SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

Date of Accident 17/08/2020 18:15 Exact Location Of Accident ALONG LORNIE ROAD TOWARDS THOMSON ROAD Country/State of Loss SINGAPORE	aforesaid.	and to the archiving of this report at the centre and to copies of the report being made available
Date of Accident 17/08/2020 18:15 Exact Location Of Accident ALONG LORNIE ROAD TOWARDS THOMSON ROAD Country/State of Loss SINGAPORE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SKX9089D Insured/Policyholder NAME Of Registered Owner NRIC No S6914446B Mobile Phone No NRIC Mo No	Date Of Report	18/08/2020 15:25
DETAILS OF OWN VEHICLE Province Provin	Date Of Accident	17/08/2020 18:15
This prown vehicle Pehicle Registration Number Segistered Owner Name Of Registered Owner NRIC No Segi4446B Semail Address KIRK_MELANIE_2003@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-97263196 Office-96168037 Vehicle Particulars Wanufacturer TOYOTA Model Sexact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category Name of Insurance Company No Policy Number Diver Name of Driver	Exact Location Of Accident	ALONG LORNIE ROAD TOWARDS THOMSON ROAD
Rehicle Registration Number RIC Registered Owner NIRC No S6914446B Email Address KIRK_MELANIE_2003@YAHOO.COM.SG Mobile Phone No Alternative Phone No Office-96168037 Wehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Alericle Category No RISHA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Cleet Policy No Policy Number Cleet Policy No Cover Note Number Diver Name of Driver NARIO S6914446B KIRK GHUAT LIN KIRK GH	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No Se914446B Email Address KIRK_MELANIE_2003@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-97263196 Mobile Phone No Office-96168037 Vehicle Particulars Manufacturer Model WISH-1.8 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Vehicle Category No No NoRMAL USAGE INSURANCE COMPANY Vehicle Category No NoRMAL USAGE NoVERIC CATEGORY Vehicle Category No NoRMAL USAGE NoVERIC CATEGORY Vehicle Category No No NoRMAL USAGE NoVERIC CATEGORY NO NoRMAL USAGE NO		DETAILS OF OWN VEHICLE
Name Of Registered Owner NRIC NO Se914446B KIRK_MELANIE_2003@YAHOO.COM.SG Mobile Phone No Atternative Phone No Office-96168037 Vehicle Particulars Manufacturer Model WISH-1.8 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Also You Claiming under your own insurance policy or repair to your vehicle? Also You Claiming under your own insurance policy or repair to your vehicle? Also You Claiming under your own insurance policy or repair to your vehicle? Also You Claiming under your own insurance policy or repair to your vehicle was being used at a contract to your vehicle. Also You Claiming under your own insurance policy or repair to your vehicle was being used at a contract to your vehicle. Also You Claiming under your own insurance policy or your vehicle was being used at a contract to your vehicle was being used at a contract to your vehicle. Also You Claiming under your own insurance Policy or You Claiming under your own insurance Poli	Vehicle Registration Number	SKX9089D
REIC No Email Address KIRK_MELANIE_2003@YAHOO.COM.SG Mobile Phone No KIRK_MELANIE_2003@YAHOO.COM.SC Mobile Phone No KIRK_MELANIE_2003@YAHOO.COM.SC Mobile Phone No KIRK_MELANIE_2003@YAHOO.COM.SC Mobile Phone No KIR	Insured/Policyholder	
KIRK_MELANIE_2003@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-97263196 Alternative Phone No Office-96168037 Vehicle Particulars Manufacturer TOYOTA Model WISH-1.8 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Doilor Note Number Driver Name of Driver Vehicle Category Segleated Se	Name Of Registered Owner	KIRK GHUAT LIN
Mobile Phone No Alternative Phone No Office-96168037 Vehicle Particulars Manufacturer Model Model MISH-1.8 (A) More Pacification of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Manufacture No, Please state action to be taken Moles Category Moles Coverage Moles Mo	NRIC No	S6914446B
Alternative Phone No Vehicle Particulars Manufacturer Model WISH-1.8 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken MIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Vame of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Vame of Driver CHONG AH LEONG S6914446B	Email Address	KIRK_MELANIE_2003@YAHOO.COM.SG
Vehicle Particulars Manufacturer TOYOTA Model WISH-1.8 (A) NORMAL USAGE Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken New Yehicle Category Name of Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. Coper Of Coverage Company Policy Number Cover Note Number Driver Name of Driver CHONG AH LEONG S6914446B COVER ALG COVER ALG COVER ALG CHONG AH LEONG S6914446B	Mobile Phone No	(LOCAL) +65-97263196
Manufacturer Model Model MISH-1.8 (A) WISH-1.8 (A) WISH-1	Alternative Phone No	Office-96168037
Model WISH-1.8 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken ITHIRD PARTY PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver CHONG AH LEONG S6914446B	Vehicle Particulars	
Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken If No, Please state action to be taken Insurance Company Alia ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME OF Driver NAME OF DRIVER CHONG AH LEONG S6914446B	Manufacturer	TOYOTA
ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Comprehensive Fleet Policy NO Policy Number Driver Name of Driver CHONG AH LEONG NRIC No S6914446B	Model	WISH-1.8 (A)
for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Compressible Policy No Policy Number Driver Name of Driver Name of Driver CHONG AH LEONG S6914446B	Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE NO Policy Number 1800110137 Cover Note Number Driver Name of Driver NRIC No S6914446B	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number 1800110137 Cover Note Number Driver Name of Driver NRIC No S6914446B	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number 1800110137 Cover Note Number Driver Name of Driver NRIC No S6914446B	Vehicle Category	PRIVATE CAR
Type Of Coverage Fleet Policy NO Policy Number 1800110137 Cover Note Number Driver Name of Driver NRIC No S6914446B	Insurance Company	
Fleet Policy Policy Number 1800110137 Cover Note Number Driver Name of Driver NRIC No S6914446B	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number 1800110137 Cover Note Number Driver Name of Driver CHONG AH LEONG NRIC No S6914446B	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver CHONG AH LEONG NRIC No S6914446B	Fleet Policy	NO
Driver Name of Driver CHONG AH LEONG NRIC No S6914446B	Policy Number	1800110137
Name of Driver CHONG AH LEONG NRIC No S6914446B	Cover Note Number	
NRIC No S6914446B	Driver	
	Name of Driver	CHONG AH LEONG
Date Of Birth 05/05/1969	NRIC No	S6914446B
	Date Of Birth	05/05/1969

OUTDOOR

22/01/2003

17 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96168037

Fax Number

Contact Number

EMail Address LAWRENCE.CHONGYL@YAHOO.COM.SG

Address BLK 289 BISHAN ST 24 #14-17

Postcode 570289 Was driver an employee of the Insured's Company NO **OWNER**

If No, Relationship of the Driver with the Insured

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 RAINING WET Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO NO

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23, POSTCODE: 579757, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ9088G

Vehicle Make/Model/Colour NISSAN QASHQAI BROWN

Details Of Properties

Vehicle Category PRIVATE CAR Name of DriverYEO CIN DEENRIC/Passport NumberS9841120HContact Number93977278

Address 519 YIO CHU KANG ROAD #1-78

Postcode 787085

Insurance Company Name AIG Asia Pacific Insurance Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMR5429R

Vehicle Make/Model/Colour OPEL ASTRA BLACK

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG KIA HENG
NRIC/Passport Number S7128265A
Contact Number 97861186

Address BLK 98 LORONG 1 TOA PAYOH #10-289

Postcode 310098

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

SKX

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police 3

DECLARATION

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be campleted by the Palicyholder and/or the Authorised Driver
- information provided must be as truthful and accurate as possible. Any within mi facts may allow insurance companies to repudiate policy liability
- The House and acceptance of this form by insurance companies is not an

Any false reporting may be referred to the Police for investigation.

- The report will be howarded by the insurers of the GIA Records Management Cantro established by the General insurance Association of Singapore (GNA) for archiving and that copies of this report will for a fee be made available upon application.
- By the todiment of this report to the insurers, you hereby consent to the archining of this report at the centre and to copies of the report being made available aforecaid.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, provided by the oc possessed by my insurer (coflectively the "Personal Information") and disclose and transfer such Personal information on an insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have into vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the insurers lewyerspan from a Monnitary Authority of Singapore and any relevant government agenty authority buch as the publish, for the purpose lese and/tor percess my personal data/per
- processing, handing ans/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

Accident Sketch Plan

- (iii) investigating the accident and/or my claims,
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- 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
- all insureris) who have insured vehicle(s) involved in this accident and the Insurers' hawyers/have froms, may/hare to collect, use, disclose and/or process my Personal Information for one or more of the above Perposas; and

10

- my Personal Information may/cas be disclosed by any of the Insurers and/or GAR to their third party service providers of agents/inclusing their lawyen/Taw firms), which may be sibed outside of Singapore, for one or more of the above Purpor 7
 - 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. (P)
- the information so callected under [iii] above may be shared / disclosed.
- It all insurers and/or any other thind parties that assist in evaluating, investigating, controlling or managing fraud, inguishors, law enforcement and government ageocies as reasonably required for the purposes stated, or

INTERVIEW FORM



: KIRK GHUAT LIN (GUO YUELING) : 01 Jan 2020 To 31 Dec 2020 Name of Policyholder Period of Insurance Engline No. Chassis No.

: SKX9089D : 1900110137-01 : 05 Dec 2019 ent No. Vehicle No. Policy No.

Endorsemer Issued Date	
: 2ZR1678040 : JTDGG20M30J003320	
	100

2015 Yes First Year of Registration Insuring with COE/PARF Sum Insured - Market Value Off Peak Car : No Person or Classes of Persons Entitled to Drive':

The operation who along mits Polyage to what or the hope person or the control of the operation of the operat AUDIN THE GOVER

ord Decer Energy redDPy y You You have to pay an abbitroid pain of \$5,000 or. "Yeard than 2 years' deview coperation.

: All Age Condition Lass of Use 1500cc - 1800cc Optional Age Condition Limitation as to user

Landations randomed majorative by Bestion II of the Bakas Welmika, (Novidenty Ross), and Compe elementarists Act 2018, see not to be included and in the herbidgs.

Heise Ant alCop. 1289. Seethon SS of the Mood Transporr Ant. 1957 (Malaysus) and Read

Section 1 Fire + 80 Ovin Damage + 3800 Theff - 80 Pand Court + 3900

Named Driver and Excess plans applicates

Wandsoneen: 5100

Agraved Reporting Coloury 400 Antionwell Reports. (For shows ordered reports Any acceleration to the Vehicle must be considerable use of non-time distribution annual reports control out at the 20th Agrick's condition. The colour person control out 20th The colour Reports of Reporting Colours And American Educations, private control out 20th And 20th Agrick Agr. Sergiet counts and concluded Adult Schauff Heart or control out 20th And 20th Agrick Agr. Sergiet counts and concluded Adult Schauff Heart of Colours Agrick And 20th Agrick Agr. Sergiet counts and concluded Adult Schauff Heart of Colours Agrick Agrick Agr. Sergiet Colours Agrick Agrick

Hire Purchase Company/Employer's Loan. MayBank

AUTON ISS Part With honesy comprised the observated Commission Processes in season as a consequence of the Mater Vederal Band Proy Rela-tive Road Tomesed Act. 1927 Additional Phot Steegack should not also an Mater Vedera, From Proy Road Relation 1929 Additional.

NG SAY HARBY

201 ALEXARGRA ROAD 910-01 AM ALEXARDRA SENSARORE 15983 SP-DOMBOCKSENG

Amon Pin, List. itten by AIG Asia Pacific Ins

AIG Asia Pacific Insurance Pte. Ltd.
The computer generated document does not return a signature.



MOTOR ACCIDENT INTERVIEW FORM

Along formie Rd founds Thomson Road. THIRD PARTY VEHICLE (IF ANY) : CMJ 9088 9 SMR 5429 R md 91.9 oc/80/±1 Chong All Leong SKX 90893 ****************************** DATE/TIME OF ACCIDENT PLACE OF ACCIDENT VEHICLE NUMBER NAME (DRIVER)

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENTY.
From DIFFILE CLUMPS TO HOME (BECAM)

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE. ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT? $\sqrt{10} \ .$

CI

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES "3 CAYS CHAIN COLLISION WERE YOU OR YOUR PASSENGERS INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

(LAffirmed The Above Information Is Given To My Best Knowledge, Nayhe: Chong Al heary

AUG Auto Pacific Inturancio Pila, Ltd. AUG Bulding 78 Sherman Way #07-18 Singapore 079129 Tat: 84 59 2000





2014

Report No. T/20200818/2001

CONTINUATION OF REPORT

Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

1 044 Report No. T/20200818/2001 T/2020618/2001

Bishan N.P.C	
20 Bishan Street 23 SINGAPORE	579
Tel No: 1800-5529999	

SINGAPORE POLICE FORCE	Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757
	Bishan N.P 20 Bishan 3

REPORT O	F A TRAFF	REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report 18/08/2020 01:24	Date/Time Report Made/ 18/08/2020 01:24	/lade:	Vide Report No.:	Station Di
Informar	nformant's Particulars	ulars		
Name of CHONG	Name of Informant CHONG AH LEONG	9	Address: 289 BISHAN STREET 24:	Address: 289 BISHAN STREET 24 #14-17 SINGAPORE 57028
ID Type / ID No.: NRIC NO / S691	ID Type / ID No.: NRIC NO / S6914446B	46B	Contact No.: Home/Office:	Mobile: 96168037
Nationality: SINGAPOF	Nationality: SINGAPORE CITIZEN	EN	Email:	
Sex: Male	Age:	Date of Birth: 05/05/1969	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Na

General Inform	General Information of the Accident	dent	Section and Section Control of the	CAR SAME SHOWEN AND
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2020 18-15	Type of Location: Straight Road
Location:				
LORNIE ROAD	0			
Weather. Drizzling		Road Surface; Wet	- Ro	Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled	Tr	Traffic Volume: Moderate
Type of Collision: Chain Collision	on:		Am	Anyone conveyed by ambulance:

Details of Vehicle In	ehicle Invo	wolved				
Vehicle No.	Type	Make	Model	Color	Condition	Condition No of Passenger
SKX9089D	Car				Seriously	0
SMJ9088G	Car				Slightly	-
SMR5429R	Car				Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NII	Hoa of Dadaetrian Conscion: MA

POLICE REPORT

Date of Expiry

Driving Licence Information: Class: 3

Occupation: SALES ASSISTANT MANAGER

Driver			
Name	CHONG AH LEONG	ID No.	S6914446B
Related Vehicle	SKX9089D (Car)	Contact No.	. 96168037
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	PITAL Class of Driving Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/08/2020	Date Discharge NIL	
No. of Days gran	No. of Days granted Medical Leave 05	Degree of Injury NIL	
Driver			
Name	YEO CIN DEE	ID No.	S9841120H
Related Vehicle	SMJ9088G (Car)	Contact No.	93977278
Hospital/Clinic	NIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry. NIL
Date Treatment	NE	Date Discharge NIL	
No. of Days gran	No. of Days granted Medical Leave NIL		
Driver			
Name	NG KIA HENG	ID No.	S7128265A
Related Vehicle	SMR5429R (Car)	Contact No.	97861186
Hospital/Clinic	NF	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge NIL	
No. of Days gran	No. of Days granted Medical Leave NIL	Degree of Injury NIL	

Brief Details.

On the 17/06/2020 at around 1816 hours, I was driving my vehicle (SKX9089D) along Lornie Road towards Thomson Road. I was driving on the first lane and slowing down while coming to a complete stop. Subsequently, another vehicle (SMJ9088G) collided onto my vehicle causing my vehicle to surge forward, colliding onto another vehicle (SMR5429R) infront. Upon collision, all parties came down from the vehicle to take photos and exchange particulars. No police or ambulance assistance was needed. The vehicle infront left subsequently while me and vehicle behind waited for our tow truck. I wish to state that I have the camera footage of the accident.

Immediately, I felt pain at my lower back and my left knee. As such, I went to Singapore General Hospital and was given 5 days of MC by Dr Tan Tiong Peng.





SINGAPORE POLICE FORCE

Report No. T/20200818/2001

CONTINUATION OF REPORT

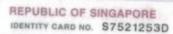
Police Station Of Origin: Bishan N.P.C. 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

I am lodging this report for police investigation purposes.

Identification Card









KIRK GHUAT LIN (GUO YUELING)

郭月玲

CHINESE Owie stains 16-07-1975 SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! Class 2 Motor Cars and Motor Tractics the weight of 25 Jun 1992 which unladen does not exceed 2500 Mograms

WICH 86914446B APT BLK 289 BISHAN STREET 24 PT 4 - 17

5253666





17 12-2013

APT BLK 289 BISHAN STREET 24 814-17 SINGAPORE 570289

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