

(08/11/13) wef

ASS. REC. BY: 2021

REF: NS/INC22000711/Rtc

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHB 1222Pat Workshop m/s STRIDESof 60, moorlands Ind PK 04

Insured:

NTUC

Policy No.

Claims No. MT/1158584 -004

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

| | |
|-----|-----|
| N/S | O/S |
| | |

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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No:

SHB 1222P

Yr Regn:

2021 / 86PType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

M6 M45 EVERETT

c.c

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading:

39547

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

L33824031M4051410Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

205/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

16/01/22

D.O.I.

19/01/22

Survey held at

STRIDESDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

cost of repair of P/P \$6,471.14 /- with 7 days of repair

red: 7288.76;52%

13759.90

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

); S + RS, SI☐

: Interview (\$

); Photos

☐

: Tech. Invs (\$

); Others

☐

: Weekend (\$

);

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

Case Details

Case Reference Number : TAX/01/22/2032
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB1222P

Company Type : Strides Taxi Pte Ltd
 Estimation ID : EST-17258-ID
 Assigned By : Wei Siong #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
 Accident Date and Time : 16/01/2022 03:25 AM
 Vehicle Age(In Months) : 4

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

| BOM Type | Costing Type | Portion | Material Number | SMRT Recommendation | | | | | | Surveyor Approval | | | | Remarks |
|-----------------|--------------|---------|-----------------|-----------------------------|-----|-------------------------|----------------|--------|-----------------|-------------------|-------------------|--------------------------|----------------|---------|
| | | | | Part Name | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace | |
| One Time Key In | Main | | | DOOR ASM-FRT SI -R | 1 | 2,338.44 | 2,338.44 | 10.00 | 2,104.60 | Replace | 1 | 2,104.6 | Replace | bf ✓ |
| One Time Key In | Main | | | DOOR ASM-RR SI -R | 1 | 2,185.04 | 2,185.04 | 10.00 | 1,966.54 | Replace | 1 | 1,966.5 | Replace | bf ✓ |
| One Time Key In | Main | | | PANEL-BODY SI OTR RR-R | 1 | 977.08 | 977.08 | 10.00 | 879.37 | Replace | 1 | 879.37 | Replace | bf ✓ |
| One Time Key In | Main | | | FASCIA-RR BPR | 1 | 758.47 | 758.47 | 10.00 | 682.62 | Replace | 1 | 0 | Repair | R |
| One Time Key In | Main | | | WHEEL | 1 | 618.07 | 618.07 | 10.00 | 556.26 | Replace | 1 | 0 | Repair | R |
| One Time Key In | Main | | | MIRROR ASM-O/S RR VIEW -R | 1 | 478.40 | 478.40 | 10.00 | 430.56 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | REGULATOR ASM-FRT S/D WDO-R | 1 | 444.50 | 444.50 | 10.00 | 400.05 | Replace | 0 | 0 | Check | ? |
| One Time Key In | Main | | | FENDER ASM-FRT -R | 1 | 379.81 | 379.81 | 10.00 | 341.83 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | REGULATOR ASM-RR S/D WDO-R | 1 | 265.30 | 265.30 | 10.00 | 238.77 | Replace | 0 | 0 | Check | ? |
| One Time Key In | Main | | | MOTOR ASM-FRT S/D WDO REG-R | 1 | 248.04 | 248.04 | 10.00 | 223.24 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | MOTOR ASM-RR S/D WDO REG -R | 1 | 169.00 | 169.00 | 10.00 | 152.10 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | LATCH ASM-FRT S/D -R | 1 | 158.91 | 158.91 | 10.00 | 143.02 | Replace | 0 | 0 | Not Give | Xm |

