

ASS. REC. BY:

REF:

CTZ / 22001239/kgz3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM 220200860/002

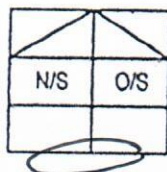
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 6 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SND 7566B Yr Regn: 01, 22

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

Truck / Trailer or (A) WagonMake: Toy Noah c.c. 1797Colour N.P. white A/C: Insured / Std / NI / NASp. Reading 4112 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR 80. 0503103Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 6/2/22 D.O.I. 9/2/2022

Survey held at _____

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

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

Date / Time Action / Instruction

4/3 8783884 Confirm (red 8924.16.53/-)

25/3/22 @ 11:47am advised to Alfred Teh via Messenger.

Date/Time, File Pass to?

☐ : Prel. Report

1) 25/3 11:47am

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format:

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

MER TP

7833.84

Date: 08/02/2022

Vehicle No: SND7566B

Model: TOYOTA NOAH HYBRID 1.8X

Chassis: ZWR800503103

Reg.Year: 2021

Third Party Insurer: CHINA TAIPING

Third Party Veh No: GBB2733X

Date of Accident: 06/02/2022

Estimator: KIT

Surveyor:

Not Authored

Running B4 pain

8 days

87,839.84

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE <i>1643.25</i>	1		<i>By</i> \$1,988.80 ✓
2	REAR TAILGATE WINDSCREEN GLASS <i>1290.10</i>	1	<i>Shatter</i>	\$1,290.10 ✓
3	REAR TAILGATE WINDSCREEN MOULDING	1		<i>na</i> \$116.30 ✓
4	REAR TAILGATE WIPER ARM	1		<i>na</i> \$149.80 X
5	REAR TAILGATE WIPER MOTOR	1		<i>na</i> \$873.20 X
6	REAR TAILGATE "LOGO" EMBLEM	1		<i>na</i> \$87.60 ✓
7	REAR TAILGATE OUTER CHROME GARNISH <i>680.90</i>	1		<i>CRT</i> \$832.10 ✓
8	REAR TAILGATE "HYBRID" EMBLEM	1		<i>na</i> \$85.80 ✓
9	REAR TAILGATE MECHANISM LOCK <i>455.10</i>	1		<i>na</i> \$495.20 ✓
10	REAR TAILGATE INNER HANDLE COVER	1		<i>na</i> \$52.40 X
11	REAR TAILGATE INNER TRIM BOARD	1	<i>mgcrt</i>	<i>na</i> \$570.10 X
12	REAR TAILGATE INNER TRIM BOARD TOP	1		<i>na</i> \$427.10 X
13	REAR TAILGATE INNER TRIM BOARD LH	1		<i>na</i> \$342.00 ✓
14	REAR TAILGATE INNER TRIM BOARD RH	1		<i>na</i> \$342.00 X
15	REAR TAILGATE WEATHERSTRIP <i>322.10</i>	1		<i>na/dit</i> \$380.70 ✓
16	REAR TAILLAMP LH <i>781</i>	1		<i>CRT</i> \$820.80 ✓
17	REAR TAILLAMP RH	1		<i>na</i> \$820.80 X
18	REAR TAILLAMP LOWER GARNISH LH	1		<i>na</i> \$176.20 X
19	REAR TAILLAMP LOWER GARNISH RH	1		<i>na</i> \$176.20 X
20	REAR TAILLAMP LOWER BRACKET LH	1		<i>na</i> \$115.20 X
21	REAR TAILLAMP LOWER BRACKET RH	1		<i>na</i> \$115.20 X
22	REAR SIDE GARNISH LH	1		<i>na</i> \$197.80 X
23	REAR SIDE GARNISH RH	1		<i>na</i> \$197.80 X
24	REAR BUMPER <i>798.20</i>	1		<i>na</i> \$823.20 ✓
25	REAR BUMPER SIDE RETAINER LH	1		<i>na</i> \$156.70 X
26	REAR BUMPER SIDE RETAINER RH	1		<i>na</i> \$156.70 X
27	REAR BUMPER TOW HOOK COVER	1		<i>na</i> \$55.80 X
28	REAR BUMPER REFLECTOR LH	1		<i>na</i> \$124.80 X
29	REAR BUMPER REFLECTOR RH	1		<i>na</i> \$124.80 X
30	REAR BUMPER ANTENNA SENSOR	1		<i>CRT</i> \$150.90 ✓
31	REAR END PANEL <i>715.80</i>	1		<i>By</i> \$914.60 ✓
32	REAR END PANEL INNER TOP GARNISH	1		<i>na</i> \$207.30 ✓
33	REAR FLOOR PANEL	1		<i>na</i> \$698.10 X
34	REAR FLOOR PANEL INNER TOP CARPET	1		<i>na</i> \$630.70 X
35	REAR FLOOR PANEL INNER TOP CARD BOARD	1		<i>na</i> \$830.20 X
36	REAR FENDER INNER TRIM BOARD LH	1		<i>na</i> \$482.50 X

