

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAITW8124**

Date In: 18/9/12-17:04	Job description	Date & Time Completed	Done by
Ref No: NA/14C22-1247/14	SAS e-filing		
Veh No: 56259282	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/9/12-17:00	i-Motor Claim Form	27/11/08-001	18/9/12 17:40
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 56259282	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA205031	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ1*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	18/09/2020 17:04
Date Of Accident	17/09/2020 17:00
Exact Location Of Accident	CTE (AYE) TWDS BUKIT TIAMH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5928L
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	5XXXX500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114368352
Cover Note Number	

Driver

Name of Driver	LEE KWONG SEN
NRIC No	SXXXX387J
Date Of Birth	17/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696584
Fax Number	
Contact Number	OFFICE-85696584
Email Address	NOEMAIL

Address	BLK 182A WOODLANDS STREET 13 #09-735
Postcode	731182
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD 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)	3
Passenger 1	NAME: : MICHELLE LEE GENDER: : FEMALE
Passenger 2	NAME: : RACHEAL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200918/2041 & T/20200918/2055.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDN8410B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LEE KWONG SEN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLZ5928L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MICHELLE LEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLZ5928L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RACHEAL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLZ5928L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

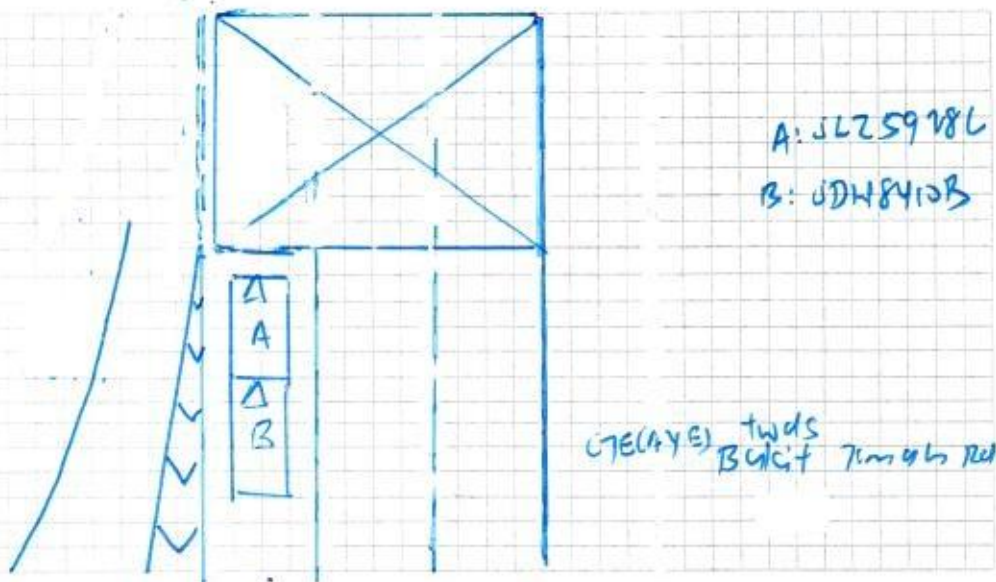
TW AUTOMOBILE
CO. REGN. NO: 53333500X
9 TAGORE LANE
9@TAGORE #02-01
SINGAPORE 787482
TEL: 6459 8505 Fax: 6459 8009

Policyholder's Signature: _____
Date & Time: _____

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

TW AUTOMOBILE
CO. REGN. NO: 53333500X
9 TAGORE LANE
SINGAPORE #02-01

Policyholder's Signature
Date & Time: **TEL: 6459 5535 Fax: 6459 8009**

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (17/9/20) (DD/MM/YYYY), TIME: (17 00) (HH:MM)

LOCATION: (GECALY) fwhs Bukit Timah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: (SL259226)
 b) INSURANCE COMPANY: (NTUC)
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: (private)
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: (85696584)
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (Hire)

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (3 injury)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: (SDN8410B) MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
 (including driver)

(3)

2 female

*No of passenger
 (including driver)

(1)

*No of passenger
 (including driver)

()

