

ASS. REC. BY:

REF:

C72 / 2100 300 6/Kr

C

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/HO 5357Y Yr Regn: 01, 19

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

Truck / Trailer or

Make: Toy Prius c.c. 1788Colour M.P. White / Red A/C: Insured / Std / Nil / NASp. Reading 178870 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JD KB 31-U 703078756Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 26/2/21 D.O.I. 5/3/2021

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

O/S Rear body & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 GOT BT, GIA not ready619 @ 8/22.76 Cash

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS. SI

F. Photos

Others

TOTAL

Report Format :

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



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
www.police.gov.sg

Our Ref : TP/IP/10387/2021
Date : 23 FEBRUARY 2021

NAME: GOH HAI HUAT
NRIC / FIN: S0722856Z

Dear Sir / Madam,

**CASE OF TRAFFIC ROAD TRAFFIC ACCIDENT ALONG JURONG TOWN HALL ROAD ON
26/02/2021**

NOTICE FOR VEHICLE (SHD5357Y) COLLECTION

Please collect the above vehicle which is registered under your name at **Traffic Police Vehicle Pound located at 517 Airport Road, Singapore 539942** within 30 working days from the date of this notice. The Duty Officer at **Traffic Police Vehicle Pound** can be contacted at **6280 7841**. The collection hours are:

Day of week	Operational hours
Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00pm 2.00 pm to 4.00 pm

2 You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.

3 Take note that the vehicle must be collected within 30 working days from the date of this notice or storage fee will be levied as follows:

Type of vehicle	Storage fee per day
Motorcycle/Scooter	\$20/-
Motorcar	\$40/-
Others	\$80/-

4 Traffic Police will proceed to dispose the vehicle if it remains unclaimed after 30 working days from the date of this notice. Should you require further clarification, please contact the undersigned at telephone number **6547 6904** or via email at **Muhammad_Zickie@spf.gov.sg**.

Yours faithfully,

MUHAMMAD ZICKIE
INVESTIGATION OFFICER
TRAFFIC POLICE



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
www.police.gov.sg

Reference: TP/IP/10387/2021

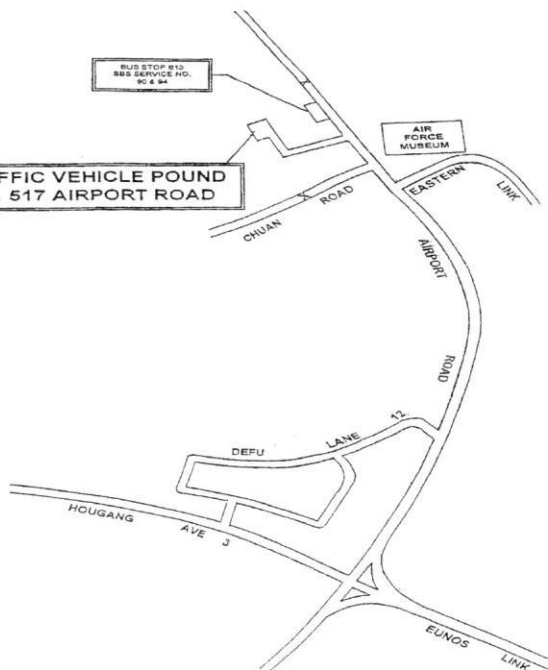
ANNEX A: LETTER OF AUTHORISATION FOR VEHICLE COLLECTION

I, _____, of NRIC / FIN / Passport Number:
_____ hereby authorise _____ of NRIC / FIN /
Passport Number: _____ to collect my vehicle bearing registration number:
_____ on my behalf from Traffic Police.

LOCATION MAP FOR TRAFFIC VEHICLE POUND


(Signature)

Name : _____
NRIC No. : _____
Contact Number : _____
Date : _____



**Note: NRIC, FIN CARD OR PASSPORT MUST BE PRODUCED FOR VERIFICATION TOGETHER
WITH THE NOTICE FOR VEHICLE COLLECTION.**

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5357Y**AAD2103-***Not Authored**Recovery B4 paint**8122.76*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

05 MAR 2021

SHD5357Y

JTDKB3FU703078756

TOYOTA

PRIUS

26/02/2021

CHINA

11/01/2019

	PART
1	COVER, REAR BUMPER
1	COVER, REAR BUMPER, LOWER
1	FILLER, REAR BUMPER EXTENSION, RH
1	GUARD, REAR BUMPER, CENTER
1	REINFORCEMENT SUB-ASSY, REAR BUMPER
1	PANEL SUB-ASSY, REAR DOOR, RH
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH
1	HINGE ASSY, REAR DOOR, LOWER RH
1	HINGE ASSY, REAR DOOR, UPPER LH
1	TAPE, BLACK OUT, NO.1 REAR RH
1	TAPE, BLACK OUT, NO.2 REAR RH
1	TAPE, BLACK OUT, NO.3 REAR RH
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH
1	WEATHERSTRIP, REAR DOOR, RH
1	PANEL SUB-ASSY, QUARTER, RH
1	DUCT ASSY, QUARTER VENT, RH
1	REINFORCEMENT, QUARTER WHEEL HOUSE, INNER RH
1	PANEL, QUARTER WHEEL HOUSE, OUTER RH
1	PANEL SUB-ASSY, QUARTER WHEEL HOUSE, INNER RH
1	LINER, REAR WHEEL HOUSE, RH
1	MOULDING ASSY, BODY ROCKER PANEL, RH
1	ABSORBER ASSY, SHOCK, REAR RH
1	COVER, REAR SUSPENSION ARM, RH
1	ARM ASSY, UPPER CONTROL, REAR RH
1	ARM ASSY, REAR SUSPENSION, NO.1 RH
1	ARM ASSY, REAR SUSPENSION, NO.2 RH

	LIST
\$	CRM 442.60 ✓
\$	in 15.40 X
\$	m3cm 123.70 ✓
\$	Ry 576.30 ✓
\$	R 332.70 X
\$	Ry 1,294.90 ✓
\$	Red 97.40 ✓
\$	in 193.50 X
\$	R 87.10 X
\$	R 98.90 X
\$	Red 21.90 ✓
\$	Red 34.90 ✓
\$	Red 15.40 ✓
\$	in 926.00 X
\$	in 206.70 X
\$	in 180.10 X
\$	Ry 871.50 ✓
\$	Red 67.00 ✓
\$	R 58.50 X
\$	R 296.20 X
\$	R 544.00 X
\$	Red 139.80 ✓
\$	in 594.80 X
\$	Ry 127.00 ✓
\$	in 49.70 X
\$	Red 420.80 ✓
\$	Ry 239.20 ✓
\$	Ry 497.50 ✓

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

AAD2103-**SHD5357Y**

- 1 MOULDING ASSY, BODY ROCKER PANEL, RH
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH
- 1 PANEL ASSY, DECK TRIM SIDE, RH
- 1 BOX, DECK FLOOR, RH
- 1 BOARD, REAR FLOOR, NO.1
- 1 LENS AND BODY, REAR LAMP, RH
- 1 LENS & BODY, REAR COMBINATION LAMP, RH

\$	Sm	594.80	X
\$	R	650.30	X
\$	R	1,147.80	X
\$	Sm	925.60	X
\$	R	242.50	X
\$	Sm	242.50	X
\$	R	61.00	X
\$	R	61.00	X
\$	Refam Sm	355.90	✓
\$	Sm	313.60	X
\$	Sm	519.00	X
\$	CM	502.00	✓
\$	Sm	451.80	X
TOTAL		\$ 14,178.70	
25%		\$ 3,544.68	
		\$ 10,634.03	

Special Nett

- 1 REVERSE SENSOR
- 1 FENDER LINER CLIP
- 1 FENDER CLIP
- 1 REAR BUMPER CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 CLIP(FOR REAR DOOR TRIM BOARD)
- 1 BOOT STICKER TRANSCAB
- 1 BOOT STICKER 65553333
- 1 REAR DOOR STICKER "6555-3333"
- 1 TYRE
- 1 RIM 723 1570.55
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	Sm	700.00	X
\$	R	75.00	✓
\$	nn	75.00	X
\$	nc	65.00	505n
\$	nn	60.00	X
\$	nn	65.00	X
\$	nn	100.00	X
\$	nn	100.00	X
\$	nc	100.00	605n
\$	nn	350.00	8025n
\$	nn	1,879.40	✓
\$	nn R	150.00	X
\$	nn R	200.00	X
\$	nn R	130.00	X
TOTAL		\$ 4,049.40	

TOTAL PARTS \$ 14,683.43**LABOUR**

AAD2103-

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD5357Y

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>nr</i>	300.00	<i>X</i>
Towing Fees	\$		150.00	<i>501</i>
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$		250.00	<i>601</i>
Putty And Spray Painting Of The Affected Portion.	\$		1,800.00	<i>9001</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$		380.00	<i>1001</i>
To Check Electrical Lighting Concerned.	\$		170.00	<i>201</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,800.00	<i>9001</i>
To check steering geometry and computer wheel alignment	\$		220.00	<i>601</i>
To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	<i>Renew</i>	170.00	<i>X</i>
TOTAL	\$		5,240.00	

Over All Total **\$** **19,923.43**

(PART-BY-PART) Repair Days*20 Days**7 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 (costs) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 878K

Vehicle Details

Vehicle No.: SHD5357Y

Vehicle to be Exported: Yes

Intended Deregistration Date: 04 Mar 2021

Vehicle Make: TOYOTA

Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)

Primary Colour: Red

Manufacturing Year: 2018

Engine No.: 2ZR2B94784

Chassis No.: JTDKB3FU703078756

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,605.00

Original Registration Date: 11 Jan 2019

First Registration Date: 11 Jan 2019

Transfer Count: 0

Actual ARF Paid: \$14,247.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 10 Jan 2027

PARF Rebate Amount: \$10,685.00

Intended COE Rebate Details

COE Expiry Date: 10 Jan 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$20,838.00

COE Rebate Amount: \$15,236.00

Total Rebate Amount: \$25,921.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 04 Mar 2021

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	27/02/2021 18:35 (SGT)
Date of Accident	26/02/2021 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5357Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXXX8K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-90383390
Alternative Phone No	(Office) +65-90383390

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA PRIUS 5 DR HATCHBACK (AUTO)
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	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

DRIVER

Name of Driver	GOH HAI HUAT
NRIC No	SXXXX456Z
Date Of Birth	15/05/1950
Occupation	Outdoor

Date Of Driving Pass	23/01/1976
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90383390
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Jurong East, 257 Jurong East Street 24
Address complement	#06-391
Postcode	600257
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 - Major/Minor Rd
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?	Yes
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	PASSENGER 1
Gender	Male

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

Please Refer to Police Report T/20210227/2021 LODGED AT TRAFFIC POLICE

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	NO DETAIL
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH HAI HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5357Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

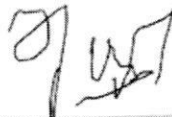
SHD5357Y

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.



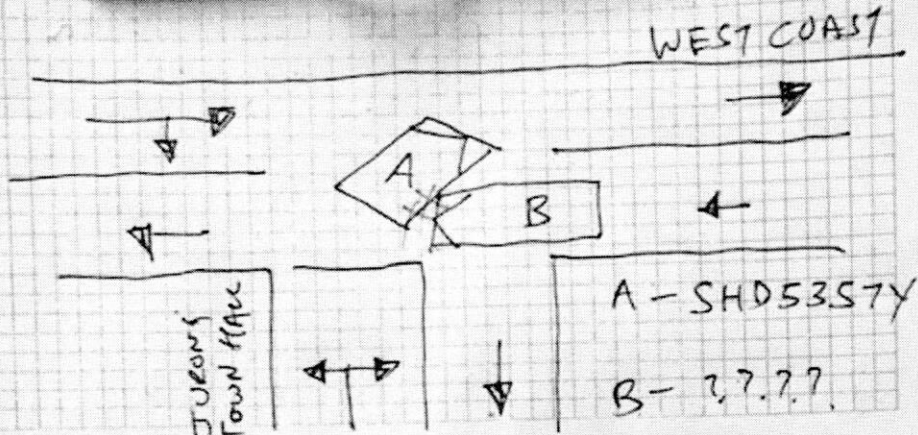
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: **27 Feb 2021**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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: 27/2/21

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

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


**SINGAPORE
POLICE FORCE**


T/20210227/2021

1 of 3

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

Report No. T/20210227/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2021 10:15	Vide Report No.: D/20210226/0057	Station Diary No.:
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Informant's Particulars

Name of Informant: Goh Hai Huat		Address: APT BLK 257 JURONG EAST STREET 24 #06-391 SINGAPORE 600257	
ID Type / ID No.: NRIC NO / S0728456Z		Contact No.:	Mobile: 90383390
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 15/05/1950	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/02/2021 13:50	Type of Location: T-Junction
Location: WEST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SHD5357Y	Taxi	TOYOTA	Prius Hybrid	Red	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210227/2021

2 of 3

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

Report No. T/20210227/2021

CONTINUATION OF REPORT

Driver			
Name	Goh Hai Huat	ID No.	S0728456Z
Related Vehicle	SHD5357Y (Taxi)	Contact No.	90383390
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2021	Date Discharge	26/02/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I, Hai Huat, bearing NRIC of S0728456Z, was driving my taxi Toyota(SHD5357Y) with one passenger on board along Jurong Town Hall Road. As I was about to turn for the right to West Coast Road while it was appearing green on the traffic light, I noticed that there was a lorry(unknown number plate) heading towards me. I didn't managed to press the brake on time, subsequently my vehicle inched forward and the lorry collided with my vehicle causing damage do the rear back door on the right side. I sustained minor injury on my left shoulder after the collision. Afterwards I came out of my vehicle and went over to the back to check with the passenger. I also went over to the vehicle to exchange particulars but he refused to come out.

At about 1400hrs subsequently Traffic Police and ambulance came to the scene. The TP officer then instructed myself and the other driver to drive to the side of the road. He also informed he will be taking my vehicle Video Camera SD card and issued me with an acknowledgement slip. Paramedics then attended to me and conveyed myself alone to Ng Teng Fong General Hospital. I wasn't informed about my vehicle whether it was being towed or not. I would also like to inform that I wasn't aware if there is any camera around the vicinity.



**SINGAPORE
POLICE FORCE**



T/20210227/2021

3 of 3

Report No. T/20210227/2021

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

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:

D /

Sgt 2 KHAIRUL IRFAN BIN NORHISHAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2021 10:15

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168