

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

STRIDES AUTOMOTIVE SERVICES PTE LTD

INV No. AC2202192

60 WOODLANDS INDUSTRIAL PARK E4

INV Date 16/04/2022

SINGAPORE 757705

Reference CS/SMR21008738/Ttf3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SKW 7093J

Insured Veh. SHB 5819S

Claim No. TAX/08/21/2039

Policy No.

Accident Date 19/08/2021

Inspection Date 20/08/2021

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (7%)	8.96
Grand Total	136.96

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

KHM



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		Affiliated to Federation Internation	nale Des Experts En Autom	obile
	STRIDES AUTOMO	OTIVE SERVICES PTE LTD	Ref:	CS/SMR21008738/Ttf3e2
	60 WOODLANDS I E4SINGAPORE 75	NDUSTRIAL PARK 7705	Date:	16/04/2022
			Code:	SMR
1.		Policy Particulars :	- THIRD PARTY CLAI	VI
	Insured Veh.	SHB 5819S	Veh. Inspected	SKW 7093J
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/08/21/2039	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	19/08/2021
2.		Vehicle Partic	ulars & Condition	
	Make & Model	HONDA VEZEL	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	RU11103258	Colour	WHITE
	Odometer	136016 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	MICHELIN	6 mm
	L/H Front Tyre	215/60 R16	MICHELIN	6 mm
	R/H Rear Tyre	215/60 R16	MICHELIN	6 mm
	L/H Rear Tyre	215/60 R16	MICHELIN	6 mm
4.		Description	on of Damages	
	THE VEHICLE SUS	STAINED DAMAGES AT THE REA	AR PORTION.	
	DAMAGES SEE DI	ETAILS.		
5.		General	Information	
	Accident Date	19/08/2021	Inspection Date	20/08/2021
	Survey held at	RICO 60 AUTO SERVICES PTE	LTD	
		8 KAKI BUKIT AVENUE 4 #02-24 PREMIER @ KAKI BUKI SINGAPORE 415875	Г	
5a.		Re	emarks	
		N WAS CONDUCTED ON A"WIT E TO YOUR INSTRUCTIONS, WI		
5b.		Estimate I	Days of Repair	
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	6 Worl	king Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKW 7093J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAIL GATE	BENT	1,050.00	953.00
1	TAILGATE WINDSCREEN MOULDING	NECESSARY	198.00	145.00
1	TAILGATE WINDSCREEN INNER SEAL	NECESSARY	50.00	50.00
1	TAILGATE BADGE	NECESSARY	60.50	60.50
1	TAILGATE EMBLEM (VEZEL)	NECESSARY	89.00	89.00
1	TAILGATE OUTER GARNISH	NOT NECESSARY	547.40	-
2	TAILGATE NUMBER PLATE LAMP @\$89.00	NOT NECESSARY	178.00	-
1	TAILGATE OPENER SWITCH	NOT NECESSARY	217.90	-
2	TAIL GATE LAMP @\$376.90	CRACKED	753.80	642.00
2	TAILGATE STOPPER @\$25.00	NOT NECESSARY	50.00	-
1	TAILGATE INNER TRIM	NOT NECESSARY	477.60	-
1	TAILGATE POCKER HANDLE	NOT NECESSARY	98.60	-
1	TAILGATE INNER LOCK	BENT	665.00	174.90
1	TAILGATE LOCK CATCH	NOT NECESSARY	46.00	-
1	TAILGATE WEATHERSTRIP	CUT	298.40	189.00
1	TAILGATE LOCK DETECTOR	NOT NECESSARY	317.90	-
2	TAILGATE HINGE @\$109.00	NOT NECESSARY	218.00	-
2	TAILGATE DAMPER @\$278.90	NOT NECESSARY	557.80	-
2	TAIL LAMP @\$582.40	CRACKED	1,164.80	842.00
2	TAIL LAMP PANEL @\$97.50	NOT NECESSARY	195.00	-
1	REAR BUMPER	DEFORMED	598.50	508.00
2	REAR BUMPER SIDE RETAINER @\$120.00	CRACKED	240.00	90.00
2	REAR BUMPER SIDE GARNISH @\$255.50	TORN	511.00	390.00
2	REAR BUMPER REFLECTOR @\$177.90	CRACKED	355.80	240.00
1	REAR BUMPER UNDER COVER	NOT NECESSARY	358.20	-
1	END PANEL	BENT	511.90	415.60
1	END PANEL TOP TRIM	DEFORMED	288.70	146.30
1	END PANEL SUPPORT BAR	NOT NECESSARY	548.00	-
1	REAR ALARM BUZZER	CRACKED	321.10	145.00
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	896.50	-

Report Ref No. CS/SMR21008738/Ttf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	REAR FLOOR PANEL TOP BOARD	NOT NECESSARY	376.50	-
2	REAR FLOOR PANEL TOOL SPONGE @\$411.10	NOT NECESSARY	822.20	-
2	REAR FENDER INNER TRIM @\$470.00	NOT NECESSARY	940.00	-
2	REAR FENDER INNER TOP TRIM @\$321.50	NOT NECESSARY	643.00	-
2	REAR FENDER INNER SHIELD @\$198.70	NOT NECESSARY	397.40	-
2	REAR FENDER ARCH GARNISH @\$255.90	NOT NECESSARY	511.80	-
1	REAR EXHAUST SILENCER	NOT NECESSARY	658.00	-
1	REAR EXHAUST CENTER PIPE	NOT NECESSARY	954.00	-
2	REAR EXHAUST MOUNTING @\$50.00	NOT NECESSARY	100.00	-
1	REAR EXHAUST GASKET	NOT NECESSARY	45.00	-
1	REAR EXHAUST HEAT PLATE	NOT NECESSARY	217.00	-
	LESS 20% DISCOUNT		-3,505.66	-1,016.06
			14,022.64	4,064.24
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN SEALANT (SN) }	NECESSARY	80.00	60.00
1	REAR WINDSCREEN SEALANT (SN) }		60.00	-
1	TAILGATE INNER TRIM CLIP (SN)	NOT NECESSARY	40.00	-
1	TAIL LAMP PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR BUMPER CLIP (SN)	NECESSARY	50.00	30.00
1	REAR BUMPER UNDER COVER CLIP (SN)	NOT NECESSARY	40.00	-
1	END PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	END PANEL TOP TRIM CLIP (SN)	NOT NECESSARY	30.00	-
1	REAR FLOOR PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR FENDER INNER TRIM CLIP (SN)	NOT NECESSARY	50.00	-
1	REAR FENDER INNER TOP TRIM CLIP (SN)	NOT NECESSARY	50.00	-
1	REAR FENDER INNER SHIELD CLIP (SN)	NOT NECESSARY	40.00	-
1	REAR FENDER ARCH GARNISH CLIP (SN)	NOT NECESSARY	40.00	-
1	REVERSE SENSOR (SN)	NOT WORKING	450.00	200.00
1	REVERSE CAMERA (SN)	NOT NECESSARY	650.00	-
			1,820.00	290.00
	<u>LABOUR</u>			
	PANEL BEATING, REMOVAL AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL.		1,800.00	600.00

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4,800.00

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO SPRAY PAINT AFFECTED AREA.		1,600.00	700.00
	TO PERFORM LIGHTING & WIRING CHECK.		150.00	30.00
	TO APPLY ANTI-RUST & TUFF KOTE.		150.00	30.00
	REMOVE AND INSTALL REAR WINDSCREEN.		150.00	120.00
	REMOVE AND INSTALL TAIL GATE MECHANISM AND PART.		150.00	60.00
	REMOVE AND INSTALL REAR BOTH DOOR PARTS.	NOT NECESSARY	300.00	-
	REMOVE INSTALL AND CHECK REVERSE CAMERA.		200.00	30.00
	REMOVE INSTALL AND CHECK REVERSE SENSOR.		200.00	30.00
	REMOVE AND INSTALL CARPET, TRIM AND INTERIOR.		400.00	60.00
	REMOVE AND INSTALL REAR EXHAUST.	NOT NECESSARY	150.00	-
	TO CHECK AND RESET SYSTEM FAULT AND FUNCTION.	NOT NECESSARY	600.00	-
	TO JACK AND REALIGHT REAR CHASSIS FRAME MEMBER.	NOT NECESSARY	600.00	-
			6,450.00	1,660.00
	GRAND TOTAL		22,292.64	6,014.24

(TO ITS PRE-ACCIDENT CONDITION)

Report Ref No. CS/SMR21008738/Ttf3e2

RECOMMENDED COST OF LUMP SUM REPAIRS

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

ANG BRYAN TANI

Automotive Assessor / Investigator

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

SA1E218J0004 / Abwin Service Pte Ltd ENTRY DATE & TIME: 19/08/2021 15:45 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (19/08/2021 15:45 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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 19/08/2021 15:45 (SGT) Date of Accident 19/08/2021 10:00 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information PIE(TUAS) BEFORE EXIT 26A Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW7093J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KUAH HONG SING** NRIC No SXXXX963I **Email Address** KUAHHONGSING@GMAIL.COM Mobile Phone No (Phone) +65-81182839 Alternative Phone No (Home) +65-81182839

VEHICLE PARTICULARS

Manufacturer

Honda Model Vezel Variant 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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5119650426 Cover Note Number

DRIVER

Name of Driver KUAH HONG SING NRIC No SXXXX963I

Date Of Birth 09/03/1984 Occupation Outdoor Date Of Driving Pass 19/07/2005 Driving experience 16 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-81182839 Alt. Phone Number (Home) +65-81182839 **Email Address** KUAHHONGSING@GMAIL.COM Address BLK 286B COMPASSVALE CRESCENT Address complement #04-91 Postcode 542286 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 Raining 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 vehicle 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 GRAB HITCH PASSENGER Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police?

Was the accident reported to the police?

Police Station Name

Police Station Phone No

(Phone) +65-65470000

Alt. Police Station Phone No

(Fax) +65-65474900

Police Station Address

Usingapore 408865

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer SHB5819S



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	2
Postcode	-
Insurance Company Name	
Nature Of Damage	.e.
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KUAH HONG SING
Gender	Male
Phone No	(Phone) +65-81182839
Address	BLK 286B COMPASSVALE CRESENT
Address Complement	#04-91
Post Code	542286
Approximate Age Years Old	37
Injuries Sustained	-
Injured person in which vehicle?	SKW7093J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	PASSENGER
Gender	Male
Phone No	·-

PASSENGE
Male
-
-
-
_
-
SKW7093J
Yes
No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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)

Lunderstand, 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 yers/law firms, the Monetary Authority of Singapore and any retevant 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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sing

Policyholder's Signature / Date & Time

Sing

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

Witnesser by Reporting Centre

Sketch Plan

Vehicle A: SKW 7093J Vehicle B: SHB 58195

Describe Circumstances of the Accident	
on the stated date and time, I vehicle of war venue. When the vehicle infront of me sammed having any compion. Suddenly, I feet a huge I then come down to meek and realised that conded onto my vehicu.	
Value - War de doit and time, I venicle of war	travelling straight on the stated
venture. When the relicie infront of me Jammed	Greak, I consuled duit without
having any compion. suddening I feet a huar.	monet as flag read of assisting
I then come down to meet and realized that	THE BY INDIANO IGNO OF MAY KENTON
conjuded outs and review.	t It was venjou & who have
possesse and my tradition	
Manager and the second	
eclaration	
e declare the foregoing particulars are true in every respect.)
g portuguit a are into in every respect.	1

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

Policyholder's Signature / Date & Time





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

1 of 3 Report No. T/20210819/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Tii 19/08/2	me Report I 021 12:19	Made:	Vide Report No.:	Station Diary No.
Informa	int's Partic	ulars	THE RESERVE OF THE PARTY OF THE	
	f Informant IONG SINC		Address: 286B COMPASSVALE CRE 542286	ESCENT #04-91 SINGAPORE
ID Type NRIC N	/ ID No.: O / S84069	631	Contact No.: Home/Office:	Mobile: 81182839
National SINGAP	ity: ORE CITIZ	'EN	Email: KUAHHONGSING@GMAIL	
Sex: Male	Age: 37	Date of Birth: 09/03/1984	Type of Informant: Driver	OW
Race: Chinese			Language: English	Institution / School Name:
Occupat Engineer			Driving Licence Information: Class: 3	Date of Expiry:

-	Injury	dent	NAME AND POST OF THE OWNER, WHEN PARTY OF THE	La South Control of the Control of t
Type of Accident:	Others	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road
Location:		No	19/08/2021 10:10	
	EXPRESSWAY			
Cloudy		Road Surface: Wet	Ro	ad Speed Limit:
Weather: Cloudy Traffic Flow: One Way Type of Collisi			Tra	ad Speed Limit:

Details of Vehicle Involved						
Vehicle No.	THE RESERVE OF THE PARTY OF THE	Make	Model	Color	Conditio	No of
SHB5819S	Car				Seriously Damaged	1
SKW7093J	Car	HONDA	VEZEL 1.5X A	White	Seriously Damaged	1



1703108107012

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20210819/7012

CONTINUATION OF REPORT

Details of V	ehicle Insurance				
	Insurance Company	Insurance No	FH. 10		
		modranice NO	Effective	Expiry Date	
	NTUC Income Insurance Co-Operative Limited	5119650426	02/11/2020	11/11/2021	

Details of Perso	on Involved				100000		
Any Pedestrian	nvolved: No						
No. of Pedestrians Injured: NIL			Use of Pe	doctrion /	~~~	ria - NA	
Driver			036 01 F 6	desirian (Cross	sing: NA	
Name	KUAH HONG SING			ID No.		S8406963I	
Related Vehicle	SKW7093J (Car)			Contact No.		81182839	
Hospital/Clinic	ic 24 HOUR WALK-IN CLINIC			Class of Driving Licence & Expiry		Class: 3	
			Date of Expiry: NIL				
Date	NIL		Date				
No. of Days granted Medical Leave		03	Degree of		NIL Serious		

Brief Details.

On the stated date and time I was doing a grab hitch job with my own vehicle bearing car plate SKW7093J from Tampines towards science park. While travelling along lane 1 on PIE towards Tuas before Clementi Road/Woodlands Road exit I felt a huge impact coming from my rear. I alighted my vehicle and realised that I was rear ended by a taxi bearing car plate SHB5819S. I felt some pain, consulted a doctor and was given medical leave.





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

3 of 3 Report No. T/20210819/7012

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

SYED ZAYID MUHAMMAD BIN SYED ABOUL

WAHID ALHINDUAN Contact No.: 65476404 Authentication Stamp

NP168

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
19/08/2021 12:19

Officer In Charge Of Case:
TP / TPHQ /

Accident report SA1E218J0004