



## 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 : 21/10/2020

Your Ref : SJK6249J

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJR3857L & SJK6429J ON 05/09/2020 AT  
ALONG PIE TOWARDS CHANGI (BEFORE JURONG WEST AVE 2 EXIT).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208188 @ S\$9,630.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$3,000.00 (15 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$60.00
- 5) Authorisation to Act
- 6) 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

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: CHOO CHANG YAN  
CAR/ LORRY/CYCLE: REG NO: SJR 3857L POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SJR 3857L .....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 05 day of 09 2020 have been completed to my / our satisfaction, and that  
I / we have no further claim on the above company in Respect thereof.

Date: ..... Signature: G .....

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

08/09/2020-Tow In  
13/09/2020-Sunday  
20/09/2020-Sunday

vehicle In- 08/09/2020  
vehicle Out- 22/09/2020  
Lor- 15 days x \$200  
= \$3,000



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

Print Date/Time : 07 Sep 2020 / 14:15:46

Receipt Date/Time : 07 Sep 2020 / 14:15:46

## Tax Invoice/Receipt

Receipt No. : ITNET-00000-200907-001840

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
--------------------------------	-------------------------	-------------------------------

Result of Insurance Enquiry - SJK6249J

As at 05 Sep 2020/14:00:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SJK6249J

Enquiry Fee

20200907141340682615

7.00	0.49	7.49
------	------	------

Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

7.00	0.49	7.49
------	------	------

Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

20200907141429134

Direct Debit: eNETS Debit  
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

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.





# PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-80, SINGAPORE 408717

TEL : 6743 1987 ( 3 LINES ) FAX : 6743 0013

Email: peoplevehicle@gmail.com

Reg No: 200415052W



Date: 8/9/2020

CASH SALE/WORK ORDER No: PE 5022

寶號: M-9  
Messrs: .....

車號: SJR 3857J 車型: V105  
Vehicle No: ..... Model No: .....

Com: 517 T-8  
.....

到: K-BT ABE 4 M-9  
To: .....

其他: .....  
Remark: .....

時間: 15:00-16:00 AMOUNT: \$ 60  
Time: ..... AMOUNT: .....

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

經手人: 440524  
Authorised by: .....  
收貨人: .....  
Received by: .....

- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ Jump Start
- ☐ Changing of Battery
- ☐ Tyre Replacement/ Patching
- ☐ Crane Up/Winch Out
- ☐ With Load/Cargo Box
- ☐ Flat Bed
- ☐ King Dolly to lift up
- ☐ Low Body Kit
- ☐ Repo
- ☐ Door Opening Service
- ☐ Collect Document/Key
- ☐ Jurong Island/Cargo Complex
- ☐ Woodlands/Tuas Checkpoint
- ☐ Cancellation Charge (Reach Location)
- ☐ Cancellation Charge (After 15 minutes)

LETTER OF AUTHORITY

Name : CHOO CHANG YAN  
Address : BLK 99 OLD AIRPORT ROAD  
#04-203 S(390099)  
Contact No : \_\_\_\_\_

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,


ACCIDENT INVOLVING SJR 3857L AND SJK 6249J ON 05/09/2020  
AT/ ALONG PTE TOWARDS CHANGI (BEFORE JURONG WEST AVE 2 EXIT)


I/We, CHOO CHANG YAN, am/are the registered owner of  
motor car no. SJR 3857L

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	08/09/2020 15:59
Date Of Accident	05/09/2020 14:00
Exact Location Of Accident	PIE TOWARDS CHANGI (BEFORE JURONG WEST AVE 2 EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3857L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO CHANG YAN (ZHU CHANGYAN)
NRIC No	SXXXX885J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81003857
Alternative Phone No	OFFICE-81003857
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110887150-01 CLASSIC
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHOO CHANG YAN (ZHU CHANGYAN)
NRIC No	SXXXX885J
Date Of Birth	01/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81003857
Fax Number	
Contact Number	OFFICE-81003857
EEmail Address	NOEMAIL



Address	BLK 99 #04-203 OLD AIRPORT ROAD KALLANG AIRPORT 10
Postcode	390099
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : ZHAO WENBIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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	SJK6249J
Vehicle Make/Model/Colour	TOYOTA/VIOS E AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FONG KIN FAI
NRIC/Passport Number	SXXXX275G
Contact Number	
Address	



Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	CHOO CHANG YAN (ZHU CHANGYAN)
Approximate Age	36
Injuries Sustain	UPPER BACK & NECK
Injured person in which vehicle?	SJR3857L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 99 #04-203 OLD AIRPORT ROAD KALLANG AIRPORT 10
Postcode	390099

#### DETAILS OF INJURED PERSON 2

Name	ZHAO WENBIN (PASSENGER)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJR3857L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

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.
5. 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)

(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 any purpose of the above Purposes and

(c) my Personal Information may/also be disclosed by any of the Insurers and/or GIA to third party entities (including agents and agents including their lawyers/law firms), which may be situated outside of Singapore, including for more of the above Purposes.

