

Estimation

Date
Vehicle SMV 115 H
Make/Model HYUNDAI ACCENT
Chassis No. KMHCU41BTKU445148

| No. | Description | Unit | Unit Price | Amount |
|-----|---|------|--------------|--------------------|
| | Parts Replacment | | | |
| 1 | BOOTLID <i>bt</i> | 1 | \$ | - |
| 2 | BOOTLID LOGO - HYUNDAI <i>ner</i> | 1 | \$ 52.50 | \$ 52.50 |
| 3 | BOOTLID EMBLEM - ACCENT <i>ner</i> | 1 | \$ | - |
| 4 | BOOTLID CHROME GARNISH <i>ner</i> | 1 | \$ | - |
| 5 | BOOTLID LOCK SWITCH | 1 | \$ | - |
| 6 | BOOTLID REVERSE CAMERA <i>ner</i> | 1 | \$ | - |
| 7 | BOOTLID NUMBER PLATE LAMP L+R <i>X</i> | 2 | \$ 65.50 | \$ 131.00 |
| 8 | BOOTLID LOCK <i>bt</i> | 1 | \$ | - |
| 9 | BOOTLID LOCK CATCH <i>X</i> | 1 | \$ 74.50 | \$ 74.50 |
| 10 | BOOTLID INNER TRIM <i>X</i> | 1 | \$ | - |
| 11 | BOOTLID HINGE SET <i>Rt bt</i> | 2 | \$ 80.20 | \$ 160.40 |
| 12 | BOOTLID WEATHERSTRIP <i>ner</i> | 1 | \$ | - |
| 13 | TAIL LAMP L+R <i>LH ner RH ner</i> | 2 | \$ | - |
| 14 | TAIL LAMP PANEL L+R <i>LH X RH bt</i> | 2 | \$ | - |
| 15 | TAIL LAMP LOWER BRACKET L+R <i>LH X RH bt</i> | 2 | \$ | - |
| 16 | REAR BUMPER <i>de</i> | 1 | \$ | - |
| 17 | REAR BUMPER REVERSE SENSOR SET <i>ner</i> | 4 | \$ | - |
| 18 | REAR BUMPER REFLECTOR L+R <i>LH X RH ner</i> | 2 | \$ 87.10 | \$ 174.20 |
| 19 | REAR BUMPER RETAINER L+R <i>ner</i> | 2 | \$ 72.95 | \$ 145.90 |
| 20 | REAR BUMPER REINFORCEMENT BAR <i>ner</i> | 1 | \$ | - |
| 21 | REAR BUMPER SPONGE <i>X</i> | 1 | \$ 141.20 | \$ 141.20 |
| 22 | REAR WINDSCREEN MOULDING <i>ner</i> | 1 | \$ | - |
| 23 | REAR FENDER L+R <i>LH X RH ner</i> | 2 | \$ | - |
| 24 | REAR FENDER INNER TRIM L+R <i>LH X RH ner</i> | 2 | \$ | - |
| 25 | REAR FENDER COWLING L+R <i>LH X RH ner</i> | 2 | \$ 175.65 | \$ 351.30 |
| 26 | END PANEL <i>bt</i> | 1 | \$ | - |
| 27 | END PANEL TOP GARNISH <i>de</i> | 1 | \$ | - |
| 28 | SPAREWHEEL PANEL <i>Rt ner</i> | 1 | \$ | - |
| 29 | SPAREWHEEL PANEL TOP BOARD <i>de</i> | 1 | \$ | - |
| 30 | SPAREWHEEL PANEL SPONGE <i>ner</i> | 1 | \$ | - |
| 31 | EXHAUST PIPE <i>X</i> | 1 | \$ | - |
| 32 | EXHAUST HEAT SHIELD <i>X</i> | 1 | \$ | - |
| | | | | |
| | | | Total | \$ 1,231.00 |
| | | | Less 10% | \$ 123.10 |
| | | | Total | \$ 1,107.90 |

| | S/Nett Items | | | | |
|----|------------------------------|---|--------------|---------|-----------------|
| 1 | BOOTLID INNER TRIM CLIPS | 1 | 100 | \$ 20 | 100.00 |
| 2 | REAR NUMBER PLATE | 1 | 100 | \$ X | 100.00 |
| 3 | REAR BUMPER CLIPS | 1 | 100 | \$ 30w | 100.00 |
| 4 | TAIL LAMP CLIPS | 1 | 50 | \$ 20w | 50.00 |
| 5 | TAIL LAMP PANEL SEALANT | 1 | 50 | \$ 20 | 50.00 |
| 6 | REAR WINDSCREEN SEALANT | 1 | 100 | \$ 60 w | 100.00 |
| 7 | REAR FENDER SEALANT | 1 | 200 | \$ 40 w | 200.00 |
| 8 | REAR FENDER INNER TRIM CLIPS | 1 | 200 | \$ 30w | 200.00 |
| 9 | REAR FENDER COWLING CLIPS | 1 | 200 | \$ 20w | 200.00 |
| 10 | END PANEL SEALANT | 1 | 200 | \$ 40w | 200.00 |
| 11 | END PANEL TOP GARNISH CLIPS | 1 | 100 | \$ 20w | 100.00 |
| 12 | SPAREWHEEL PANEL SEALANT | 1 | 250 | \$ X | 250.00 |
| | | | Total | \$ | 1,650.00 |

| | LABOUR | | | | |
|----|---|---|---------------------------------|---------|-----------------|
| 1 | PANEL BEATING ON AFFECTED AREAS | 1 | 2400 | \$ 1200 | 2,400.00 |
| 2 | SPRAY PAINT ON AFFECTED AREAS | 1 | 1600 | \$ 1100 | 1,600.00 |
| 3 | TO RNR REAR WINDSCREEN | 1 | 200 | \$ 120 | 200.00 |
| 4 | TO CHECK WIRING AND TAIL LAMP FUNCTION | 1 | 150 | \$ 30 | 150.00 |
| 5 | TO RNR INNER TRIM AND UPHOLSTERY | 1 | 600 | \$ 60 | 600.00 |
| 6 | TO CHECK WHEEL ALIGNMENT AND ADJUST | 1 | 250 | \$ X | 250.00 |
| 7 | TO RNR UNDERCARRIAGE | 1 | 250 | \$ X | 250.00 |
| 8 | TO CHECK WATER LEAK | 1 | 150 | \$ 20 | 150.00 |
| 9 | TO PERFORM DIAGNOSTIC AND CLEAR FAULTS | 1 | 600 | \$ X | 600.00 |
| 10 | TO RNR REAR BOOTLID MECHANISM | 1 | 400 | \$ 60 | 400.00 |
| 11 | TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION | 1 | 150 | \$ 30 | 150.00 |
| 12 | TO PERFORM RUST PROOFING | 1 | 400 | \$ 40 | 400.00 |
| | | | Total Labour | \$ | 6,200.00 |
| | | | Parts Replacement Amount | \$ | 2,757.90 |
| | | | Total Amount | \$ | 8,957.90 |

Tomlin 97497749
 'wp' 18/8/21 @ 1645
 c/s Resurvey after repair
 7 days
 Tomlin @ lkhauto.com

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:

LKK Auto Consultants hence notify

the Repairer of the following:

- To reserve before/after spray painting
- To display damaged part(s) during reserve
- Parts prices are subject to confirmation
- Third party survey is done without Prebook, parts
- No design or technology is allowed
- Supplier's work must be reserved and
- is subject to the terms from insurance company

Acknowledged by Repairer

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 749A |
| Vehicle Details | |
| Vehicle No.: | SMV115H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Aug 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | ACCENT (RB) 1.4 CVT |
| Primary Colour: | Red |
| Manufacturing Year: | 2018 |
| Engine No.: | G4LCJU045071 |
| Chassis No.: | KMHCU41BTKU445148 |
| Maximum Power Output: | 73.6 kW (98 bhp) |
| Open Market Value: | \$8,503.00 |
| Original Registration Date: | 21 Sep 2018 |
| First Registration Date: | 21 Sep 2018 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$8,503.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 20 Sep 2028 |
| PARF Rebate Amount: | \$6,377.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 20 Sep 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$33,798.00 |
| COE Rebate Amount: | \$23,846.00 |
| Total Rebate Amount: | \$30,223.00 |

The information contained herein is correct as at 16 Aug 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 | 16/08/2021 13:46 (SGT) |
| Date of Accident | 14/08/2021 17:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SL/BKE BEFORE MANDAI ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMV115H |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAN CHING BOON,ALAN |
| NRIC No | SXXXX749A |
| Email Address | alantan_86@hotmail.com |
| Mobile Phone No | (Phone) +65-96492181 |
| Alternative Phone No | +65-96492181 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Accent |
| Variant | (RB) 1.4 CVT |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1368 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | - |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | TAN CHING BOON,ALAN |
| NRIC No | SXXXX749A |



| | |
|--|--|
| Date Of Birth | 02/12/1986 |
| Occupation | Indoor |
| Date Of Driving Pass | 26/12/2006 |
| Driving experience | 14 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96492181 |
| Alt. Phone Number | +65-96492181 |
| Email Address | alantan_86@hotmail.com |
| Address | 473B UPPER SERANGOON CRESCENT #15-323 SPORE 532473 |
| Address complement | - |
| Postcode | - |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 5 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------------|
| Name | KER YAN CHING |
| Gender | Female |

PASSENGER 2

| | |
|--------|--------------------|
| Name | TAN XIN YU KAYSTON |
| Gender | Male |

PASSENGER 3

| | |
|--------|---------------|
| Name | TAN CHOON HUA |
| Gender | Female |

PASSENGER 4

| | |
|--------|--------------|
| Name | KER TENG SAN |
| 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

REFER TO SKETCH PLAN/POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SJS8493P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SKP8834T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------|
| Name of injured person | TAN CHING BOON,ALAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMV115H |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 2

| | |
|------------------------|---------------|
| Name of injured person | KER YAN CHING |
| Gender | - |
| Phone No | - |
| Address | - |

Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
-
-
-
SMV115H
-
-

INJURED 3

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN XIN YU KAYSTON
-
-
-
-
-
-
-
SMV115H
-
-

INJURED 4

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN CHOON HUA
-
-
-
-
-
-
-
SMV115H
-
-

INJURED 5

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

KER TENG SAN
-
-
-
-
-
-
-
SMV115H
-
-

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) 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.

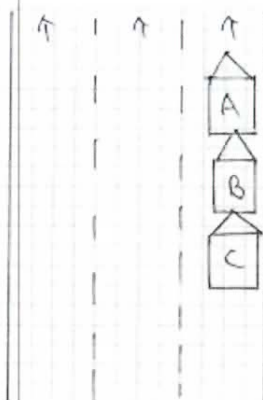
Bh
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

VEHICLE A → SMV 115H
VEHICLE B → 7SJS8493P
VEHICLE C → SHP8834T



Declaration

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/20210814/7019

1 of 4

Report No. T/20210814/7019

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

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 14/08/2021 20:55 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN CHING BOON, ALAN | | | Address: 473B UPPER SERANGOON CRESCENT #15-323 SINGAPORE 532473 | | |
| ID Type / ID No.: NRIC NO / S8636749A | | | Contact No.: Home/Office: Mobile: 96492181 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: Alantan_86@hotmail.com | | |
| Sex: Male | Age: 34 | Date of Birth: 02/12/1986 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: administrator executive | | | 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: 14/08/2021 17:00 | Type of Location: Straight Road |
| Location: SELETAR EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: 90 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|---------|---------------------|-------|-------------------|-------|
| SJS8493P | Car | | | | | 0 |
| SKP8834T | Car | | | | | 0 |
| SMV115H | Car | HYUNDAI | ACCENT (RB) 1.4 CVT | Red | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210814/7019

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

2 of 4

Report No. T/20210814/7019

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | | |
|------------------------------|--|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | | Insurance No | Effective | Expiry Date |
| SMV115H | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | | MT/00854684 | 04/10/2020 | 03/10/2021 |

| Details of Person Involved | | | | | |
|-----------------------------------|------------------------|--|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | | |
| Name | TAN CHING BOON, ALAN | | ID No. | S8636749A | |
| Related Vehicle | SMV115H (Car) | | Contact No. | 96492181 | |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | 14/08/2021 | | Date | 14/08/2021 | |
| No. of Days granted Medical Leave | 03 | | Degree of | Slight | |
| Passenger | | | | | |
| Name | KER YAN CHING | | ID No. | S8830320B | |
| Related Vehicle | SMV115H (Car) | | Contact No. | NIL | |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | 14/08/2021 | | Date | 14/08/2021 | |
| No. of Days granted Medical Leave | 03 | | Degree of | Slight | |
| Passenger | | | | | |
| Name | TAN XIN YU KAYSTON | | ID No. | T1722153H | |
| Related Vehicle | SMV115H (Car) | | Contact No. | NIL | |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | 14/08/2021 | | Date | 14/08/2021 | |
| No. of Days granted Medical Leave | 03 | | Degree of | Slight | |



**SINGAPORE
POLICE FORCE**



T/20210814/7019

3 of 4

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

Report No. T/20210814/7019

CONTINUATION OF REPORT

Brief Details.

ON THE STATED VENUE, DATE AND TIME ,I , VEHICLE A ,BEARING CAR PLATE NO: SMV115H WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1.

SUDDENLY THE VEHICLE INFRONT OF ME CAME TO A COMPLETE STOP , SO I FOLLOWED AND CAME TO A COMPLETE STOP . ALL OF A SUDDEN I FELT A HUGE IMPACT AND REALISE I WAS BEING HIT ON THE REAR PORTION AND INVOLVE IN A CHAIN COLLISION . I WAS BEING HIT BY VEHICLE B, BEARING PLATE NO:SJS8493P AND HE WAS BEING HIT BY VEHICLE C, BEARING PLATE NO:SKP8834T.

AFTER THE ACCIDENT , MYSELF , MY WIFE AND MY SON FEEL SOME DISCOMFORT AT THE HEAD , NECK AND BACK AND WE THEN PROCEEDED TO SEEK MEDICAL TREATMENT AT WOODGROVE FAMILY CLINIC . WE WERE ALL BEING GIVEN 3DAYS MC EACH .



SINGAPORE POLICE FORCE

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



T/20210814/7019

4 of 4

Report No. T/20210814/7019

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
14/08/2021 20:55

Classification Of Case:

