

ASS. REC. BY:

REF:

MSG/200140311kg

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PNG 9915K

Yr Regn:

01, 19

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

Truck / Traller or

Make:

Mit Attrak

c.c

1193

Colour

N. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

39431

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MMBSTA13AKH 000651

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

185/55R15

R:

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

TOYO / YOKO or

Front

R/Bal.

P

mm

Rear

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

15/12/20

D.O.I.

17/12/2020

Survey held at

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

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

Date / Time

Action / Instruction

25/12 @ 6107.20 Carfax checked @ 1558.80, 70%  
 09/3/21 @ 3.09pm revised to Mubd Ashik via Reithman.

Date/Time, File Pass to?

☐

: Prell. Report

1) 10/3/2021

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

9

Resurvey No. of Trip:

2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format:

MER-TP

Lump Sum / I.B.I. (\$

6107.20

# Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761  
 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg  
 GST:201001158E RCB NO:201001158E

SMG9915K  
 TP/MSIG

M/S : MSIG INSURANCE (S) PTE LTD (SGX)

16 RAFFLES QUAY  
 #24-01 HONG LEONG BUILDING  
 SINGAPORE 048581

TEL: 68277660 FAX: 62257402  
 ATTN: Motor Claim Department

WS Ref: TP/MSIG  
 Claim Type: Third Party  
 Accident Date: 15/12/2020  
 TP Veh Reg No: SLH1903D

Not Notified

Recovery B4 claim

86107.20 9 days

Estimate No: ES2091013/YISHUN  
 Date: 16 Dec 2020  
 Policy No: 5115339346  
 Veh Reg No: SMG9915K  
 Make/Model: MITSUBISHI MIT. ATTRAGE 1.2 CVT  
 Chassis No: MMBSTA13AKH000651  
 Engine No: 3A92UHL9375  
 Reg. Date: 08/01/2019

## Estimate Repair Cost to Vehicle No :SMG9915K

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
<b>Net Price</b>				
1 REAR BUMPER	748.00	1 PC	748.00	✓
2 REAR BUMPER RH SIDE RETAINER	29.00	1 PC	29.00	✓
3 REAR BUMPER RH SIDE MUD GUARD	49.00	1 PC	49.00	X
4 REAR BUMPER CLIPS	4.00	5 PCS	20.00	✓
5 BOOTLID	791.00	1 PC	791.00	✓
6 REAR BOOTLID INNER LOCK	206.00	1 PC	206.00	✓
7 REAR BOOTLID INNER RUBBER	157.00	1 PC	157.00	✓
8 REAR BOOTLID LOGO	45.00	1 PC	45.00	69
9 REAR BOOTLID EMBLEM (ATTRAGE)	45.00	1 PC	45.00	11
10 TAILLAMPs	335.00	2 PCS	670.00	✓
11 RH PANEL	67.00	1 PC	67.00	X
12 RH PANEL CLIP	6.00	1 PC	6.00	✓
13 REAR END PANEL	425.00	1 PC	425.00	* 66
14 REAR END PANEL INNER TOP GARNISH	72.00	1 PC	72.00	✓
15 REAR END PANEL INNER TOP GARNISH CLIPS	5.00	2 PCS	10.00	✓
16 REAR SPARE TYRE PANEL TOP BOARD	195.00	1 PC	195.00	✓
17 REAR RH FENDER	755.00	1 PC	755.00	+
			4,290.00	
		Less 10%	429.00	3,861.00
<b>Special Net</b>				
18 REAR BUMPER LOWER SKIRT	480.00	1 PC	480.00	✓
19 REVERSE SENSORS	200.00	1 SET	200.00	✓
20 REAR BOOTLID EMBLEM (MIVEC)	35.00	1 PC	35.00	✓
21 REAR END PANEL SEALANT	40.00	1 PC	40.00	305M
22 REAR WINDSCREEN GLASS GUM	40.00	1 PC	40.00	X
4 C&C logo	40.00	✓	795.00	795.00



# Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761  
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg  
GST:201001158E RCB NO:201001158E

M/S : MSIG INSURANCE (S) PTE LTD (SGX)

16 RAFFLES QUAY

#24-01 HONG LEONG BUILDING

SINGAPORE 048581

TEL: 68277660

FAX: 62257402

ATTN: Motor Claim Department

WS Ref: TP/MSIG

Claim Type: Third Party

Accident Date: 15/12/2020

TP Veh Reg No: SLH1903D

Estimate No: ES2091013/YISHUN

Date: 16 Dec 2020

Policy No: 5115339346

Veh Reg No: SMG9915K

Make/Model: MITSUBISHI MIT.  
ATTRAGE 1.2 CVT

Chassis No: MMBSTA13AKH000651

Engine No: 3A92UHL9375

Reg. Date: 08/01/2019

## Estimate Repair Cost to Vehicle No :SMG9915K

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
<b>Labour</b>				
23 TOWING	50.00	1 LA	50.00	✓
24 REMOVE & REFIX REAR BUMPER,LOWER SKIRT & ATTACHMENT,BOOTLID,SPOILER & ATTACHMENTS,TAILLAMPS,CUT,WELD & RENEW REAR END PANEL,RH TAILLAMP PANEL,REAR RH FENDER,KNOCK & REPAIR REAR SPARE TYRE PANEL & REALIGN THE SAME	1,300.00	1 LA	1,300.00	1400/9801
25 PUTTY & RESPRAY REAR BUMPER,LOWER SKIRT,BOOTLID & SPOILER,REAR FENDERS,REAR END PANEL,REAR SPARE TYRE PANEL & ALL AFFECTED AREAS	1,300.00	1 LA	1,300.00	1000
26 REMOVE & REFIX REVERSE CAMERA,RESET & POSITION	50.00	1 LA	50.00	✓
27 RUSTPROOFING	90.00	1 LA	90.00	✓ 602
28 REMOVE AND REFIX REAR WINDSCREEN GLASS	100.00	1 LA	100.00	✗
29 REMOVE & REFIX SEAT,CARPET,TOP ROOF LINING,GARNISH,ETC	120.00	1 LA	120.00	100
			3,010.00	3,010.00
			Total	S\$ 7,666.00
			Add GST @ 7%	536.62
			Total Amount Payable	S\$ 8,202.62

For Cheng Hoe Motor Pte Ltd

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

AUTHORISED SIGNATURE



24 Hours Towing Services

# Efficient Towing Services

403 Sin Ming Avenue #13-307, Sin Ming Garden, Singapore 570403

Ah Di Mobile: 8588 8877

Email : efficienttowing.sg@gmail.com

Business Reg. No.: 53349344K

bizSAFE<sub>3</sub>

NO. 60924

Date : 18/12/20

## CASH SALE / JOB ORDER

Messrs: Cheng Hee  
车牌 SMG 9915H 车型 Mini  
Vehicle No. SMG 9915H Model No: Mini  
时间 (日/夜) — 联络号码 —  
Time (day/night): — Contact No: —  
由 Too Chant  
Location: Bank Cheng Hee  
到 Cheng Hee  
To: Cheng Hee  
银额 \$506 其他 —  
Cash \$ \$506 Others: —  
经手人 RA Tow Truck —  
Authorised By: RA Driver Name: —

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

注意: 本公司对所拖之车辆, 在進行中如有任何损失或破坏, 一概由车主自行负责。

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

E. & O. E.

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	433W
<b>Vehicle Details</b>	
Vehicle No.:	SMG9915K
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Dec 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	3A92UHL9375
Chassis No.:	MMBSTA13AKH000651
Maximum Power Output:	59.0 kW (79 bhp)
Open Market Value:	\$13,443.00
Original Registration Date:	08 Jan 2019
First Registration Date:	08 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jan 2029
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	07 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$23,568.00
COE Rebate Amount:	\$18,993.00
<b>Total Rebate Amount:</b>	<b>\$22,743.00</b>

The information contained herein is correct as at 16 Dec 2020

OK



## 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 Submission ..... 16/12/2020 17:50 (SGT)  
Date of Accident ..... 15/12/2020 18:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER SERANGOON RD SLIP RD TWDS HOUGANG AVE 3  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG9915K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HARDWARESUPPLIES PTE LTD  
Company Reg No ..... 2XXXXX433W  
Email Address ..... kailoon\_81@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-97355858  
Alternative Phone No ..... +65-97355858

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Attrage  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private hire

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115339346  
Cover Note Number ..... 08/01/20 - 07/01/21

#### DRIVER

Name of Driver ..... ANG KAI LOON  
Passport No/FIN ..... SXXXX918A  
Date Of Birth ..... 29/12/1981  
Occupation ..... Indoor



Date Of Driving Pass .....	25/04/2002
Driving experience .....	18 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97355858
Alt. Phone Number .....	-
Email Address .....	kailoon_81@yahoo.com.sg
Address .....	BLK 666 WOODLANDS RING RD #03-311
Address complement .....	-
Postcode .....	730666
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SAROKRON CHOOPRAYOON
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLH1903D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	LIM HONG YANG
NRIC No .....	SXXXX785A
Contact Number .....	(Phone) +65-97355858
Address .....	BLK 19 JALAN MEMBINA #29-28
Address complement .....	-
Postcode .....	163019
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ANG KAI LOON
Address .....	BLK 666 WOODLANDS RING RD #03-311
Address Complement .....	-
Post Code .....	730666
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SMG9915K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



# SKETCH PLAN

Hougang Ave 3

←

A: SMG 9915 K  
B: SLH 1903 D  
Lim Hong Yang  
S880 6785A  
HP- 9852 7415

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Upper Serangoon Rd

Refer to Police Report attached.

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.

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.:

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ☒ ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



## SKETCH PLAN

1. VEHICLE NO.: smg 9915K  
2. INSURER CO: NTUC  
3. ACCIDENT  
DATE & TIME: 15/12/20 @ 18:50

### 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.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (Bmk)  
NRIC/FIN No.: 16/12/20



**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2020 16:50	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: ANG KAI LOON			Address: 666 WOODLANDS RING ROAD #03-311 SINGAPORE 730666		
ID Type / ID No.: NRIC NO / S8170918A			Contact No.: Home/Office: Mobile: 97355858		
Nationality: SINGAPORE CITIZEN			Email: kailoon_81@yahoo.com.sg		
Sex: Male	Age: 38	Date of Birth: 29/12/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			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: 15/12/2020 18:50	Type of Location: Slip road
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLH1903D	Car	TOYOTA	Altis	Blue	Slightly Damaged	0
SMG9915K	Car					0



**SINGAPORE  
POLICE FORCE**







**SINGAPORE  
POLICE FORCE**



T/20201216/7034

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

3 of 3

Report No. T/20201216/7034

**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

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

Date/Time:  
16/12/2020 16:50





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

**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	LIM HONG YANG	ID No.	S8806785A
Related Vehicle	SLH1903D (Car)	Contact No.	98527415
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	ANG KAI LOON	ID No.	S8170918A
Related Vehicle	SMG9915K (Car)	Contact No.	97355858
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/12/2020	Date	16/12/2020
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

I am exiting upper serangoon road to hougang ave 3. At the slip road, i stop for safety check for oncoming vehicle and suddenly behind vehicle rear end me.

















