

ASSIGNED BY:

Tajmir

REF.

TMI

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. MM000072

Claims No. M2102273

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

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

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHU 6214K Yr Regn: 2019 / May

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

Truck / Trailer or

Make: Toyota Prius cc 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 271777 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STDK33F 400308 1109Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim orTyre Size: F: 185/65R15R: 22

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

TOYO / YOKO or Workshop

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. D.O.L. 7/5/21Survey held at WorkshopDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

PART BY PART \$801.25, 2DAYS

RED: 491.42; 38%

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Other:

TOTAL

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ Misc. (\$

Payment Method:

TP

Lump Sum / B.D. \$801.25

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP INSURER:**  
**CTPL**

**Tokio Marine Insurance Singapore Ltd (HQ)**

Singapore

*Jumani*  
*CP/P*

### PARTICULARS OF CLAIM

|                               |  |                    |                   |
|-------------------------------|--|--------------------|-------------------|
| Claim Type:                   | THIRD PARTY                                | Ref. No:           |                   |
| Policy No:                    |  | Date of Loss:      | 06/05/2021        |
| Vehicle Reg. No.:             | <b>SHA6214K</b>                            | Driveable?         | YES               |
| Party At Fault:               | UNKNOWN                                    |                    |                   |
| Make/Model:                   | TOYOTA PRIUS HYBRID, 1.8 CVT (A)           | Vehicle Reg. Date: | 31/05/2019        |
| Vehicle Colour:               | BLUE                                       | Gen Condition:     | GOOD              |
| Engine No:                    | 2ZR2C24969                                 | Chassis No:        | JTDKB3FU003081109 |
| Odometer:                     | 0 KM                                       |                    |                   |
| Paint Type:                   |  |                    |                   |
| List Item Discount:           | 25.00 %                                    |                    |                   |
| Total Loss?                   | <b>NO</b>                                  |                    |                   |
| Est. Duration of Repair (day) | 4  |                    |                   |
| Present Location:             | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) |                    |                   |

### COST OF CLAIMS

|                          | Amount          |
|--------------------------|-----------------|
| Parts                    | 581.67          |
| Miscellaneous Items      | 11.00           |
| Labour                   | 700.00          |
| Paintwork Labour         | 0.00            |
| Towing                   | 0.00            |
| <b>Gross Total (S\$)</b> | <b>1,292.67</b> |
| <b>+ GST 7.00% (S\$)</b> | <b>90.49</b>    |
| <b>Nett Amount (S\$)</b> | <b>1,383.16</b> |

**This claim is handled by: JUMANI BIN MASUDIN**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference**

|                      |  |   |
|----------------------|--|---|
| <b>Part Source:</b>  | MRM-SG   | Version: 1.0 (Last Synchronised: 07 May 2021)                     |
| <b>Parts:</b>        | 144  | TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0) |
| <b>Labour:</b>       | Repairer's   | (Price-denominated Standard List)                                 |
| <b>Print Code:</b>   | ComfortDelGro Engineering Pte Ltd/SHA6214K/07/05/2021 09:01  |   |
| <b>Validity:</b>     | 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 |   |
| <b>Further Info:</b> | Items/values not in reference catalogue are prefixed with an asterisk *.   |   |

**Estimates on Parts**

| No.                                    | Qty | Part No. | Particulars                | %Disc | %Depr | Amount     |
|--|-----|----------|----------------------------|-------|-------|------------|
| 1                                      | 1   |          | *FERT BUMPER ASSY          | 25.00 | 0.00  | 2499.90 FL |
| 2                                      | 10  |          | *FERT BUMPER CLIPS         | 25.00 | 0.00  | 22.00 FL   |
| 3                                      | 1   |          | *FERT BUMPER EMBLEM        | 25.00 | 0.00  | 88.00 FL   |
| 4                                      | 1   |          | *FRT NUMBER PLATE W/CASING | 0.00  | 0.00  | 50.00 F    |
| 5                                      | 1   |          | *FRT NUMBER PLATE MOULDING | 25.00 | 0.00  | 99.00 FL   |
| F=Franchise part. L=ListItemDisc.      |     |          |                            |       |       |            |
| Sub Total (\$\$)                       |     |          |                            |       |       | 758.90     |
| - List Item Discount on L Items (\$\$) |     |          |                            |       |       | 177.23     |
| Total Parts (\$\$)                     |     |          |                            |       |       | 581.67     |

ComfortDelGro Engineering Pte Ltd/SHA6214K/07/05/2021 09:01. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

5/7/2021

Repairer Estimates

## Estimates on Miscellaneous Items

| No                         | Qty | Particulars          | Amount |
|----------------------------|-----|----------------------|--------|
| <u>Miscellaneous Items</u> |     |                      |        |
| 1                          | 1   | OD/TP Case (Insurer) | 11.00  |
| Sub Total (S\$)            |     |                      | 11.00  |

## Estimates on Labour

| No                      | Particulars   | Lab.Type | Amount     |
|-------------------------|---------------|----------|------------|
| <u>Labour Items</u>     |               |          |            |
| 1                       | PANEL BEATING | New      | 350 400.00 |
| 2                       | SPRAYPAINT    | New      | 250 300.00 |
| Gross Labour Cost (S\$) |               |          | 700.00     |

ComfortDelGro Engineering Pte Ltd/SHA6214K/07/05/2021 09:01. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

&lt; END OF ESTIMATES &gt;

Tanpin 27495719  
7/5/20 @ 230 pm

2 days  
p/p resurvey new parts, after repair.  
tanpin @ 16h auto con

**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: 07.05.2021 08:48

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO.:305467585

COMER  
S COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

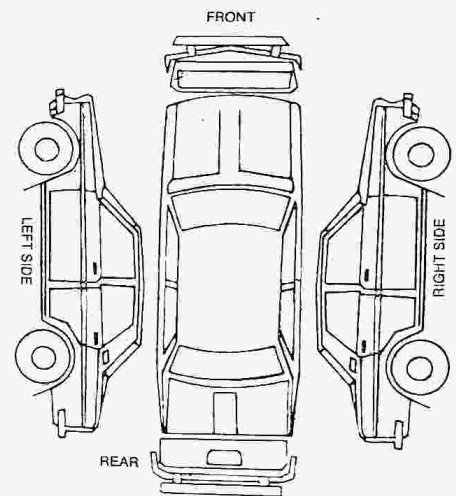
|  |                                      |
|--|--------------------------------------|
| REGN NO:<br><b>SHA6214K</b>              | MILEAGE                              |
| MAKE:<br><b>TOYOTA</b>                   | FUEL<br>E.....1/2.....F              |
| MODEL<br><b>PRIUS HYBRID(G4)06</b>       | DATE/TIME IN<br><b>05.2021 13:25</b> |
| YR OF MANU.<br><b>31.05.2019</b>         | TARGET DATE                          |
| CHASSIS CODE<br><b>JTDKB3FU003081109</b> | COMPLETION DATE/TIME:                |

DUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 06.05.2021  
ATURE: 3P 06.05.2021

/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: **PART BY PART \$801.25, 2DAYS**  
**RED: 491**

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

Vehicle No.;

**SHA6214K**

**JU TOKIO LKK**

**SHA6214K**

Service Advisor

Signature/Date

Name of Service Advisor

Date

ned 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 ..... 06/05/2021 20:35 (SGT)  
Date of Accident ..... 06/05/2021 09:30 (SGT)  
Exact Location of Accident ..... Kampong Bahru Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA6214K  
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) +65-94524968  
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  
Transmission ..... Auto  
CC ..... 1798

## INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419138  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... WONG LEE SUNG  
NRIC No ..... SXXXX613D

|  |                             |
|--|-----------------------------|
| Date Of Birth  | 03/12/1968                  |
| Occupation   | Outdoor                     |
| Date Of Driving Pass   | 18/06/1991                  |
| Driving experience   | 29 YEARS AND 11 MONTHS      |
| Gender   | Male                        |
| Mobile Number  | (Phone) +65-94524968        |
| Alt. Phone Number  | -                           |
| Email Address  | fleetsafety@cdgtaxi.com.sg  |
| Address  | BLK 49 CIRCUIT ROAD #03-763 |
| Address complement   | -                           |
| Postcode   | 370049                      |
| 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?  | No  |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Female    |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police?  | Yes                                  |
| Police Station Name                       | Punggol Neighbourhood Police Centre  |
| Police Station Phone No                   | (Phone) +65-18006049999              |
| Alt. Police Station Phone No              | (Fax) +65-64468015                   |
| Police Station Address                    | Blk 21A Tebing Lane Singapore 828837 |
| Was notice of intended Prosecution given? | No                                   |
| If yes, against whom?                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

|   |                      |
|---|----------------------|
| Are accident photos available for attachment?     | Yes                  |
| Was there any video captured by Car Camera?       | Yes                  |
| Reasons for not uploading a video of the accident | FILE IS NOT SUITABLE |
| Was there any audio recorded?                     | No                   |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLM2522L |
|-----------------------------|----------|

|   |                      |
|---|----------------------|
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | -                    |
| Contact Number                          | (Phone) +65-98220930 |
| 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                              | WONG LEE SUNG               |
| Address   | BLK 49 CIRCUIT ROAD #03-763 |
| Address Complement                                  | -                           |
| Post Code   | 370049                      |
| Approximate Age Years Old                           | -                           |
| Injuries Sustained                                  | DONT FEEL WELL              |
| Injured person in which vehicle?                    | SHA6214K                    |
| Were seat belts worn?                               | -                           |
| Was this injured conveyed to hospital by ambulance? | No                          |



## SKETCH PLAN

## IMPORTANT NOTICE

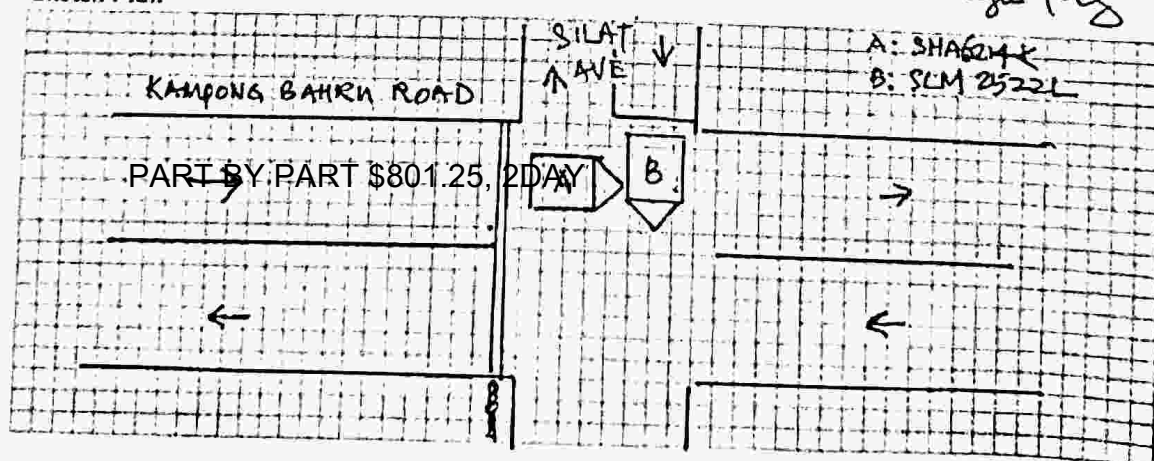
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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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' law firms/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.
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 law firms/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  
06.05.2021 1430 HRS

Witnessed by Reporting Centre Personnel  
Kuan Yung

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT

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/20210506/2041

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20210506/2041

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                          |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made:<br>06/05/2021 12:42 |            | Vide Report No.:   |                              | Station Diary No.:<br>38 |
| <b>Informant's Particulars</b>             |            |  |                              |                          |
| Name of Informant:<br>WONG LEE SUNG        |            | Address:<br>APT BLK 49 CIRCUIT ROAD #03-763 SINGAPORE 370049 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S6845613D   |            | Contact No.:<br>Home/Office: Mobile: 94524968                |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                          |
| Sex:<br>Male                               | Age:<br>52 | Date of Birth:<br>03/12/1968                                 | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                           |            | Language:<br>Chinese   | Institution / School Name:   |                          |
| Occupation:<br>Taxi driver                 |            | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:  |                              |                          |

|   |                      |   |  |                                    |
|---|----------------------|---|--|------------------------------------|
| <b>General Information of the Accident</b>                                      |                      |   |  |                                    |
| Type of Accident:   | Non-Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>06/05/2021 09:30 | Type of Location:<br>Straight Road |
| Location:<br>KAMPONG BAHRU ROAD   |                      |   |  |                                    |
| Weather:<br>Clear   |                      | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>Dual Carriage Way  |                      | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Opposite Direction |                      |   | Anyone conveyed by ambulance:<br>No        |                                    |

| <b>Details of Vehicle Involved</b> |      |      |       |       |           |                 |
|------------------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No.                        | Type | Make | Model | Color | Condition | No of Passenger |
| SHA6214K                           | Car  |      |       |       |           | 1               |
| SLM2522L                           | Car  |      |       |       |           | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |


**SINGAPORE  
POLICE FORCE**


T/20210506/2041

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

2 of 3

Report No. T/20210506/2041

## CONTINUATION OF REPORT

|                                   |                               |  |                                    |
|-----------------------------------|-------------------------------|--|------------------------------------|
| <b>Driver</b>                     |                               |  |                                    |
| Name                              | WONG LEE SUNG                 | ID No.                                 | S6845613D                          |
| Related Vehicle                   | SHA6214K (Car)                | Contact No.                            | 94524968                           |
| Hospital/Clinic                   | CALROSE MEDICAL FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 06/05/2021                    | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | 05                            | Degree of Injury                       | NIL                                |

**Brief Details.**

On 06/05/2021 at about 0930hrs, I was driving my taxi, a blue Comfort Delgro taxi bearing vehicle number SHA6214K, along KAMPONG JAVA RD towards JALAN BUKIT MERAH. There is one passenger onboard my vehicle. As I was approaching SILAT AVENUE, I saw vehicle SLM2522L at the junction of Silat Avenue and Kampong Java Rd. SLM2522L was still at the stop line of Silat Avenue when I was approaching the said junction. I wish to state that there was no traffic light at the said junction and it was a give way type. As I reached the junction, SLM2522L suddenly moved forward and I could not stop in time and collided onto the said vehicle. I collided onto the right front driver side wheel portion.

After the collision, we alighted from the vehicle and exchanged contact number. No one informed that they were injured.

Later the day, I felt pain on my right shoulder and back. I consulted the doctor and was given 5 days MC.

C'



SINGAPORE  
POLICE FORCE



T/20210506/2041

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No T/20210506/2041

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:

F /

Sgt 3 LOUIS SEAH ZHENG LIANG

Signature Of Informant:

Signature Of Informant:  
Not applicable

Date/Time:

06/05/2021 12:42

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