Email =

fax =

VIDEO = ✓



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20200918/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2020 14:20	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: LEE KWONG SEN			Address: APT BLK 182A WOODLANDS STREET 13 #09-735 SINGAPORE 731182		
ID Type / ID No.: NRIC NO / S1770387J			Contact No.: Home/Office: Mobile: 85696584		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 17/04/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/09/2020 17:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY CTE Exit.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDN8410B	Car	TOYOTA		Silver	Slightly Damaged	0
SLZ5928L	Car	HONDA	SHUTTLE	Black	Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver			
Name	LEE BOON KUM	ID No.	S0069235B
Related Vehicle	SDN8410B (Car)	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
Driver			
Name	LEE KWONG SEN	ID No.	S1770387J
Related Vehicle	SLZ5928L (Car)	Contact No.	85696584
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/09/2020	Date Discharge	18/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	MICHELLE LEE	ID No.	NIL
Related Vehicle	SLZ5928L (Car)	Contact No.	84843022
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 17/09/2020 at about 1700hrs, I was driving in my vehicle (SLZ5928L) along the left-most lane along the Seletar Expressway. I was on my way to send a passenger namely Michelle Lee (HP: 84843022) to Tekka vicinity. As I was approaching the Bukit Timah exit, I suddenly felt an impact from the rear. I then immediately stopped the vehicle and made a check. I noticed that another vehicle, a Silver Toyota (SDN8410B) had collided against the rear of my vehicle. The impact caused my vehicle's rear to be dented. There were minimal damages to the Silver Toyota.

I then spoke to the other driver, namely Lee Boon Kum (S0069235B) who was alone at that point in time. After exchanging particulars and taking photos of the incident, both parties left the scene. When I arrived at the passenger's destination, she then told me that her head was in pain due to the earlier impact. I then advised her to consult a doctor and she acknowledged. I do not know whether she has done so at the



**SINGAPORE
POLICE FORCE**



T/20200918/2041

Police Station Of Origin:

Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

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Report No. T/20200918/2041

CONTINUATION OF REPORT

time of reporting this report.

On the 18/09/2020, I felt some back pain and went to consult a doctor at Parkway East Hospital. I was issued with a 07 days of MC valid from 18/09/2020 to 24/09/2020.

I wish to state that I have front and rear vehicle camera and both are in working condition. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20200918/2041

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20200918/2041

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:
G /
Sgt 3 MUHAMMAD NURUL'OMARALI BIN
SUPRAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/09/2020 14:20

Classification Of Case:



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20200918/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2020 16:06	Vide Report No.: T/20200918/2041	Station Diary No.: 45
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Informant's Particulars

Name of Informant: LEE KWONG SEN		Address: APT BLK 182A WOODLANDS STREET 13 #09-735 SINGAPORE 731182	
ID Type / ID No.: NRIC NO / S1770387J		Contact No.: Home/Office:	Mobile: 85696584
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 17/04/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2020 17:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDN8410B	Car	TOYOTA		Silver	Slightly Damaged	0
SLZ5928L	Car	HONDA	SHUTTLE	Black	Slightly Damaged	2

Details of Person Involved

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



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver			
Name	LEE KWONG SEN	ID No.	S1770387J
Related Vehicle	SLZ5928L (Car)	Contact No.	85696584
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/09/2020	Date Discharge	18/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LEE BOON KUM	ID No.	S0069235B
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 17/09/2020 at about 1700hrs, I was driving in my vehicle (SLZ5928L) along the left-most lane along the Central Expressway (CTE). I was on my way to send 2 passengers, namely Michelle Lee (HP: 84843022) and her sister Racheal, (HP: 87789884) to Tekka vicinity. As I was approaching the Bukit Timah exit, I suddenly felt an impact from the rear. I then immediately stopped the vehicle and made a check. I noticed that another vehicle, a Silver Toyota (SDN8410B) had collided against the rear of my vehicle. The impact caused my vehicle's rear to be dented. There were minimal damages to the Silver Toyota.

I then spoke to the other driver, namely Lee Boon Kum (S0069235B) who was alone at that point in time. After exchanging particulars and taking photos of the incident, both parties left the scene. When I arrived at the passenger's destination, she then told me that her head was in pain due to the earlier impact. I then advised her to consult a doctor and she acknowledged.

On the 18/09/2020, I felt some back pain and went to consult a doctor at Parkway East Hospital. I was issued with a 07 days of MC valid from 18/09/2020 to 24/09/2020. I wish to state that I have front and rear vehicle camera and both are in working condition. I am lodging this report for insurance purposes.

I wish to add in that Michelle later informed me that Racheal, who is her sister, experienced some back pain and went to consult a doctor.



**SINGAPORE
POLICE FORCE**



T/20200918/2055

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20200918/2055

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200918/2055

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20200918/2055

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:
G /
Sgt 3 MUHAMMAD NURUL'OMARALI BIN
SUPRAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/09/2020 16:06

Classification Of Case: