

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.01.2021

REPAIR ESTIMATE

Time: 10:01:12

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305451030
 REGN NO : SHA1741M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.08.2019
 DATE/TIME IN : 28.01.2021 16:00
 ACCIDENT DATE : 28.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|---------------------------|-------|--------|-------|--------|---|
| 0001 FNPS | REAR NO.PLATE W/TRIM COVE | 1 N | 55.00 | 0.00 | 55.00 | ✓ |
| 0002 04-01-0104-2282-G | REAR BUMPER | 1 | 459.40 | 20.00 | 367.52 | ✓ |
| 0003 04-01-0104-2533-G | REAR BUMPER CTR MOULDING | 1 | 451.25 | 20.00 | 361.00 | ✓ |
| 0004 04-01-0104-2544-G | REAR BUMPER TOW COVER | 1 | 98.80 | 20.00 | 79.04 | ✓ |
| 0005 04-01-0104-2545-G | REAR BUMPER LWR MOULDING | 1 | 155.00 | 20.00 | 124.00 | ✓ |
| 0006 04-01-0104-2370-G | REAR BUMPER FOGLAMP | 1 | 201.50 | 20.00 | 161.20 | ? |
| 0007 04-01-0104-2288-G | REAR BUMPER BEAM | 1 | 394.80 | 20.00 | 315.84 | ✓ |
| 0008 04-01-0104-3919-G | REAR BUMPER STAY RH | 1 | 138.10 | 20.00 | 110.48 | ? |
| 0009 04-01-0104-3819-G | REAR BUMPER STAY LH | 1 | 138.10 | 20.00 | 110.48 | ? |
| 0010 04-01-0104-0852-G | REAR BUMPER REFLECTOR RH | 1 | 41.45 | 20.00 | 33.16 | × |
| 0011 04-01-0104-0851-G | REAR BUMPER REFLECTOR LH | 1 | 41.45 | 20.00 | 33.16 | × |
| 0012 09-01-9999-0068-A | REVERSE SENSOR | 1.000 | 180.00 | | 180.00 | ✓ |
| 0013 04-01-0104-2270-G | BOOTLID EMBLEM-HYBRID | 1 | 24.30 | 20.00 | 19.44 | ✓ |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.01.2021

Time: 10:01:12

Page: 2

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COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305451030
REGN NO : SHA1741M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 28.01.2021 16:00
ACCIDENT DATE : 28.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

| | | | | | | |
|------------------------|-----------------------|---|-------|-------|-------|-----|
| 0014 04-01-0104-2271-G | BOOTLID EMBLEM-IONIQ | 1 | 31.30 | 20.00 | 25.04 | my |
| 0015 28-01-0103-0005-A | BOOTLID COMFORTDELGRO | 1 | 40.00 | | 40.00 | net |
| 0016 28-01-0103-0006-A | BOOTLID 65521111 | 1 | 35.00 | 35.00 | | my |
| 0017 28-01-9999-2025-A | BOOTLID APPS | 1 | 35.00 | 35.00 | | my |

SUB-TOTAL : 2,085.36

JOB NATURE

| | | | |
|---------|--------------------|--------|---------|
| 0000 PB | PANEL BEATING | 400.00 | 350 |
| 0001 SP | SPRAYPAINT CHARGE | 600.00 | 400 500 |
| 0002 L | R/I REVERSE SENSOR | 120.00 | 30 |

SUB-TOTAL : 1,120.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Ang Asra

Date: 29.01.2021

Time: 10:01:12

Page: 3

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13 IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

LKK-

JOB NO : 305451030
REGN NO : SHA1741M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 28.01.2021 16:00
ACCIDENT DATE : 28.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmf

TOTAL : 3,205.36

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Tanphai 9779 5749
wp 29/1/21 @ 1pm
P/P Resurvey before paint
Tanphai @ 11am - 12pm
2 days workable

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:

Date/Time: 29.01.2021 09:30 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

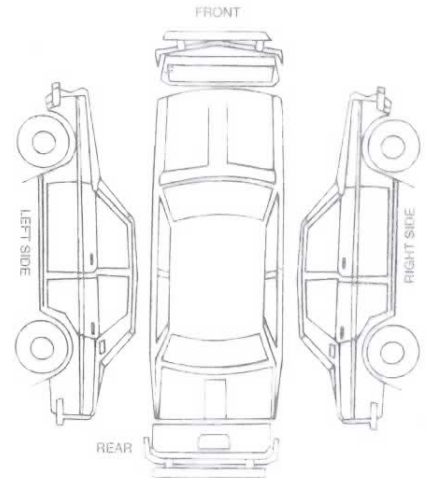
JC NO.: 305451030

| | | | |
|---|--|---|--|
| FORMER AS COMFORT TRANSPORTATION PTE LTD FORMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) | | REGN NO: SHA1741M MAKE: HYUNDAI MODEL IONIQ(G2) YR OF MANU. 01.08.2019 CHASSIS CODE KMHC851CVKU164983 | MILEAGE FUEL E.....1/2.....F DATE/TIME IN 28.01.2021 16:00 TARGET DATE COMPLETION DATE/TIME: |
| COUNT CARD NO. | | | |

JOB DESCRIPTION

Accident Date: 28.01.2021
NATURE: 3P 28.01.2021

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHA1741M LIMITS

Vehicle No.: SHA1741M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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 | 29/01/2021 08:36 (SGT) |
| Date of Accident | 28/01/2021 09:00 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | SLIP ROAD FROM CTE TWDS BRADDELL ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA1741M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXXXX1R |
| Email Address | FLEETSAFETY@CDGETAXI.COM.SG |
| Mobile Phone No | (Phone) +65-65508768 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Ioniq |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |

INSURANCE COMPANY

| | |
|---------------------------|---------------------|
| Name of Insurance Company | Axa |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | EO HANG MENG |
| NRIC No | SXXXX076B |
| Date Of Birth | 07/05/1953 |
| Occupation | Outdoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 14/10/2008 |
| Driving experience | 12 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91037181 |
| Alt. Phone Number | - |
| Email Address | FLEETSAFETY@CDGETAXI.COM.SG |
| Address | BLK 115 ANG MO KIO AVENUE 4 |
| Address complement | #02-387 |
| Postcode | 560115 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Changkat Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007819999 |
| Alt. Police Station Phone No | (Fax) +65-67832722 |
| Police Station Address | Blk 109 Tampines Street 11 #01-261 Singapore 521109 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210128/2047

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 | SMD5002L |
| Vehicle Manufacturer | Honda |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |

| | |
|---|----------|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | AIG |
| Nature Of Damage | MODERATE |
| Details of property damaged in accident | FRONT |
| No. Of Passenger (Including Driver) | 1 |

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 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.
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)
 - (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, investigation, 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.

COMFORT TRANSPORTATION PTE LTD
100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Policyholder's Signature
Date & Time:

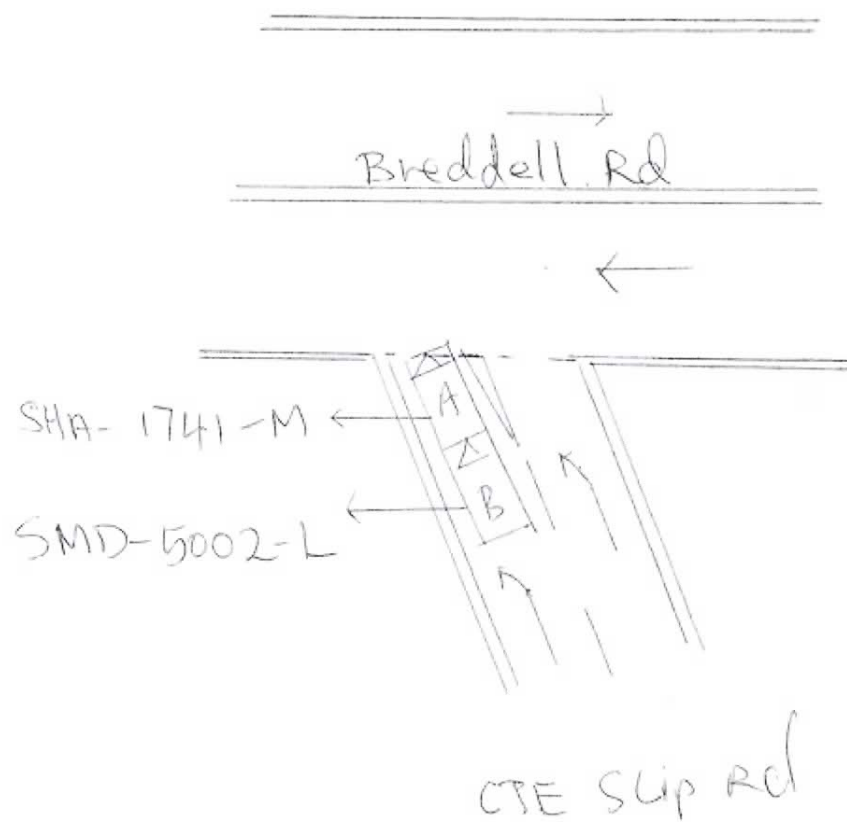
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

As per attached

As per attached police report
T/20510128/2047-

Reporting Centre Personnel's Signature
Name: Loei Wei Yeng
NRIC/Fin No.:





**SINGAPORE
POLICE FORCE**



T/20210128/2047

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210128/2047

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/01/2021 12:55 | Vide Report No.: | Station Diary No.: 20 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|---------------------------|------------------------------|
| Name of Informant: EO HANG MENG | Address: APT BLK 115 ANG MO KIO AVENUE 4 #02-387 SINGAPORE 560115 | | |
| ID Type / ID No.: NRIC NO / S0173076B | Contact No.: | Mobile: 91037181 | |
| Nationality: SINGAPORE CITIZEN | Home/Office: | Email: | |
| Sex: Male | Age: 67 | Date of Birth: 07/05/1953 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: Taxi driver | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| General Information of the Accident | | | | |
|--|------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/01/2021 09:00 | Type of Location: |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHA1741M | Car | | | | Slightly Damaged | 0 |
| SMD5002L | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210128/2047

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No: T/20210128/2047

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---|--|---|
| Name | EO HANG MENG | | ID No. S0173076B |
| Related Vehicle | SHA1741M (Car) | | Contact No. 91037181 |
| Hospital/Clinic | SUNSHINE CLINIC FAMILY PRACTICE & SURGERY | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 28/01/2021 | | Date Discharge 28/01/2021 |
| No. of Days granted Medical Leave | 05 | | Degree of Injury Slight |

Brief Details.

On 28/01/2021 at 0830hrs, I was travelling along CTE.

I exited the CTE at Braddell Road exit. While I was still on the slip road towards Braddell Road exit, I stopped my vehicle to wait for the traffic. Suddenly, I felt a nudge at the rear of my vehicle. I alighted to make a check and realized that the vehicle from the rear had collided my rear. I make a check at all parties and confirmed that there was no requirement for immediate medical attention. I exchanged particulars with the driver and left the scene.

Later, I felt some aching at the lower back area. I proceeded to see doctor and was given 5 days MC.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20210128/2047

3 of 3

Report No. T/20210128/2047

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 /

Staff Sgt TAN YI YI, JEAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
28/01/2021 12:55

Classification Of Case: