

ASS. REC. BY: Tauplin

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMR 2534P

Policy No. 5108947623-01

Claims No. MT/1099623-002

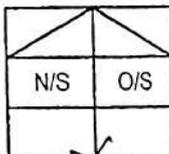
Sum Insured: _____ Excess: _____

(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: Olivia Vehicle: IN / OUT

Veh No: SMC 18847 Yr Regn: 2020 Aug

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

Truck / Trailer or

Make: Toyota Prois c.c. 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD K33FU 203091394

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 2 -

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

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 7/8/20 D.O.I. 13/8/20

Survey held at Comptelago byung

Des. of Damages: Frt Rear / O/S / N/S / U/C / Roof top or

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

Date / Time Action / Instruction Battery weak

20/8/20 Final fig \$8670.91 confirmed by email (Red 8277.30, 49%)

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) 20/8/20-Typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Insp (\$ _____)

\$ + RS \$ _____

Photos

Final Form: TP \$8670.91

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 13.08.2020

3P INSURANCE: NTUC

MODEL: TOYOTA PRIUS HYBRID

SURVEYOR: LKK

VEH NO.: SHC1884Z

MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Trunk Lid Cover	1		\$1,126.60 <i>bt</i>
	Rear Trunk Lid Lock	1		\$457.90 <i>bt</i>
	Rear Trunk Lid Cover Trim Board	1		\$254.40 <i>mis</i>
	Rear Trunk Lid Rubber	1		\$365.20 <i>cut</i>
	Rear Trunk Lid Glass (Black Color)	1		\$1,569.70 <i>cut</i>
	Board Assy, Back Door Trim	1		\$360.80 <i>?</i>
	Garnish Sub-Assy, Back Door, Outside	1		\$889.70 <i>cut</i>
	Rear Trunk Hinge (LH/RH)	2	\$59.80	\$119.60 <i>Rx</i>
	Rear Trunk Lid Logo (Prius)	1		\$60.80 <i>rec</i>
	Rear Trunk Lid Logo (Hybrid)	1		\$52.40 <i>rec</i>
	Rear Trunk Lid Logo (Toyota Star)	1		\$52.90 <i>rec</i>
	Rear Trunk Lamp (LH/RH)	2	\$233.90	<i>LH-?</i> \$467.80 <i>RH-cut</i>
	Rear Bumper	1		\$458.60 <i>de-</i>
	Rear Bumper Re-Inforcement	1		\$318.80 <i>bt</i>
	Rear Bumper Under Cover	1		\$552.60 <i>de-</i>
	Rear Bumper Side Retainer (LH/RH)	2	\$112.70	\$225.40 <i>rec</i>
	Rear Bumper Under Side Cover (RH)	1		\$232.00 <i>R</i>
	Rear Bumper Under Side Cover (LH)	1		\$232.00 <i>in-</i>
	Rear Bumper Under Side Centre Cover	1		\$552.60 <i>?</i>
	Rear Bumper Towing Cover	1		\$82.70 <i>mis</i>
	Rear Bumper Clips	10	\$2.20	\$22.00 <i>rec</i>
	Rear Bumper Reflector (LH/RH)	2	\$30.50	\$61.00 <i>?</i>
	Tial Lamp Assy (Upper) (LH/RH)	2	\$557.90	<i>LH-?</i> \$1,115.80 <i>RH-cut</i>
	Tail Lamp Assy (Lower) (LH/RH)	2	\$548.40	\$1,096.80 <i>?</i>
	Rear Chassis Member	1		\$1,180.80 <i>Rx</i>
	Rear Floor Board (LH)	1		\$301.00 <i>?</i>
	Rear Floor Board ((RH)	1		\$301.00 <i>?</i>
	Rear Floor Under, Cover Centre	1		\$322.00 <i>?</i>
	Rear Floor Under Cover	1		\$334.00 <i>?</i>
	Rear Crossmember Under Cover	1		\$353.00 <i>?</i>
	Rear Floor Panel	1		\$2,850.50 <i>xR</i>
	Rear Windscreen Glass With Moulding	1		\$1,778.30 <i>?</i>

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	SPARE PARTS SUB TOTAL			\$18,148.70
	LESS 25%			\$4,537.18
	DISCOUNTED SPARE PARTS TOTAL			\$13,611.53
	Rear No. Plate With Trim Cover	1		\$100.00 Nett <i>bt</i>
	Rear Trunk Lid Apps Sticker	1		\$40.00 Nett <i>net</i>
	Rear Trunk Lid Comfort & Tel No. Sticker	1		\$60.00 Nett <i>net</i>
	Rear Bumper Reverse Sensor	1		\$135.70 Nett <i>net</i>
	Rear Windscreen Sealant	2	\$46.00	\$92.00 Nett <i>net</i>
	NETT TOTAL			\$427.70
	LESS 10%			\$42.77
	DISCOUNTED NETT TOTAL			\$384.93
	SPARE PARTS & NETT TOTAL			\$13,996.46
	Panel Beating			\$900.00 <i>640</i>
	Spray Painting			\$600.00 ✓
	Wiring Charge			\$200.00 <i>30</i>
	Tuff Kote			\$200.00 <i>30</i>
	Towing Charge			\$60.00 X
	Remove/Replace Rear Windscreen Glassess			\$250.00 <i>120</i>
	Remove/Refix upholstery etc			\$150.00 <i>60</i>
	Remove/refix Reverse Sensor			\$120.00 <i>30</i>
	LABOUR TOTAL			\$2,480.00
	ESTIMATE TOTAL			\$16,476.46

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.

Taufik 17495749
 'WP' 13/8/20 04pm
 P/P Resurvey before paint 03-04 days
 taufik@lkkauto.com
 Dunlop
 Battery work

- 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:

Workshops

Date/Time: 12.08.2020 17:23 Page : 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305415562

STOMER /MS STOMER NO. DRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO: SHC1884Z	MILEAGE
			MAKE: TOYOTA	FUEL E.....1/2.....F
			MODEL PRIUS HYBRID(G4A07)	DATE/TIME IN 08.2020 02:00
			YR OF MANU. 04.08.2020	TARGET DATE
			CHASSIS CODE JTDKB3FU903091394	COMPLETION DATE/TIME:

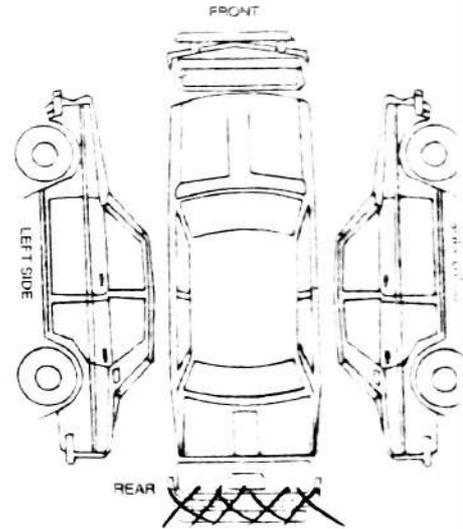
JOB DESCRIPTION

Accident Date: 07.08.2020
NATURE: TP / 3P 07.08.2020

3P NTUC

S/NO LABOR CODE DESCRIPTION

**TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING**



ED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

gement Slip

SHC1884Z OLIVIA

Exit Pass

Vehicle No.: **SHC1884Z**

Signature/Date Name of Service Advisor Date

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>12/8/20</u> Time Received: <u>15:20</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____ Contact No. : <u>96621475</u> Vehicle No. : <u>SAC 1884Z</u> Make / Model / Colour : <u>PRIAS</u> Email : _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>TP Pound AP Rd</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____			10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		
11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested			<p># : Cracked X : Dent / : Scratched O : Missing</p>		

