ASS. REC. BY: Kenneth

REF: EG2/ 20012429/Kq

## ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

of _____

Insured: _____

Policy No. _____

Claims No. CDMCG20001658

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: $51K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLE 4832X Yr Regn: 07/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____ c.c 1496

Make: Toy Agya

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

Sp.Reading 325453 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP10-2520159

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Alli / S/Rim / STD A/Rim or _____

Tyre Size: F: Sunwide 175/55R15

R: Kapsen

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 9 mm | R/Bal. | 6 mm |
| L/Bal. | 9 mm | L/Bal. | 6 mm |
| D.O.A. | 8/11/ | D.O.I. | 13/11/2020 |

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frt c/s & Rear

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

| Date / Time | Action / Instruction |
|---|---|
| | 17/11/20@2.51pm revised to ERGO via Merimen |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___$ + RS.___St

Parking _____

Others _____

TOTAL _____

Report Format :

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

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /optimawerkz

Date: 10.11.2020
Vehicle No: SLE4832X
Model: TOYOTA AQUA HYBRID 1.5S
Chassis: NHP102520159-2016
Reg.Year: 2016

Third Party Insurer: MS FIRST CAP
Third Party Veh No: SHB3137P
Date of Accident: 08.11.2020

Not Authorise
C/Lap &
12days Recovery After Paint

## ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S$ | AMOUNT S$ | |
|---|---|---|---|---|---|
| 1 | FRONT BONNET | 1 | | $760.20 | ✓ |
| 2 | FRONT BONNET INSULATOR | 1 | | $241.30 | X |
| 3 | FRONT BONNET INSULATOR CLIPS | 5 ~~8~~ | $5.50 | $44.00 | ✓ |
| 4 | FRONT BONNET HINGE LH | 1 | | $65.30 | X |
| 5 | FRONT BONNET HINGE RH | 1 | | $65.30 | ✓ |
| 6 | FRONT WIPER AIR GRILLE GARNISH COVER RH | 1 | | $67.80 | X |
| 7 | FRONT HEADLAMP RH | 1 | | $1,374.30 | ✓ |
| 8 | FRONT BUMPER | 1 | | $936.50 | ✓ |
| 9 | FRONT BUMPER CLIPS | 8 | $5.80 | $46.40 | ✓ |
| 10 | FRONT BUMPER SIDE BRACKET RH | 1 | | $57.60 | ✓ |
| 11 | FRONT BUMPER FOG LAMP RH | 1 | | $228.30 | ✓ |
| 12 | FRONT BUMPER FOG LAMP GARNISH COVER RH | 1 | | $60.90 | ✓ |
| 13 | FRONT FENDER RH | 1 | | $501.40 | ✓ |
| 14 | FRONT FENDER "HYRBID" EMBLEM RH | 1 | | $47.60 | ✓ |
| 15 | FRONT FENDER INNER SHIELD RH | 1 | | $216.90 | ✓ |
| 16 | FRONT FENDER INNER SHIELD CLIPS RH | 8 | $5.80 | $46.40 | ✓ |
| 17 | FRONT QUARTER GLASS GARNISH COVER RH | 1 | | $48.40 | ✓ |
| 18 | FRONT SUPPORT UPPER PANEL RH | 1 | | $69.30 | ✓ |
| 19 | SIDE FRAME INNER PANEL RH | 1 | | $76.80 | ✓ |
| 20 | SIDE FRAME OUTER PANEL RH | 1 | | $85.20 | ✓ |
| 21 | FRONT WIPER WASHER TANK | 1 | | $219.30 | ✓ |
| 22 | FRONT FUSE BOX ASSY | 1 | | $468.70 | ? |
| 23 | FRONT WHEEL CAP RH | 1 | Rel/Ga | $180.30 | ✓ |
| 24 | FRONT LOWER ARM RH | 1 | | $457.80 | ? |
| 25 | FRONT KNUCKLE ARM RH | 1 | | $594.60 | ? |
| 26 | FRONT WHEEL BEARING RH | 1 | | $168.90 | ? |
| 27 | FRONT ABSORBER RH | 1 | | $463.20 | ? |
| 28 | FRONT TIE ROD END RH | 1 | | $154.70 | ? |
| 29 | REAR TAILGATE | 1 | | $1,131.90 | ✓ |
| 30 | REAR TAILGATE "AQUA" EMBLEM | 1 | | $78.20 | ✓ |
| 31 | REAR TAILGATE "HYBRID" EMBLEM | 1 | | $76.50 | ✓ |
| 32 | REAR TAILGATE LOGO EMBLEM | 1 | | $68.80 | ✓ |
| 33 | REAR TAILGATE INNER LOCK | 1 | | $467.10 | ✓ |
| 34 | REAR TAILGATE RUBBER | 1 | | $335.70 | 50% |
| 35 | REAR WINDSCREEN MOULDING | 1 | N/A | $185.70 | X |
| 36 | REAR BUMPER | 1 | | $848.70 | ✓ |


