

ASS. REC. BY:

Tang JH

REF:

CS/EQ12/002804/TIVd3

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.

N/S	O/S
<input checked="" type="checkbox"/>	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

WP

Lim TS

Veh No: SHA4679R Yr Regn: 2017, May

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour Blue A/C: Insured / Std / NI / NASp. Reading 60650 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STPKB3F4903556289

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15R: ~ ~

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 2/3/21Survey held at Comfort Lodge

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format: _____

Lump Sum / L.B.H. (?) _____)

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

EQ Insurance Company Ltd (HQ)

CL5

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/02/2021
Vehicle Reg. No.:	SHA4679R	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Vehicle Reg. Date:	25/05/2017
Vehicle Colour:	BLUE		
Engine No:	2ZRS043162	Chassis No:	JTDKB3FU903556949
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	3,234.80
Miscellaneous Items	0.00
Labour	1,560.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,794.80
+ GST 7.00% (S\$)	335.64
Nett Amount (S\$)	5,130.44

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Mar 2021)
Parts: 144 TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHA4679R/01/03/2021 15:19
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	25.00	0.00	*458.60 FL de
2	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	*318.80 FL h
3	1		*REAR BUMPER CENTER GUARD	25.00	0.00	*552.60 FL de
4	10		*REAR BUMPER CLIPS	25.00	0.00	*22.00 FL ner
5	1		*REAR BUMPER SIDE RETAINER LH	25.00	0.00	*112.70 FL ?
6	1		*REAR BUMPER EXTENSION LH	25.00	0.00	*232.00 FL pu
7	1		*TAILLAMP UPPER LH	25.00	0.00	*557.90 FL x
8	1		*TAILLAMP LOWER LH	25.00	0.00	*548.40 FL cut
9	1		*TAILGATE OUTER GARNISH	25.00	0.00	*889.70 FL au
10	1		*TAILGATE EMBLEM-PRIUS	25.00	0.00	*60.80 FL ner
11	1		*TAILGATE EMBLEM-HYBRID	25.00	0.00	*52.40 FL ner
12	1		*TAILGATE EMBLEM-TOYOTA STAR	25.00	0.00	*52.90 FL ner
13	1		*TAILGATE COMFORTDELGRO	0.00	0.00	*30.00 F ner
14	1		*TAILGATE 65521111	0.00	0.00	*30.00 F ner
15	1		*TAILGATE APPS STICKER	0.00	0.00	*40.00 F ner
16	1		*REVERSE SENSOR	0.00	0.00	*135.70 F de
17	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F ner
18	1		*REAR NO.PLATE WITH TRIM COVER	0.00	0.00	*55.00 F de

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,199.50
- List Item Discount on L Items (S\$)	964.70
Total Parts (S\$)	3,234.80

ComfortDelGro Engineering Pte Ltd/SHA4679R/01/03/2021 15:19. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	525 800.00
2	SPRAY PAINTING	New	500 600.00
3	CHECK LIGHTINGS/ WIRINGS	New	30 40.00
4	R/I REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			1,560.00

ComfortDelGro Engineering Pte Ltd/SHA4679R/01/03/2021 15:19. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

5) TOWING FEE \$60.00 nett ✓

Wash
Tampin 97495749
WP 21/3/21 R440
1/5 Resurvey after repair
Tampin E/M auto-wash
3 days

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:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>27/02/21</u> Time Received: <u>1000</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>GUI</u> Contact No. : <u>9692 9758</u> Vehicle No. : <u>2HA 4679 E</u> Make / Model / Colour : <u>Comfort Prius</u> Email :		4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>271 Bishan St 24</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
<div> <div> Job Attended </div> <div> 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>THIRU</u> Vehicle No. : <u>9P4655D</u> Time Dispatch : <u>1030</u> Time of Arrival : <u>1016</u> Time Completed : <u>1050</u> </div> </div>			
<div> </div> <div> # : Cracked X : Dented / : Scatched O : Missing </div> <div> Signature of Customer </div>			

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

27/02/2021

Date

1016

Time

[Signature]

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

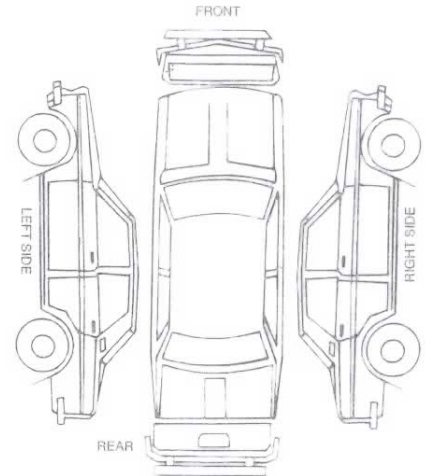
JC NO.: 305456335

TOMER		REGN NO.: SHA4679R	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD		MAKE : TOYOTA	FUEL E.....1/2.....F
TOMER NO. 7010045		MODEL PRIUS HYBRID(G4)27	DATE/TIME IN 27.02.2021 10:00
RESS 383 SIN MING DRIVE		YR OF MANU. 25.05.2017	TARGET DATE
Singapore SINGAPORE 575717		CHASSIS CODE JTDKB3FU903556949	COMPLETION DATE/TIME:
(R) 65508755 (O)			
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 27.02.2021
NATURE: 3P 27.02.2021

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: **SHA4679R** **LIMITS**

Vehicle No.: **SHA4679R**

Signature of 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	27/02/2021 11:06 (SGT)
Date of Accident	27/02/2021 08:15 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4679R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96929758
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	GUI BENG HWEE
NRIC No	SXXXX818C
Date Of Birth	01/11/1966
Occupation	Outdoor

Date Of Driving Pass	02/05/1987
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96929758
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 271 BISHAN STREET 24 #06-216
Address complement	-
Postcode	570271
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 27/02/2021 AT AROUND 0815HOURS, I WAS DRIVING MY VEHICLE A (SHA4679R) ALONG BISHAN ROAD. I WAS WAITING AT THE JUNCTION AS IT WAS RED LIGHT. THERE WERE ABOUT 3 - 4 VEHICLES IN FRONT OF ME. SUDDENLY VEHICLE B (SLV9218Y) HIT MY VEHICLE FROM BEHIND. THUS DAMAGING MY REAR LEFT BUMPER. THERE WAS NO INJURY.

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	SLV9218Y
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH YONG HONG
NRIC No	SXXXX918G
Contact Number	(Phone) +65-96823389
Address	-

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

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 willful 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) 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

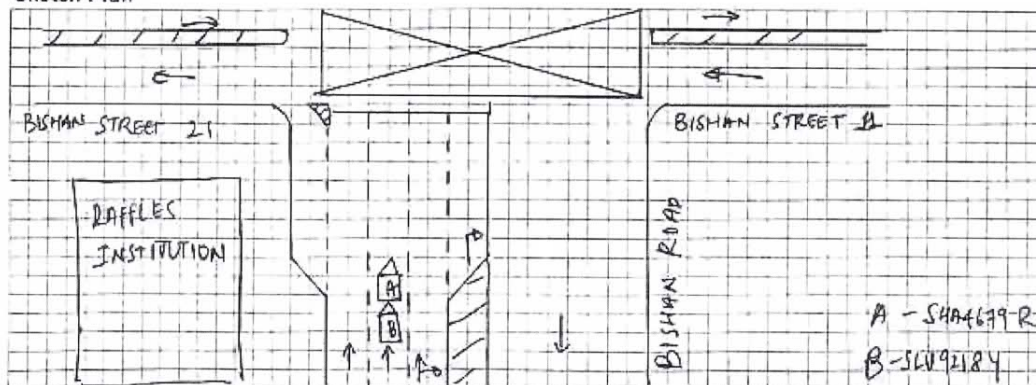
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 27/2/21 0915 hrs

Witnessed by Reporting Centre Personnel KHAYRU

Sketch Plan



Describe Circumstances of the Accident

On 27/2/21 at around 0815 hours, I was driving my Vehicle A (SHA 4679R) Along bishen Road. I was waiting at the junction as it was Red light. There were about 3-4 vehicles in front of me. Suddenly vehicle B (SLV 92184) hit my vehicle from behind. Thus damaging my rear left bumper. There was no injury

Declaration

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

Witnessed by Reporting Centre Personnel



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: 28/02/2021 15:08	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: GUI BENG HWEE			Address: APT BLK 271 BISHAN STREET 24 #06-216 SINGAPORE 570271		
ID Type / ID No.: NRIC NO / S1745818C			Contact No.: Home/Office: Mobile: 96929758		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 01/11/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi 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: 27/02/2021 08:15	Type of Location: X-Junction
Location: BISHAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
SHA4679R	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0
SLV9218Y	Car	HONDA	VEZEL 1.5X CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHA4679R	AXA INSURANCE SINGAPORE PTE LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	GUI BENG HWEE		ID No.	S1745818C
Related Vehicle	SHA4679R (Car)		Contact No.	96929758
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/02/2021		Date Discharge	28/02/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Koh Yong Hong		ID No.	S1831918G
Related Vehicle	SLV9218Y (Car)		Contact No.	96823389
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 27/02/2021 at about 0815hrs, I was driving along bishan rd when I stopped my vehicle at the traffic junction between Bishan rd, Bishan st 11 and Bishan st 21 when suddenly a vehicle (SLV9218Y) from behind knocked on to my rear. I felt the impact of the accident and felt pain on the left side of my head, as such I went to Tan Tock Seng Hospital A&E and was subsequently discharged with 3 days MC. I wish to state that we managed to exchange particulars after the accident.



SINGAPORE
POLICE FORCE



T/20210228/2047

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

3 of 3

Report No. T/20210228/2047

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:

E /

Sgt 1 KOH YONG MENG, ALVIN

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

28/02/2021 15:08

Office In Charge Of Case:

TP / AET /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168