

ACIS. REC. BY:

Steve

STEP

A14

CS/SMR21004443/Euf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: SMR 6770Y

at Workshop m/s BORNEO MOTORS

of _____

Insured: SHB 308H

Policy No. _____

Claims No. TAX/04/21/2010

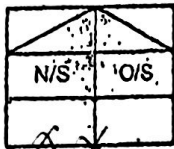
Sum Insured: _____ Excess: _____

(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: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SMR 6770Y

Yr Regn:

17/1/20

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

Truck / Trailer or

Make:

Toyota Previa

c.c. 2362

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

10898

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No:

JTEG056M897173665

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

R:

11

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

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

3/4/21

D.O.I.

7/4/21

Survey held at

Borneo Motors

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

MK-145K

12/4/2021 @ 8.49pm Steve finalize \$5456.98 (P/P), 5 repair days with Thomas.

(RED \$6,219.98; 53%)

Date/Time, File, Pass to?



Prell. Report

13/4 TYPIST



Final Report

Date/Time, File Return to?

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Inve

(\$



Workload

(\$

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS, \$

Phone

Others

TOTAL

3rd Formed:

TP

Total Fee:

\$5,456.98



Borneo Motors

Inchcape
Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no : 6631 1188



TOYOTA

6107 3848 - ~~SMR~~

ESTIMATE

Account Details			Account No.		Customer Details		
THIRD PARTY CLAIM			S1000020 / TPCLAIM		Mdm Soong Mei Yoong 456 East Coast Road Singapore 429029 Mobile: 97351967		
			Document No.				
			0				
			Document Date				
			05/04/2021				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2019	ACR50R	GFXSK E1	17/01/2020	SMR6770Y	0	61155	72/DS/SMR6770Y
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTEGD56M807173665		2AZ1B13366	60	Thomas Pang W T	--/--/----		0.00 --/--/---- 0.00
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-SUNDARY-AI TP INS: TP VEH:SHB308H DATE OF ACC:03.04.2021				50	100.00
2	B	BP-LAB2 DRILL HOLE AND INSTALL REVERSE SENSOR					180.00
3	B	BP-LAB2 CHECK WIRING AND CONDUCT WATER TEST					122.40
4	B	BP-ECU2 TO RESET ECU AND REPROGRAMME					180.00
5	B	BP-LAB2 REMOVE INTERIOR UPHOLSTERY TO FAC REPAIR	360 (photo)			?	720.00
6	B	BP-LAB2 REPLACE ACC DAMAGED PARTS	2			1440	3600.00
		AND STRAIGHTEN/REALIGN ACC AFFECTED AREAS					
7	B	BP-RES2 RESPRAY ACC AFFECTED AREAS	2			1180	3540.00
8	S	PSP PER PANE LABOUR FOR PLATINUM SHINEPRO & SHINE PER PANEL APPLICATION				183-18	366.36
9	Z	BP-SLANT SUPPLY SEALANT (NETT)					200.00
10	1	T52159-28959 COVER, RR BUMPER	1.00	596.90			596.90
11	2	T52155-28080 R/RR BUMPER SUPPORT,	1.00	57.70			57.70
12	3	T52155-28090 R/RR BUMPER SUPPORT,	1.00	40.40			40.40
13	4	T52156-28050 L/R SIDE BPR SUPPORT,	1.00	57.70			57.70
14	5	T52156-28060 L/RR BUMPER SUPPORT,	1.00	40.40			40.40
15	6	S52161-0K040 PIECE,RR BUMPER	10.00	4.10			41.00
For & on behalf of Borneo Motors (Singapore) Pte Ltd			Customer's Signature		Charge Summary		Total
			Please acknowledge receipt of vehicle		Parts Labour Sublet Lubrication/Fluid Others		Less
							Amount Due

Customer Copy



Borneo Motors



TOYOTA

Inchcape
Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188

ESTIMATE

Account Details			Account No.		Customer Details			
THIRD PARTY CLAIM			S1000020 / TPCLAIM		Mdm Soong Mei Yoong			
			Document No.		456 East Coast Road			
			0		Singapore 429029			
			Document Date		Mobile: 97351967			
			05/04/2021					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2019	ACR50R	GFXSK E1	17/01/2020	SMR6770Y	0	61155	72/DS/SMR6770Y	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
JTEGD56M807173665		2AZ1B13366	60	Thomas Pang W T	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
16	7	T81910-13022 R/R BUMPER REFLECTOR, X			1.00	59.80		59.80
17	8	T81920-13022 L/R BUMPER REFLECTOR, X			1.00	59.80		59.80
18	9	T58307-28110 REAR LOWER FLR PANEL, X			1.00	755.40		755.40
19	0	T90975-02064 EMBLEM, SYMBOL / n/c			1.00	72.20		72.20
20	1	T75441-28720 "PREVIA" EMBLEM, / n/c			1.00	57.20		57.20
21	2	T75441-28730 REAR "TOYOTA" EMBLEM, / n/c			1.00	44.10		44.10
22	3	T89341-60051 D1 SENSOR, ULTRASONIC, ?			2.00	392.80		785.60
<p>Steve (LKK) with n/c</p> <p>5 days</p> <p>7/4/21, 11.00a</p> <p>P/P</p> <p>My Bel Smy</p>								
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 </div>								
For & on behalf of			Customer's Signature		Charge Summary		Total	
Borneo Motors (Singapore) Pte Ltd							11,676.96	
Acknowledged by Repairer			Please acknowledge receipt of vehicle		Parts		GST 7.00%	
Signature:					Labour		817.39	
Date:					Sublet		Less	
					Lubrication/Fluid		0.00	
					Others		Amount Due	
							12,494.35	

Customer Copy

INTERNAL INVOICE

Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188

New vehicle preparation PDI
***** For use by BMS PDI *****

i0100001 /NEWVEHIC

Mdm MY Soong
456 East Coast Road
Singapore 429029

38046782

24/02/2020

19 GFXSK E1 ACR50R 17/01/2020 SMR6770Y 1602 53285 69INT/SMR6770Y

JTEGD56M807173665 2AZ1B13366 00 Raymond Seah L M --/--/---- 0.00 --/--/---- 0.00

M D1068*-PLATINUM SHINEPRO
1 * PSPRO PDI LABOUR FOR PLATINUM SHINE PDI
D1068D) Platinum Shine Glass Coating
1 * PSPRO MAT PDI PLATINUM SHINE SET

0.00 GST 0.00% 0.00
0.00 0.00
0.00
0.00

24/02/2020
18:54

SMR6770Y

SB0G21450005 / Borneo Motors Pte Ltd
ENTRY DATE & TIME : 05/04/2021 13:06 (SGT)
SUBMITTED BY: Ashlyn Chng
VERSION: 1 (05/04/2021 13:06 (SGT))

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	05/04/2021 13:06 (SGT)
Date of Accident	03/04/2021 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD ALONG SIDE MARINE PARADE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6770Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOONG MEI YOONG
NRIC No	SXXXX552B
Email Address	SMEIYOONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97351967
Alternative Phone No	(Home) +65-97351967

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070005199-01
Cover Note Number	-

DRIVER

Name of Driver	SOONG MEI YOONG
NRIC No	SXXXX552B

Date Of Birth	15/03/1976
Occupation	Indoor
Date Of Driving Pass	09/03/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97351967
Alt. Phone Number	(Home) +65-97351967
Email Address	SMEIYOONG@YAHOO.COM.SG
Address	456 EAST COAST ROAD
Address complement	-
Postcode	429029
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Wet

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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SIM CHONG
Gender	Male

PASSENGER 2

Name	CHIA YENG SIANG
Gender	Female

PASSENGER 3

Name	SIM TJIA LE
Gender	Male

PASSENGER 4

Name	SIM KAY ANN
Gender	Female

PASSENGER 5

Name	SIM KAY LING
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHB308H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANG
Contact Number	(Phone) +65-84681831
Address	-
Address complement	-
Postcode	-
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	SIM KAY ANN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR6770Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

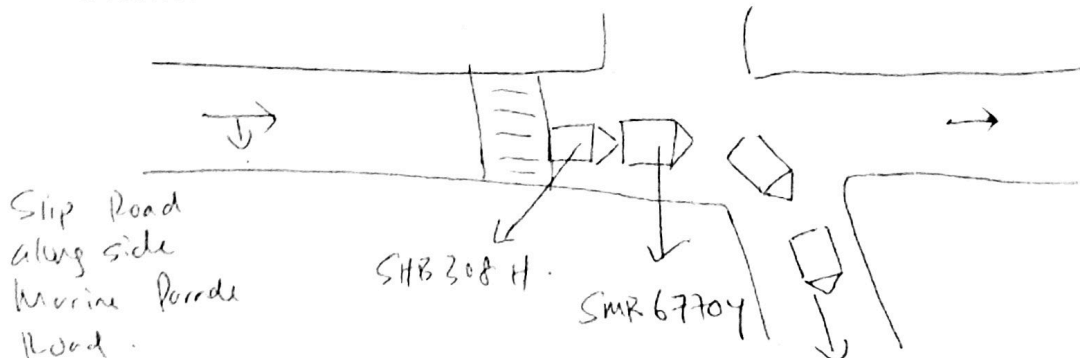
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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.
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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



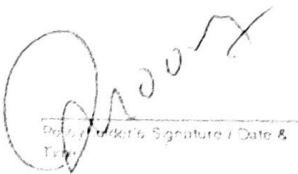
SKETCH PLAN #2

Describe Circumstances of the Accident

Refer to Police Report 7/20210464/7022.

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



SINGAPORE POLICE FORCE



T/20210404/7002

1 of 5

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

Report No. T/20210404/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2021 10:59	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars		
Name of Informant: SOONG MEI YOONG		Address: 456 EAST COAST ROAD SINGAPORE 429029
ID Type / ID No.: NRIC NO / S7673552B		Contact No.: Home/Office: Mobile: 97351967
Nationality: SINGAPORE CITIZEN		Email: smeiyoong@yahoo.com.sg
Sex: Female	Age: 45	Date of Birth: 15/03/1976
Race: Chinese		Type of Informant: Driver
Occupation: Accountant		Language: English
		Institution / School Name:
		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: 03/04/2021 16:45	Type of Location: Straight Road
Location: Slip road alongside Marine Parade Road				
Weather: Clear		Road Surface: Slightly wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: My stationary vehicle was hit from behind by a Taxi			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB308H	Taxi					0
SMR6770Y	Car	TOYOTA	PREVIA AERAS 2.4 CVT MR	Red		6

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210404/7002

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

2 of 5
Report No. T/20210404/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR6770Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070005199-01	17/01/2021	16/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG		ID No.	NIL
Related Vehicle	SHB308H (Taxi)		Contact No.	84681831
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	SIM KAY ANN		ID No.	T0913741B
Related Vehicle	SMR6770Y (Car)		Contact No.	97351967
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	03/04/2021		Date	03/04/2021
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	SOONG MEI YOONG		ID No.	S7673552B
Related Vehicle	SMR6770Y (Car)		Contact No.	97351967
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



**SINGAPORE
POLICE FORCE**



T/20210404/7002

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

3 of 5
Report No. T/20210404/7002

CONTINUATION OF REPORT

Brief Details.

Informant: Soong Mei Yoong
NRIC number: S7673552B
Address: 456 East Coast Road, Singapore 429029
Contact number: 9735 1967
Vehicle number: SMR6770Y

My Car and its passengers

1. I am the owner and driver of a vehicle bearing the licence plate number SMR6770Y ("my Car").
2. On Saturday 3 March 2021 at about 4.45 pm, I was driving my Car with the following passengers: (1) my eldest daughter, Sim Kay Ann ("SKA"); (2) my 2 other children; (3) my husband; and (4) my mother-in-law. SKA and my other daughter (together, my "Daughters") were sitting at the back row of my Car.

Moving along the Slip Road

3. After I picked up my Daughters at Katong V Shopping Mall, I exited its car park by turning left onto the slip road alongside Marine Parade Road and perpendicular to Brooke Road (the "Slip Road"). Traffic was heavy. All the vehicles on the Slip Road were travelling very slowly and had to start and stop frequently along the way.
4. There is a traffic hump on the Slip Road just outside Grand Mercure Singapore Roxy Hotel (the "Hump"). When my Car reached the Hump, we had to stop because the car in front of us stopped. I did not perform a sudden stop. As mentioned above, traffic was heavy and all the vehicles along the Slip Road were travelling slowly and had to start and stop frequently along the way.

The Accident

5. My Car was stationary when we felt and heard a sudden bang behind us. The Car lurched slightly forward. A vehicle behind my Car had hit us (the "Accident"). This vehicle was a Taxi bearing licence plate number SHB308H (the "Taxi").
6. My husband and I alighted from my Car. A man who subsequently introduced himself as "Mr Ang" came out of the Taxi. He acknowledged that he had hit my Car.
7. As there was heavy traffic and the vehicles behind us were eager to move along, we did not have much time to discuss further with Mr Ang save that we agreed to make a police report of the Accident. Mr Ang gave my husband his mobile phone number, being 8468 1831. My husband and Mr Ang subsequently exchanged text messages, a copy of which is enclosed at Appendix 1 hereto.
8. My Car has suffered damage as a result of the Accident. Photographs taken by my husband of my Car and the Taxi are collectively enclosed at Appendix 2 hereto.

Bringing SKA to the Hospital



**SINGAPORE
POLICE FORCE**



T/20210404/7002

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

4 of 5

Report No. T/20210404/7002

CONTINUATION OF REPORT

9. Shortly after the Accident at about 5 pm, SKA complained of pain at her back. As a matter of prudence, my husband informed Mr Ang by way of a text message of the same, and that we would bring her to a hospital for a check. At about 6 pm, I brought SKA to Parkway East Hospital (the "Hospital"). A copy of the Hospital's Tax Invoice is enclosed at Appendix 3 hereto.

10. This morning, I made a report to my Car's insurers, AIG, by calling 6338 6200. I spoke with Ms Susan who advised me to bring my Car to Borneo Motors' Pandan Crescent facilities tomorrow, Monday 5 March 2021. I intend to do so.



**SINGAPORE
POLICE FORCE**



T/20210404/7002

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

5 of 5

Report No. T/20210404/7002

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

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

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

Date/Time:
04/04/2021 10:59

Classification Of Case:



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Soong Mei Yuong .
VEHICLE NUMBER : SMP 6770 Y .
DATE/TIME OF ACCIDENT : 3/4/2021 @ 1645pm
PLACE OF ACCIDENT : Slip Road alongside Marine Parade Road .
THIRD PARTY VEHICLE (IF ANY) : SHB 308H .

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

Home → Katong V Shopping Mall

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

Rear Ended Collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Sim Kay Ann . SMP 6770 Y .

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Name: Soong Mei Yuong

I Affirmed The Above Information Is Given To My Best Knowledge.