(d) My Personal Information may also be collected and used to compile and/or carry out research and/or conduct an investigation and management in present and all future claims.

(e) The information so collected, may/also be shared or disclosed

- (i) to all Insurers and/or any other third parties that exist in evaluating, investigating, controlling or managing frauds, 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.

- 8 SEP 2020

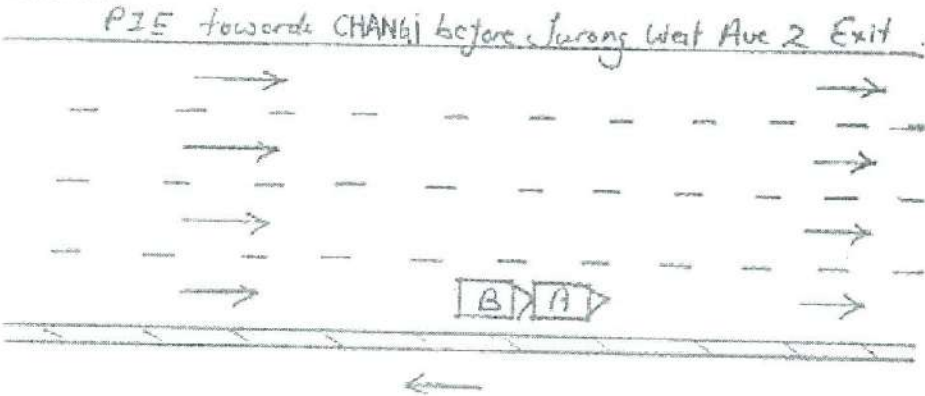
Date &amp; Time:

$$2 \frac{\partial \psi}{\partial t} + \frac{\partial^2 \psi}{\partial x^2} = 0$$

# Sketch Plan #2

## Sketch Plan #2

WHERE PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SJR 3857 L  
(R) SJK 6249 J

I was convey to the hospital after the incident and I have one passenger inside my vehicle. I have 5 days me for my injury.

Refer to Police Report

Report No:-

T/2020 0906/2054

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

### DECLARATION

I/We declare the foregoing facts as true and correct.

Policyholder Signature  
Date & Time: - 8 SEP 2020

Witness Signature  
Name of the policy owner  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67436897 Fax: 67783306  
Email: vach@idac.com.sg  
100% SING

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/2054

Police Station Of Origin:  
Mountbatten NPP  
50 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

1 of 2

Report No: T/20200906/2054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2020 14:43		Video Report No.:		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: CHOO CHANG YAN			Address: APT BLK 99 OLD AIRPORT ROAD #04-203 SINGAPORE 390099		
ID Type / ID No: NRIC NO / S8330885J			Contact No: Home/Office: Mobile: 81003857		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 01/10/1983	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:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2020 14:00	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK6249J	Car	TOYOTA	VIOS E AUTO	Black	Seriously Damaged	0
SJR3857L	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJR3857L	NTUC Income Insurance Co-Operative Limited	5110897150-01	04/07/2020	03/07/2021



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/2054

Police Station Of Origin  
Mountbatten NPP  
68 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No: T/20200906/2054

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHOO CHANG YAN	ID No.	S8330885J
Related Vehicle	SJR3857L (Car)	Contact No.	81003657
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Driver</b>			
Name	Fong Kin Fai	ID No.	S8323275G
Related Vehicle	NIL	Contact No.	NIL
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 the 05/09/2020 at 1400hrs, I was from Tuas heading back home when I encountered the incident. I was on the most right lane when I noticed that the rear bonnet of the vehicle in front of me was opening. I noticed that the vehicle had his hazard light on and was slowing down. I managed to slow down however I was then hit by the vehicle behind me. After the collision, the driver behind then approached me and noticed that I was blacked out and called for an ambulance. I was blacked out but I managed to regain conscious slowly and I was then told by the Traffic Police that my vehicle will be towed away. As I was being conveyed to National University Hospital, my friend accompanied me in the ambulance. After the checkup at National University Hospital, I was told that I had injured my upper back and my neck. I was then given 5 days of Medical Certificate dated from 05/09/2020 to 09/09/2020. On the 05/09/2020, at 2026hrs, I received a call from a Traffic Police Officer and was told to lodge a traffic police report and to collect my vehicle at the Traffic Police Headquarter on the Tuesday, 08/09/2020.

Individual Statement



SINGAPORE  
POLICE FORCE



1/20200909/2054

Police Station Of Origin  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
340053  
Tel No. 1800-3449999

3 of 3

Report No. 1/20200909/2054

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 63474885 stating the report number for reference.

Signature Of Officer Recording This Report  
G1

Sgt 1 KENDRICK TAN KIAN LIN

Signature Of Interpreter  
Not applicable

Date/Time:  
08/09/2023 14:43

Officer In Charge Of Case

TP / G11

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No. 65279745

Classification Of Case

Authentication Stamp  
NP-56



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/2054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No: T-20200905/7015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2020 15:08		Vide Report No.: T/20200906/2054		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO CHANG YAN			Address: 99 OLD AIRPORT ROAD #04-203 SINGAPORE 390099		
ID Type / ID No.: NRIC NO / S8330885J			Contact No.: Home/Office: Mobile: 81003857		
Nationality: SINGAPORE CITIZEN			Email: mg3solution@gmail.com		
Sex: Female	Age: 36	Date of Birth: 01/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: private hirer			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2020 14:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJK6249J	Car					0
SJR3857L	Car	TOYOTA	VIOS E AUTO	Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200906/7015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR3857L	NTUC Income Insurance Co-Operative Limited	5110887150-01	04/07/2020	03/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ZHAO WENBIN	ID No.	G2937034L
Related Vehicle	SJR3857L (Car)	Contact No.	82222418
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/09/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	CHOO CHANG YAN	ID No.	S8330885J
Related Vehicle	SJR3857L (Car)	Contact No.	81003857
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details:

REFER TO REPORT NO. T/20200906/2054

I WISH TO INCLUDE MY PASSENGER: ZHAO WENBIN FIN. G2937034L AS HE WAS ALSO INJURED DUE TO THE ACCIDENT.

HE WAS AWARDED 5 DAYS MC 08/09/2020 - 12/09/2020



Individual Statement



SINGAPORE  
POLICE FORCE



T20200905-7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T20200905/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/09/2020 15:03

Classification Of Case:

TP LETTER



SINGAPORE  
POLICE FORCE


Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6246  
www.police.gov.sg

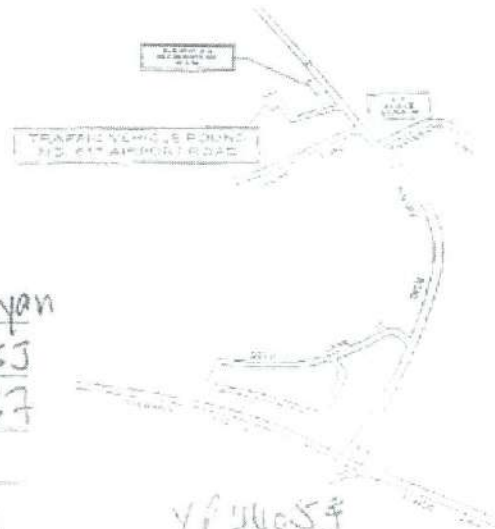
Reference: TP/IP/38283/2020

ANNEX A: LETTER OF AUTHORISATION FOR VEHICLE COLLECTION

I, Choo Chang Yan, of NRIC / FIN / Passport Number  
S8330885J hereby authorise \_\_\_\_\_ of NRIC / FIN /  
Passport Number \_\_\_\_\_ to collect my vehicle bearing registration number  
SJR3857L on my behalf from Traffic Police.

LOCATION MAP FOR TRAFFIC VEHICLE POUND

  
(Signature)



Name : Choo Chang Yan  
NRIC No. : S8330885J  
Contact Number : 8100 3857  
Date : 8/9/20

CNG CHEE SENG  
126569-5/E  
LI CHAE CHEE ST

YF44053

ST T-8

1500 - 1600 PM  
8/9/2020

Note: NRIC, FIN CARD OR PASSPORT MUST BE PRODUCED FOR VERIFICATION TOGETHER  
WITH THE NOTICE FOR VEHICLE COLLECTION.

STATIONED SIGNATURE

## TOWING SLIP



## PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-50 SINGAPORE 408717  
TEL: 6743 1987 (3 LINES) FAX: 6743 0013  
Email: peoplevehicle@pmail.com  
Reg No: 206415052W



Date: 8/9/2010

CASH SALE/WORK ORDER No: PE 5022

受 托  
Messrs

主 理

Vehicle No:

由

From:

到

To:

附 註

Remark:

時 間

Time

注意 本公司對於被拖之車輛，在進行中如有任何損壞或破壞，一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages of other incidents occur to your vehicle whilst being towed.

經 手 人

Authorised by:

接 收 人

Received by:

- ☒ Accident Breakdown
- ☐ Multi-Assessment
- ☐ Jump Start
- ☐ Changing of Battery
- ☐ Tyre Replacement/ Patching
- ☐ Crane Up/Winch Out
- ☐ With Load/Cargo Box
- ☐ Flat Bed
- ☐ King Dolly to 1st Up
- ☐ Low Bed/Kill
- ☐ Repo
- ☐ Door Opening Service
- ☐ Collect Document/Key
- ☐ Jurong Island/Cargo Complex
- ☐ Woodlands/Tuas Checkpoint
- ☐ Cancellation Charge (Resch Location)
- ☐ Cancellation Charge (After 10 Minutes)