Total Spare Part Cost 8,645.93

Surveyor Total 5,010.51

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 8,645.93

Final Sur Total 5,010.51

| SMRT Recommendation | | | | | | | | | | | Surveyor Approval | | | |
|-----------------------|--------------|---------|-----------------|-------------------------------|-----|-------------------------|----------------|--------|-----------------|------------------|-------------------|--------------------------|----------------|---------|
| BOM Type | Costing Type | Portion | Material Number | Part Name | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace | Remarks |
| One Time Key In | Main | | | LATCH ASM-RR S/D -R | 1 | 139.98 | 139.98 | 10.00 | 125.98 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | LINER ASM-RR W/H PNL -R | 1 | 85.49 | 85.49 | 10.00 | 76.94 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | HINGE ASM-RR S/D LWR-R | 1 | 47.22 | 47.22 | 10.00 | 42.50 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | HINGE ASM-RR S/D UPR-R | 1 | 46.90 | 46.90 | 10.00 | 42.21 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | BRACKET-RR BPR FASCIA SI MTG | 1 | 46.07 | 46.07 | 10.00 | 41.46 | Replace | 0 | 0 | Check | ? |
| One Time Key In | Main | | | HOUSING-O/S RR VIEW MIR-R | 1 | 34.53 | 34.53 | 10.00 | 31.08 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | INSULATOR ASM-F/FDR-R | 1 | 29.22 | 29.22 | 10.00 | 26.30 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | CHECK ASM-FRT S/D-R | 1 | 21.01 | 21.01 | 10.00 | 18.91 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | CHECK ASM-RR S/D -R | 1 | 21.01 | 21.01 | 10.00 | 18.91 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | STRIKER-FRT S/D LK | 1 | 16.74 | 16.74 | 10.00 | 15.07 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | BRACKET-RR BPR FASCIA LWR MTG | 1 | 12.79 | 12.79 | 10.00 | 11.51 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | COVER ASM-WHL TR | 1 | 8.94 | 8.94 | 10.00 | 8.05 | Replace | 0 | 0 | Not Give | Xm |
| One Time Key In | Main | | | INSULATOR ASM-F/FDR MID | 1 | 8.94 | 8.94 | 10.00 | 8.05 | Replace | 0 | 0 | Not Give | Xm |
| Standard | Main | | | STICKER STRIDES TAXI (DOOR) | 1 | 60.00 | 60.00 | 0.00 | 60.00 | Replace | 1 | 60.00 | Replace | ne |
| Total Spare Part Cost | | | | | | | | | 8,645.93 | Surveyor Total | | 5,010.51 | | |
| Lump Sum Discount (%) | | | | | | | | | 0.00 | Lump Sum Dis (%) | | 0 | | |
| Final Spare Part Cost | | | | | | | | | 8,645.93 | Final Sur Total | | 5,010.51 | | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|----------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO REPAIR RH PORTION | 4,800.00 | 1,250 | |
| Total: | | | 4,800.00 | 1,250.00 | |

Spray Cost Detail



| No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|----------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO RESPRAY FRONT FENDER RH | 428.00 | 0 X17 | |
| 2 | Main | TO RESPRAY FRONT DOOR RH | 428.00 | 220 | |
| 3 | Main | TO RESPRAY VIEW MIRROR | 230.00 | 0 X17 | |
| 4 | Main | TO RESPRAY REAR DOOR RH | 428.00 | 220 | |
| 5 | Main | TO RESPRAY REAR FENDER RH | 428.00 | 220 | |
| 6 | Main | TO RESPRAY REAR BUMPER | 428.00 | 220 | |
| 7 | Main | TO RESPRAY RIM | 460.00 | 60 | |
| Total: | | | 2,830.00 | 940.00 | |

Other Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|---|-------------------------|-------------------------|---------|
| 1 | Main | TO CHECK WIRING AND SYSTEM FUNCTION | 350.00 | 150 | |
| 2 | Main | TO WASH AND VACUUM | 60.00 | 0 X17 | |
| 3 | Main | ISOLATED OF (EV) (NET) | 150.00 | 150.00 | |
| 4 | Main | TO REPLACE SUNDRY PARTS | 100.00 | 0 X17 | |
| 5 | Main | TO REMOVE & REFIT REAR QUARTER GLASS RH | 120.00 | 0 X17 | |
| 6 | Main | TO APPLY RUST-PROOFING ON AFFECTED AREA | 200.00 | 100 | |
| 7 | Main | TO ALIGN CHASSIS | 350.00 | 0 X17 | |
| Total: | | | 1,330.00 | 400.00 | |

Summary

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|-------------------------|-------------------------|------------------------|
| Total Spare Part Detail | 8,645.93 | 5,010.51 |
| Total Labour Cost | 4,800.00 | 1,250.00 |
| Total Spray Painting | 2,830.00 | 940.00 |
| Other | 1,330.00 | 400.00 |
| Overall Total | 17,605.93 | 7,600.51 |

| | Estimator Assessment(\$) | Surveyor Assessment(\$) |
|--------------------------|---|---|
| Lump Sum Repair Option | | <input type="checkbox"/> |
| Lump Sum Total | 0.00 | 7,600.51 |
| Surveyor Approved Amount | | 7,600.51 |
| No of Repair Days* | 10 | 7 |
| Remarks | - | PART BY PART REPAIR / RESURVEY BEFORE PAINT PHOTO. |
| Surveyor Name | | Rasul |
| Signature |  |  |
| Survey Date | 19/01/2022 | <input type="button" value="Save"/> <input type="button" value="Clear"/> |

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:

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 18/01/2022 13:23 (SGT)
Date of Accident 16/01/2022 11:25 (SGT)
Exact Location of Accident Belmont Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1222P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner STRIDES TAXI PTE LTD
Company Reg No 1XXXXX369K
Email Address Auto-Svcs-TARC@smrt.com.sg
Mobile Phone No (Phone) +65-68662671
Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Morris
Model MG5
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097466MFSH
Cover Note Number -

