70
AIR CLEANER COVER <i>1st monthly broken</i>	1	\$228.60	\$228.60
FRONT FENDER (LH/RH) <i>Dented</i>	2	\$566.30	\$1,132.60
FRONT FENDER APRON PANEL (RH) <i>Dented</i>	1	\$637.00	\$637.00
FRONT FENDER SHIELD (LH/RH) <i>deformed</i>	2	\$174.90	\$349.80
AIRCON CONDENSER <i>NH</i>	1	\$947.80	\$947.80
FRONT DOOR MIRROR SIDE GARNISH <i>NH</i>	1	\$225.00	\$225.00
FRONT DOOR (RH) <i>new</i>	1	\$2,256.40	\$2,256.40
FRONT DOOR RUBBER <i>NH</i>	1	\$196.00	\$196.00
FRONT DOOR HINGE UPPER (RH) <i>NH</i>	1	\$113.60	\$113.60
FRONT DOOR HINGE LOWER (RH) <i>NH</i>	1	\$125.70	\$125.70
FRONT DOOR CHECK (RH) <i>NH</i>	1	\$91.80	\$91.80
FRONT WHEEL RIM (LH/RH) <i>1st</i>	2	\$650.60	\$1,301.20
KNUCKLE ARM (LH/RH) <i>distorted</i>	2	\$595.90	\$1,191.80
FRONT WHEEL BEARING HUB ASSY (LH/RH) <i>Dem</i>	2	\$673.20	\$1,346.40

FRONT SUSPENSION LOWER ARM (LH/RH) <i>ist [distribut]</i>		2	\$1,104.00	\$2,208.00	✓
FRONT SHOCK ABSORBER ASSY (LH/RH) <i>ist</i>		2	\$684.40	\$1,368.80	✓
FRONT SHOCK ABSORBER MOUNTING (LH/RH) <i>NH</i>		2	\$217.60	\$435.20	X
STG TIE ROD (LH/RH) <i>distribut</i>		2	\$186.40	\$372.80	✓
STG TIE END (LH/RH) <i>distribut</i>		2	\$125.20	\$250.40	✓
STABILIZER BAR ASSY <i>NH</i>		1	\$463.70	\$463.70	X
STABILIZER BAR LINK (LH/RH) <i>NH</i>		2	\$68.10	\$136.20	X
ABS SENSOR <i>NH</i>		1	\$217.90	\$217.90	X
FRONT DRIVE SHAFT (LH/RH) <i>o/s distribut w/s NH</i>		2	\$2,061.60	\$4,123.20	✓
RACK & PINION ASSY <i>Dom</i>		1	\$1,820.00	\$1,820.00	✓
FRONT CHASSIS MEMBER (LH/RH) <i>NH</i>		2	\$1,060.70	\$2,121.40	X
BRAKE CALIPER (LH/RH) <i>NH</i>		2	\$564.30	\$1,128.60	X
INTER COOLER <i>NH</i>		1	\$1,032.50	\$1,032.50	X
SUB TOTAL				\$44,419.50	
LESS 20%				\$8,883.90	
DISCOUNTED TOTAL				\$35,535.60	
FRONT NUMBER PLATE <i>NH</i>	SN	1	\$25.00	\$25.00	X
FRONT NO. PLATE TRIM COVER <i>NH</i>	SN	1	\$30.00	\$30.00	X
FRONT DOOR COLOURED COMFORT LOGO <i>NH</i>	SN	1	\$75.00	\$75.00	X
FRONT DOOR ADVERTISEMENT LOGO <i>NH</i>	SN	1	\$100.00	\$100.00	X
FRONT TYRE (LH/RH) <i>SVL</i>	SN	2	\$216.00	\$432.00	X
SUB TOTAL				\$662.00	
Labour Charge					
Panel Beating		1	\$1,400.00	\$1,400.00	1000/-
Spray Painting Charge		1	\$1,200.00	\$1,200.00	900/-
Wiring Charge	LKK Auto Consultants hence notify the Repairer of the following:	1	\$160.00	\$160.00	30/-
Tuff Kote	• To resurvey before/after spray painting	1	\$140.00	\$140.00	40/-
Towing Charge	• To display damaged part(s) during resurvey	1	\$80.00	\$80.00	74
Transfer of Door Mechanism FRONT	• Parts prices are subject to confirmation	1	\$80.00	\$80.00	74
Re-set Frt Power Window System	• Third party survey is on a "Without Prejudice" basis	1	\$200.00	\$200.00	74
Re-set Rear Power Window System	• No illegal modification(s) is allowed	1	\$200.00	\$200.00	74
Four Wheel Alignment	• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company	1	\$120.00	\$120.00	60/-
Remove/Refix Undercarriage (Frt)	Acknowledged by Repairer	1	\$400.00	\$400.00	300/-
Remove/Refix Radiator	Signature:	1	\$90.00	\$90.00	74
Remove/Refix Aircon & Refill Gas	Date:	1	\$130.00	\$130.00	74
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	150/-
TOTAL LABOUR				\$4,750.00	
ESTIMATE TOTAL				\$ 40,947.60	
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

24/07/2020 @ 1715hrs

Not Antimal

2/3mm 8 days

Provide Book Value

before finalization.

Check Part prices.

Tyran

LKK Auto

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 30-Jul-20

INSURANCE: TO/CO

MODEL: HYUNDAI I40

VEHICLE NO.: SH7552K (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
FRONT TYRE WHEEL CAP LH/RH <i>2t</i>	2	\$214.20	\$428.40
ENGINE CROSS MEMBER <i>distorted</i>	1	\$2,094.40	\$2,094.40
SUB TOTAL			\$2,522.80
LESS 20%			\$504.56
DISCOUNTED TOTAL			\$2,018.24

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

30/07/2020

[Signature]

2KK Auto

[Signature]

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	23/07/2020 13:06
Date Of Accident	22/07/2020 15:50
Exact Location Of Accident	BKE TWDS WOODLANDS NEAR EXIT TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7552K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	NG SIONG SOON
NRIC No	SXXXX257J
Date Of Birth	21/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1976
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92763609
Fax Number	
Contact Number	
EEmail Address	NGSIONGSOON2109@YAHOO.COM

Address	BLK 667 WOODLANDS RING ROAD #09-333
Postcode	730667
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200722/2092

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGP222J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG829R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

RAILING

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23.07.2020
@ 11:45 hrs


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

A hand-drawn diagram on grid paper showing a sequence of shapes: a house labeled 'A', a house labeled 'B', a house labeled 'A', a house labeled 'B', a house labeled 'C', and a house labeled 'A'. Arrows indicate a path from 'A' to 'B' to 'A' to 'B' to 'C' to 'A'.

Along BKE TWDS Woodland Near Exit PIE

Refer to Police Report : T/20200722/2092

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



SINGAPORE POLICE FORCE



T/20200722/2092

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20200722/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2020 19:03		Vide Report No.: J/20200722/0092		Station Diary No.: 86	
Informant's Particulars					
Name of Informant: NG SIONG SOON			Address: APT BLK 667 WOODLANDS RING ROAD #09-333 SINGAPORE 730667		
ID Type / ID No.: NRIC NO / S1321257J			Contact No.: Home/Office: Mobile: 92763609		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 21/09/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2020 15:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY TOWARDS WOODLANDS NEAR EXIT TO PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG829R	Lorry				Slightly Damaged	0
SGP222J	Car				Slightly Damaged	0
SH7552K	Car				Seriously Damaged	0



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TALARI SUMAKAR	ID No.	S7463165G
Related Vehicle	GBG829R (Lorry)	Contact No.	84091572
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
Driver			
Name	CHUA CHWEE HO	ID No.	S1217734H
Related Vehicle	SGP222J (Car)	Contact No.	96452402
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
Driver			
Name	NG SIONG SOON	ID No.	S1321257J
Related Vehicle	SH7552K (Car)	Contact No.	92763609
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 the abovementioned date and time, I was driving along BKE, towards Woodlands, near the exit to PIE. I was travelling on the centre of 3 lane road. I then noticed one red vehicle bearing SGP222J travelling ahead of me on the right lane. Suddenly, the said vehicle hit onto the centre guard railing, and swerved to the left into my lane, and the left portion of the said vehicle collided with my vehicle's right front portion. My vehicle then swerved to the left, and hit onto the left guard railing. I then called for police assistance.

At scene, the traffic police officers asked me what had happened. Subsequently, they told me that they would be seizing the SD card of my dashcam as a case exhibit, and advised me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200722/2092

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 4

Report No. T/20200722/2092

CONTINUATION OF REPORT

Further, the driver of one lorry bearing GBG829R informed me that my vehicle had collided into the back of his vehicle, however I was not aware of it. We then all exchanged particulars.



**SINGAPORE
POLICE FORCE**



T/20200722/2092

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20200722/2092

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: L / SCSGT(1) CHEONG TZE SUNG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2020 19:03
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMED HUSNUS TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case: SN 130
Authentication Stamp NP168	 Signature:  Singapore Police Force