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6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1093

Branch (Motor Insurance Claims)
Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 569047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date: 10.11.2020
Vehicle No: SLE4832X
Model: TOYOTA AQUA HYBRID 1.5S
Chassis: NHP102520159-2016
Reg.Year: 2016

Third Party Insurer: MS FIRST CAP
Third Party Veh No: SHB3137P
Date of Accident: 08.11.2020

| | | | | | |
|---|---|---|---|---|---|
| 37 | REAR BUMPER CLIPS | 8 | $5.80 | $46.40 | |
| 38 | REAR BUMPER SIDE BRACKET LH | 1 | | $64.40 | |
| 39 | REAR BUMPER SIDE BRACKET RH | 1 | | $64.40 | |
| 40 | REAR BUMPER UNDER COVER | 1 | | $189.60 | ? |
| 41 | REAR BUMPER REINFORCEMENT | 1 | | $590.60 | |
| 42 | REAR END PANEL | 1 | | $650.30 | |
| 43 | REAR END PANEL UPPER COVERING | 1 | | $284.50 | |
| 44 | REAR SPARE TYRE PANEL | 1 | | $698.40 | ? |
| 45 | REAR SPARE TYRE PANEL UPPER BOARD | 1 | | $245.80 | |
| 46 | FRONT DOOR RH | 1 | | REPAIR | |
| | | | SUB TOTAL | $13,774.40 | |
| | | | LESS 25% | -$3,443.60 | |
| | | | PARTS TOTAL | $10,330.80 | |

| NO. | SPECIAL NETT | QTY | UNIT S$ | AMOUNT S$ | |
|---|---|---|---|---|---|
| 1 | REAR WINDSCREEN SEALANT | 1 | | $80.00 | 40 S/N |
| 2 | REAR BUMPER REVERSE SENSOR | 1 | | $350.00 | 20 C/N |
| 3 | REAR END PANEL JOINT SEALANT | 1 | | $30.00 | |
| 760 | | | | | |
| | | | S/N TOTAL | $460.00 | |

**LABOUR CHARGES:**

LABOUR CHARGES TO REPAIR, REMOVE, REPLACE, REFIX & READJUST FRONT & REAR ACCIDENT AREAS & ETC. $1,000.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT FENDER RH, FRONT DOOR RH, REAR TAILGATE, REAR BUMPER & ETC. $1,400.00

LABOUR CHARGES TO REMOVE, REPLACE, REFIX FRONT ABSORBER RH, FRONT LOWER ARM RH, FRONT KNUCKLE ARM RH & ETC. $200.00 ?

TO WHEEL ALIGNMENT & BALANCING. $60.00

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCSREEN SEALANT & ETC. TO EFFECT REPLACE OF REAR TAILGATE. $150.00 120L

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Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047
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OPTIMA WERKZ™ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date: 10.11.2020
Vehicle No: SLE4832X
Model: TOYOTA AQUA HYBRID 1.5S
Chassis: NHP102520159-2016
Reg.Year: 2016

Third Party Insurer: MS FIRST CAP
Third Party Veh No: SHB3137P
Date of Accident: 08.11.2020

| | | |
|---|---|---|
| LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. TO EFFECT REPLACE OF REAR TAILGATE. | $120.00 | 6ol |
| LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC. TO EFFECT REPLACE OF REAR BUMPER. | $100.00 | 5ol |
| TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. | $80.00 | 4ol |
| | LABOUR TOTAL $3,110.00 | |
| TingAn | **TOTAL** | **$13,900.80** |

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before C 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:

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# 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 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.