DRIVER

Name of Driver CHAN KOK SENG
NRIC No SXXXX341E

| | |
|--|----------------------------|
| Date of Birth | 31/03/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/10/1978 |
| Driving experience | 43 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-68662672 |
| Alt. Phone Number | - |
| Email Address | Auto-Svcs-TARC@smrt.com.sg |
| Address | 1 |
| Address complement | - |
| Postcode | - |
| 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 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 | SHEN NAN |
| Gender | Female |

PASSENGER 2

| | |
|--------|----------|
| Name | WANG HWA |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Woodlands West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18003639999 |
| Alt. Police Station Phone No | (Fax) +65-63640997 |
| Police Station Address | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220117/2026

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 TOO BIG |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--------------|
| Vehicle Registration Number | SMD4748A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | - |
| Name of Driver | Private hire |
| 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 | CHAN KOK SENG |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHB1222P |
| 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.

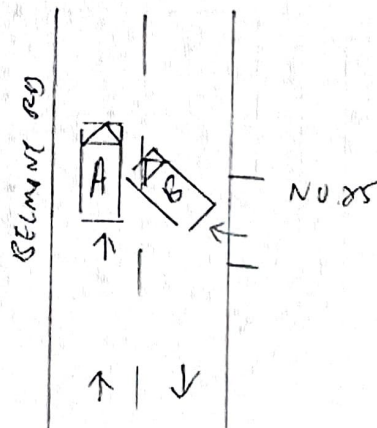


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A-SHB 1222P
B-SMD 4748A

Describe Circumstances of the Accident

REFER TO POLICE REPORT - 7/20220117/2026

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

ab 12/1/2022



SINGAPORE POLICE FORCE



T/20220117/2026

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220117/2026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 17/01/2022 10:48 | Vide Report No.: | Station Diary No.: 57 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: CHAN KOK SENG | | | Address: APT BLK 157 SERANGOON NORTH AVENUE 1 #04-873 SINGAPORE 550157 | | |
| ID Type / ID No.: NRIC NO / S1397341E | | | Contact No.: Home/Office: Mobile: 83485116 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 31/03/1959 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,2A,2,3,4,5 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 16/01/2022 11:25 | Type of Location: Straight Road |
| Location: BELMONT ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SHB1222P | Car | | | | Slightly Damaged | 2 |
| SMD4748A | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20220117/2026

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 4

Report No. T/20220117/2026

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|------------------|---|
| Passenger | | | |
| Name | SHEN NAN | | ID No. NIL |
| Related Vehicle | SHB1222P (Car) | | Contact No. 92475318 |
| 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 |
| Driver | | | |
| Name | CHAN KOK SENG | | ID No. S1397341E |
| Related Vehicle | SHB1222P (Car) | | Contact No. 83485116 |
| Hospital/Clinic | HORIZON MEDICAL PTE LTD | | Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL |
| Date Treatment | 17/01/2022 | Date Discharge | 17/01/2022 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Passenger | | | |
| Name | WANG HWA | | ID No. NIL |
| Related Vehicle | SHB1222P (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 |
| Driver | | | |
| Name | LIA CHII WEN | | ID No. S7831211D |
| Related Vehicle | SMD4748A (Car) | | Contact No. 90489387 |
| 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 |



**SINGAPORE
POLICE FORCE**



T/20220117/2026

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 4

Report No. T/20220117/2026

CONTINUATION OF REPORT

Brief Details.

On 16 January 2022 at about 11.26am, I was driving my taxi (vehicle number SHB1222P) along Belmont Road towards Holland Road. Suddenly, I saw one car came out from No. 25 Belmont Road at a fast speed from my right side. I could not stop my vehicle on time. The car then hit on the right side door body of my taxi that result in it being dented inwards.

At that time, I have 2 passengers in my taxi. I then told the other driver that I am calling the Police and I also called an Ambulance as I am concern about my passengers. The other car vehicle number is SMD4748A. I also notice that he have a Private Hire sticker on his windscreen.

Ambulance came to make a check on my passengers. My passengers informed that they do not wish to go to the hospital. My passengers provided their details; namely Wang Hwa and Shen Nan who are staying at Blk 618D Punggol Drive #08-735 Singapore 824618.

The Traffic Police came and at that time no one was injured. The Traffic Police advised us to exchange particulars for claiming from our insurance.

Subsequently, I felt pain on my neck, back and left hand. Thus, I decided to go to the clinic for a check-up. The doctor gave me 5 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20220117/2026

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

4 of 4

Report No. T/20220117/2026

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

L /

Sr Staff Sgt NADIAH BINTE
KAMSIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN

Contact No: 65476367



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

17/01/2022 10:48

Classification Of Case: