

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA3125D

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
13.09.2018

CHASSIS CODE
KMH851CVKU107455

NO/DATE
91594758 13.09.2021

JOB NO.
305485284

ODOMETER READING

JOB TYPE

Description : 3P 31.08.2021

Invoice for Lump Sum Repair

| | |
|-----------------------------|-----------------|
| Total Lump Sum Repair Amt | 4,250.00 |
| Add GST @ 7.000 % | 297.50 |
| Total Invoice amount | 4,547.50 |

Issued by : KATHERINETAN 13.09.2021 12:31:57
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR ACCIDENTAL DAMAGE, THE COMPANY SHALL NOT BE RESPONSIBLE FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE INSURED FOR THE POLICY OWNERS' RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN A RECEIPT TO THIS EFFECT. IN THE EVENT OF NOTICE IN WRITING TO THE COMPANY OF ANY DAMAGE OR DEFECT, THE VEHICLE WILL BE DELIVERED TO BE REPAIRED IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND PAID BY THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE. ON PAYMENT 14 DAYS AFTER 30 DAYS FROM THE DUE DATE, THE PERIOD OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE INVOICE WILL BE TREATED AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Our Ref: CT0821/SHA3125D/CK(st)
Date: 15.09.2021

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimile +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 31.08.2021 INVOLVING SHA3125D & SLH8112Z ALONG PIE TWDS JURONG TOWN HALL EXIT

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHA3125D, which was involved in the captioned accident with your insured vehicle No SLH8112Z.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

| | | | |
|----------------------------|---------------------|-----|----------|
| 1. Cost of Repairs | | S\$ | 4,547.50 |
| 2. Loss of Rental | 6 days x S\$ 125.19 | S\$ | 751.14 |
| 3. Survey Report Fee | | S\$ | 0.00 |
| 4. LTA Search Fee | | S\$ | 7.49 |
| 5. GIA / Police Report Fee | | S\$ | 0.00 |
| 6. Others | | S\$ | 0.00 |

Hirer's Claim :

| | | | |
|-------------------|--------------------|-----|--------|
| 1. Loss of Income | 6 days x S\$ 80.00 | S\$ | 480.00 |
| 2. Others | | S\$ | 0.00 |

[E&OE] **Total Claims** S\$ **5,786.13**

A copy each of the following supporting documents marked [X] is enclosed:

| | |
|--|---|
| [X] Original Repair Bill | [X] Letter of Authority from Owner/Hirer/Operator |
| [X] GIA/Police Report(s) | [X] Rental Rate Letter |
| [X] LTA/GIA Search Slip(s) | [X] Downtime/Mileage Record |
| [] Survey Report / Bill | [] Witness Statement / Accident Scene Photo(s) |
| [] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance | |
| [] Tow Chit / PIR / Hirer's IRAS / Others : | |

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely

Catherine Koh
CDGE Claims Department
DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

Our Ref: CT21080522

Date: 13 September 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 31/08/2021 @ 12:55 hrs
ALONG PIE TWDS JURONG TOWN HALL EXIT
INVOLVING SLH8112Z

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA3125D** (the "Taxi"). The Taxi was hired to **TOH KAH TEONG IC NO SXXXX457B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$125.19 per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****Hyundai Ioniq SHA3125D , SLH8112Z
PIE TWDS JURONG TOWN HALL EXIT****ON 31-Aug-21 12:55**

I / We

TOH KAH TEONG(Hirer) NRIC No.: **SXXXX457B**

and/or

(Relief) NRIC No.: **SXXXX457B**

Taxi Number

SHA3125D

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

01-Sep-2021

Name of Hirer

TOH KAH TEONG

Hirer NRIC

SXXXX457B

Signature :



Address

**636C SENJA ROAD #08-339
673636**

Contact No.

94562929

Enquire Vehicle-Related Transaction History

Transaction History Details

| | | | |
|-------------------|--|--|----------------------|
| Log Date/Time: | 01 Sep 2021 / 14:53:21 | | |
| Asset Type: | Vehicle | Transaction Amount: | \$7.49 |
| Asset ID: | SLH8112Z | | |
| Transaction Type: | 18.32 Insurance Enquiry (GIRO Payment) | Channel: | External Agency |
| User ID: | ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS | Business Transaction Reference No.: | 20210901145321188386 |

Search Date / Time: 31 Aug 2021 12:55:00
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)

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 | 01/09/2021 16:46 (SGT) |
| Date of Accident | 31/08/2019 12:55 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS JURONG TOWN HALL EXIT ONTO BUKIT BATOK ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA3125D |
|-----------------------------|----------|

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) +65-94562929 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Ae ioniq |
| 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 | 1580 |

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 | TOH KAH TEONG |
|----------------|---------------|

| | |
|--|---------------------------------|
| NRIC No | SXXXX457B |
| Date Of Birth | 25/10/1964 |
| Occupation | Outdoor |
| Date Of Driving Pass | 30/06/1986 |
| Driving experience | 35 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94562929 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | APT BLK 636C SENJA ROAD #08-339 |
| Address complement | - |
| Postcode | 673636 |
| 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 - Head to Rear |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 2

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Changkat Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007819999 |
| Alt. Police Station Phone No | (Fax) +65-67832722 |
| Police Station Address | Blk 109 Tampines Street 11 #01-261 Singapore 521109 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20210901/2032

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 | SLH8112Z |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Vezel |
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Private car |
| Name of Driver | ONG WEN JIE DARRIEN |
| NRIC No | SXXXX640C |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | TOH KAH TEONG |
| Gender | Male |
| Phone No | (Phone) +65-94562929 |
| Address | APT BLK 636C SENJA ROAD #08-339 |
| Address Complement | - |
| Post Code | 673636 |
| Approximate Age Years Old | 57 |
| Injuries Sustained | NECK AND LOWER BACK PAIN. ALSO RIGHT HAND AND RIGHT LEG FELT UNCOMFORTABLE AND NUMBNESS- 5 DAYS MC GIVEN BY SUNSHINE CLINIC FAMILY PRACTICE & SURGERY |
| Injured person in which vehicle? | SHA3125D |
| Were seat belts worn? | Yes |
| 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 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)**

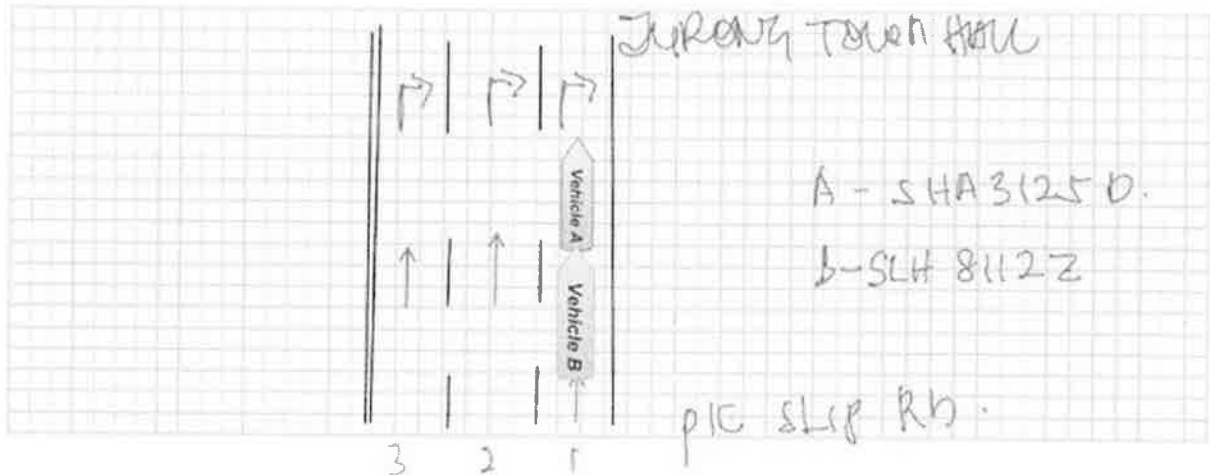
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT
T /20210901/2032

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

7 / 9

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

11/9/21 - 1410H

Witnessed by Reporting Centre
Personnel

[Signature]
[Signature]



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ042191000L Vehicle Registration No: SHA3125D
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 31/08/201 Time of Accident: 12:55
 Place of Accident: PIE, Singapore
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Amend the DOA date



Policyholder / Driver's Signature
Date:

SUBA
Reporting Centre Personnel's Signature
Name: SURIA
NRIC/FIN No.:
Date: 10/9/2021

ICAR/IRC Addendum Form



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210901/2032

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 01/09/2021 12:28 | Vide Report No.: | Station Diary No.: 10 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|--|
| Name of Informant: TOH KAH TEONG | | | Address: APT BLK 636C SENJA ROAD #08-339 SINGAPORE 673636 | | |
| ID Type / ID No.: NRIC NO / S1628457B | | | Contact No.: Home/Office: Mobile: 94562929 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 25/10/1964 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 31/08/2021 12:55 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHA3125D | TAXI | | | | Slightly Damaged | 2 |
| SLH8112Z | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210901/2032

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|---|--|--|-------------------------------------|
| Driver | | | | |
| Name | TOH KAH TEONG | | ID No. | S1628457B |
| Related Vehicle | SHA3125D (TAXI) | | Contact No. | 94562929 |
| Hospital/Clinic | SUNSHINE CLINIC FAMILY PRACTICE & SURGERY | | Class of Driving Licence & Expiry Date | Class: 3,4,5 Date of Expiry: NIL |
| Date Treatment | 01/09/2021 | | Date Discharge | 01/09/2021 |
| No. of Days granted Medical Leave | 05 | | Degree of Injury | Slight |
| Driver | | | | |
| Name | ONG WEN JIE DARRIEN | | ID No. | S9427640C |
| Related Vehicle | SLH8112Z (Car) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On 31/08/2021 at about 1255hrs, I was driving in my taxi SHA3125D and have exited the PIE towards the Jurong Town Hall exit onto Bukit Batok Rd when I came to a stop at the traffic light. My taxi was stationary when suddenly I heard a loud horn. Suddenly, I felt a big impact from behind. I came out from my taxi and saw that a white Honda Vezel SLH8112Z collided into the rear of my taxi. I took photos and exchanged particulars. At the point of time, there was no injuries on either parties so we left. I made a check on my passengers which were both female and they were okay. I then carried on the ride to get them to their destination. I issued them a receipt and advised them to contact my taxi company ComfortDelgro for any further assistance and they acknowledged.

On 1/09/2021, I felt pain in my neck and lower back thus I went to Sunshine Clinic and was given 5 days of Medical Leave. My right hand and right leg also felt uncomfortable and numbness. I wish to state that I have an in car camera and will be handing over the footage to my company. The accident caused damages to the rear license plate and dents and scratches on my rear bumper area. I am not sure of the cost of the damages. This is not the first time such thing happened to me.



**SINGAPORE
POLICE FORCE**



T/20210901/2032

3 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210901/2032

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
G /
Sgt 3 SITI NATASHA BINTE
ABDUL NASSIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

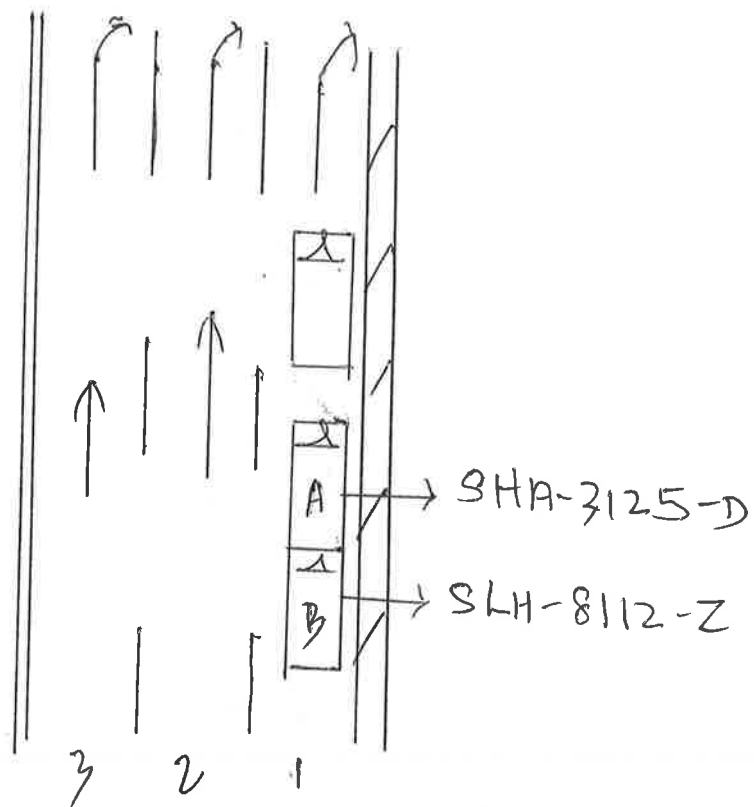
Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/09/2021 12:28

Classification Of Case:

Jurong Town Hall



PIE Slip Rd