| ACCIDENT STATEMENT | |
|---|---|
| Date Of Report | 09/11/2020 11:24 |
| Date Of Accident | 08/11/2020 16:30 |
| Exact Location Of Accident | PIE |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SLE4832X |
| **Insured/Policyholder** | |
| Name Of Registered Owner | OPTIMA WERKZ PTE LTD |
| Co Reg No | 2XXXXX455W |
| Email Address | KAITLYN.CHIO@OW.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64811522 |
| **Vehicle Particulars** | |
| Manufacturer | TOYOTA |
| Model | AQUA HYBRID-1.5 E S CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | IN TRANSIT |
| 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 | ALLIANZ INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | COI-SPBR0000044-SLE4832X |
| Cover Note Number | 05/08/2020 - 04/08/2021 |
| **Driver** | |
| Name of Driver | MARK WEE SOON HOCK |
| NRIC No | SXXXX718C |
| Date Of Birth | 12/10/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/06/2003 |
| Driving Experience | 17 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93624705 |
| Fax Number | |
| Contact Number | |
| EMail Address | MARK.WEE.SH@GMAIL.COM |

| | |
|---|---|
| Address | BLK 155 ANG MO KIO AVE 4 #11-734 |
| Postcode | 560155 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | WET |

**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? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : GRAB PASSENGER<br>GENDER: : FEMALE |

**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? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

REFER TO POLICE REPORT

**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 | SHB3137P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | WONG YOON MUN |
| NRIC/Passport Number | SXXXX601Z |
| Contact Number | 86607106 |
| Address | |

| | |
|---|---|
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

## DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|---|
| Vehicle Registration Number | GBJ751P |
| Vehicle Make/Model/Colour | LORRY |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MIAH KHOKAN |
| NRIC/Passport Number | GXXXX349N |
| Contact Number | 84382068 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

## DETAILS OF INJURED PERSON 1

| | |
|---|---|
| Name | MARK WEE SOON HOCK |
| Approximate Age | |
| Injuries Sustain | PAIN ON NECK, 4 DAYS MC |
| Injured person in which vehicle? | SLE4832X |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | |
| Address | |
| Postcode | |

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20201108/2073



Report No. T/20201108/2073

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

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 08/11/2020 23:17 | | 62 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>MARK WEE SOON HOCK | | | Address:<br>APT BLK 155 ANG MO KIO AVENUE 4 #11-734 SINGAPORE 560155 | |
| ID Type / ID No.:<br>NRIC NO / S8331718C | | | Contact No.:<br>Home/Office: | Mobile: 93624705 |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>37 | Date of Birth:<br>12/10/1983 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language: | Institution / School Name: |
| Occupation:<br>Marketing Manager | | | Driving Licence Information:<br>Class: 2B,2A,2,3 | Date of Expiry: |

**General Information of the Accident**

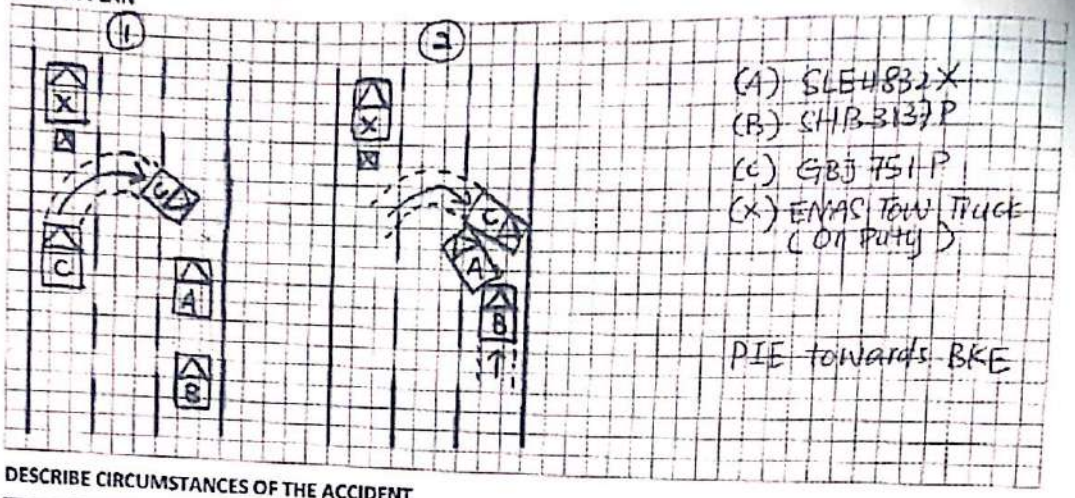
| Type of Accident: | Injury<br>Others | Drink Drive:<br>No | Date/Time of Accident:<br>08/11/2020 16:30 | Type of Location:<br>Flyover |
|---|---|---|---|---|
| Location:<br>PAN-ISLAND EXPRESSWAY | | | | |
| Weather:<br>Clear | | Road Surface:<br>Wet | | Road Speed Limit: |
| Traffic Flow:<br>One Way | | Traffic Control:<br>Not Controlled | | Traffic Volume:<br>Moderate |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| GBJ751P<br>c | Lorry | | | | Slightly Damaged | 1 |
| SHB3137P<br>b | Taxi | | | | Slightly Damaged | 2 |
| SLE4832X<br>a | Car | | | | Seriously Damaged | 1 |

## Sketch Plan #2

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report No: T/20201108/2073

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

**DECLARATION**

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

OPTIMA WERKZ PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/11/2020

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

GIARMC SketchPlanForm_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only
(✓) Claim OD/TP at other workshop ( OPTIMA WERKZ PTE LTD)

EMAIL A COPY TO : KAITLYN.CHIO@OW.SG

Sketch Plan #4

POLICE FORCE

T/20201108/2073



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

CONTINUATION OF REPORT

Report No T/20201108/2073

| Details of Person Involved | | | | | |
|---|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | | |
| Name | Miah Khokan | | ID No. | G8272349N | |
| Related Vehicle | GBJ751P (Lorry) | | Contact No. | 84382068 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL | |
| Driver | | | | | |
| Name | Wong Yoon Mun | | ID No. | S1845601Z | |
| Related Vehicle | SHB3137P (Taxi) | | Contact No. | 86607106 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | Slight | |
| Driver | | | | | |
| Name | MARK WEE SOON HOCK | | ID No. | S8331718C | |
| Related Vehicle | SLE4832X (Car) | | Contact No. | 93624705 | |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL | |
| Date Treatment | 08/11/2020 | | Date Discharge | 08/11/2020 | |
| No. of Days granted Medical Leave | | 04 | Degree of Injury | Slight | |

**Brief Details.**

On 8/11/2020 at around 1630hrs, I was driving my rental vehicle (SLE4832X) along PIE at the flyover from PIE into BKE. There were 3 lanes on the flyover, I was driving at the rightmost lane at the time. While driving along the flyover, I noticed there was a road obstruction ahead due to an EMAS vehicle being in the process of towing away another car. The EMAS crew had placed some cones along the leftmost lane.

At this time, I noticed that a lorry (GBJ751P) driving ahead of me in the leftmost lane started to turn and swerve right across two lanes into my lane in front of my vehicle, seemingly losing control of his vehicle. I

POLICE FORCE

T/20201108/2073



Report No T/20201108/2073

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

CONTINUATION OF REPORT

thus immediately jammed on my brakes and tried to turn into the lane on my left to avoid hitting the lorry. However while doing this, I felt an impact behind me, this caused my vehicle to go forward and hit the lorry on the right side cargo bed area. I alighted my vehicle and realised that a taxi (SHB3137P) had hit my car directly from behind. I alighted and went to exchange my particulars with the 2 other drivers involved, I subsequently managed to move my vehicle away to Dairy Farm Rd and waited for a tow truck to remove my vehicle. The EMAS crew had also assisted in advising me to move my vehicle.

I subsequently went to TTSH to seek medical assistance as I felt pain in my neck and I received a 4 day MC. I was also notified by the taxi driver that he had also gone to seek medical treatment. I am unaware if the lorry driver was injured. The damage to my vehicle was a large dent in my rear bumper, and my front right side area between the right side driver door and right headlight was crushed, the front right head light was damaged and the front right side bumper had partially fallen off. I am unaware of the cost of the damage as I have yet to bring it to a workshop. The damage to the taxi was some scratches and dents on the front bumper and the front bumper was partially dislodged. I am unsure of the exact damage to the lorry. I wish to state that my vehicle is a rental car belonging to Tribecar and the lorry is a company vehicle belonging to Hydroproof Roofing Specialists. (Company number 52995372B)
I am lodging this report for record purpose.