Job Attended

12. Tow Truck / Recovery Van : VRS GA GAO TZ YISHUN OTHERS TOWING

Name of Driver : John

Vehicle No. : 1R 7717R

Time Dispatch : 12/8/20

Time of Arrival : 15:40

Time Completed : _____

Signature of Customer
[Signature]

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

12/8/20

NO DENT

Date

Time

Signature of Customer

14. WORKSHOP

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	07/08/2020 16:48
Date Of Accident	07/08/2020 02:00
Exact Location Of Accident	ALONG PIE TOWARDS TUAS AFTER JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SHC1884Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	KAMIS BIN MOHAMED
NRIC No	SXXXX513J
Date Of Birth	09/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96621475
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 380 CLEMENTI AVE 5 #04-378
 Postcode 120380
 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 COLLISION - HEAD TO REAR
 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) 2
 Passenger 1
 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI N.P.C
 Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200807/2008

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

Vehicle Registration Number SMR2534P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KAMIS BIN MOHAMED

Approximate Age

57

Injuries Sustain

PAIN AT CHEST. ON 6 DAYS MC.

Injured person in which vehicle?

SHC1884Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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.

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

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.08.2020
@ 13:45 hrs


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



**SINGAPORE
POLICE FORCE**



T/20200807/2008

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20200807/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2020 09:21	Vide Report No.: D/20200807/0030	Station Diary No.: 22
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Informant's Particulars			
Name of Informant: KAMIS BIN MOHAMED		Address: APT BLK 380 CLEMENTI AVENUE 5 #04-378 SINGAPORE 120380	
ID Type / ID No.: NRIC NO / S1603513J		Contact No.: Home/Office: Mobile: 96621475	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 09/05/1963	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/08/2020 02:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas, after Jurong Town Hall exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1884Z	Taxi	TOYOTA	PRIUS	Blue	Slightly Damaged	1
SMR2534P	Car	MERCEDES BENZ			Slightly Damaged	0

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



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3
Report No: T/20200807/2008

CONTINUATION OF REPORT

Driver			
Name	KAMIS BIN MOHAMED	ID No.	S1603513J
Related Vehicle	SHC1884Z (Taxi)	Contact No.	96621475
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	07/08/2020	Date Discharge	07/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/08/2020 at about 0200hrs, I was driving my company taxi (Comfort Delgro) bearing registration number SHC1884Z, along PIE towards Tuas. I was driving on the centre lane of a 3 lanes expressway with a male Indian passenger sitting at the rear seat.

While I was driving along the said road after the exit of Jurong Town Hall Road, suddenly, I felt an impact with a jerk coming from the rear of my taxi. I then checked for the traffic on my left before I drove to the road shoulder. I then alighted from the taxi and there was a dark colour Mercedes car bearing registration number SMR2534P, also stopped at the road shoulder behind my vehicle.

I then asked the other driver, a male Chinese, what had happened and he replied that he was unsure what had happened and only told me that he wanted to go home. I then called the Police. While waiting for the Police arrival, the other driver was on the phone and he passed me his phone to speak to his friend. His friend told me not to call the Police and the other driver will bear the cost for my taxi damages. However, I told him that I had already called the Police.

I wish to state that due to the accident, I felt pain on my chest and I also felt breathless. Traffic Police and Ambulance was at scene. I was then conveyed to NUH by the ambulance whereby the other driver and my passenger were still at the accident location.

I was given 3 days MC from 07/08/20 to 09/08/20 by the doctor.

I wish to add on that we did not exchange our particulars and I only managed to take photos of the damages to both the vehicles.



**SINGAPORE
POLICE FORCE**



T/20200807/2008

3 of 3

Report No T/20200807/2008

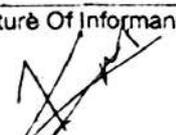
Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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: D / Sr Staff Sgt MUHAMMAD NAZRI BIN PARJALI	Signature Of Informant 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 09 21
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALLI Contact No.: 65476246	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;">  SINGAPORE POLICE FORCE SN 37 </div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 10px; text-align: center;">  <hr/> SIGNATURE </div>