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 08/02/2022
 Vehicle No: SND7566B
 Model: TOYOTA NOAH HYBRID 1.8X
 Chassis: ZWR800503103
 Reg.Year: 2021

Third Party Insurer: CHINA TAIPING
 Third Party Veh No: GBB2733X
 Date of Accident: 06/02/2022
 Estimator: KIT
 Surveyor:

37	REAR FENDER INNER TRIM BOARD RH	1		<i>Pr</i> \$482.50	X
				SUB TOTAL	\$16,492.00
				LESS 25%	\$4,123.00
				PARTS TOTAL	\$12,369.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$	
1	REAR TAILGATE WINDSCREEN SEALANT	1		<i>na</i> \$100.00	40sn
2	REAR TAILGATE OUTER CHROME GARNISH CLIPS	1		<i>na</i> \$20.00	✓
3	REAR TAILGATE REVERSE CAMERA	1		<i>Pr</i> \$300.00	X
4	REAR NUMBER PLATE WITH HOLDER	1		<i>Pr</i> \$65.00	X
5	REAR TAILGATE INNER TRIM BOARD CLIPS	1		<i>na</i> \$30.00	✓
6	REAR TAILLAMP CLIPS LH	1		<i>na</i> \$20.00	X
7	REAR TAILLAMP CLIPS RH	1		<i>na</i> \$20.00	X
8	REAR BUMPER CLIPS	1		<i>na</i> \$50.00	✓
9	REAR BUMPER REVERSE SENSOR	1	<i>wide tom</i>	\$300.00	200sn
10	REAR END PANEL JOINT SEALANT	1		<i>na</i> \$80.00	30sn
11	REAR END PANEL INNER TOP GARNISH CLIPS	1		<i>na</i> \$20.00	✓
12	REAR FENDER INNER TRIM BOARD CLIPS LH	1		<i>na</i> \$20.00	X
13	REAR FENDER INNER TRIM BOARD CLIPS RH	1		<i>na</i> \$20.00	X
				S/N TOTAL	\$1,045.00

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:

Head office

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 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

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Chassis: ZWR800503103
Reg.Year: 2021

Third Party Insurer: CHINA TAIPING
Third Party Veh No: GBB2733X
Date of Accident: 06/02/2022
Estimator: KIT
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, REFIX & READJUST ACCIDENT AREAS.	\$1,400.00	600
LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS.	\$1,400.00	660
TO TUFF KOTE & UNDERSEAL MATERIALS.	\$100.00	60
TO DISMANTLE & REPLACED REAR TAILGATE INNER COMPONENT MECHANISM TO FACILITATE REPAIR WITH CHECK FOR FUNCTION.	\$120.00	60
TO REMOVE & REPLACE REAR WINDSCREEN GLASS & ETC. TO EFFECT AT ACCIDENT AREA	\$150.00	120
TO DAIGNOSIS FAULT CODE & RESET MEMORY.	nn \$100.00	2
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$80.00	20
LABOUR TOTAL		\$3,350.00
KIT	TOTAL	\$16,764.00

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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	371B
Vehicle Details	
Vehicle No.:	SND7566B
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Feb 2022
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	2ZR2M61284
Chassis No.:	ZWR800503103
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,113.00
Original Registration Date:	24 Jan 2022
First Registration Date:	24 Jan 2022
Transfer Count:	0
Actual ARF Paid:	\$23,359.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jan 2032
PARF Rebate Amount:	\$17,519.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jan 2032
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$82,001.00
COE Rebate Amount:	\$81,670.00
Total Rebate Amount:	\$99,189.00

The information contained herein is correct as at 07 Feb 2022

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	07/02/2022 17:25 (SGT)
Date of Accident	06/02/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND7566B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RUEY AUTO
Company Reg No	53117371B
Email Address	smartcarsboutique@gmail.com
Mobile Phone No	(Phone) +65-84283690
Alternative Phone No	(Office) +65-94885888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH HYBRID 1.8X CVT
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	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125545221
Cover Note Number	24/01/22 - 23/01/23

DRIVER

Name of Driver	KOH KENG YAU, WILLIAM
NRIC No	S1153297G

Date Of Birth	09/05/1956
Occupation	Outdoor
Date Of Driving Pass	02/02/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-93375892
Alt. Phone Number	-
Email Address	williamkoh5353@gmail.com
Address	BLK 223A SUMANG LANE #02-209
Address complement	-
Postcode	821223
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT (REPAIR BY OPTIMA WERKZ)

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	WILL EMAIL TO NTUC
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2733X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISLAM MOHAMMAD JOHIRUL
Passport No/FIN	G6529230R
Contact Number	(Phone) +65-88458185
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	KOH KENG YAU, WILLIAM
Gender	-
Phone No	(Phone) +65-93375892
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SND7566B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1 VEHICLE NO.: SK1D75C68
 2 INSURER CO: NTUC
 3 ACCIDENT DATE & TIME: 06/02/2022 @ 1100hrs

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 wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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' 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/postal 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 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/are 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.

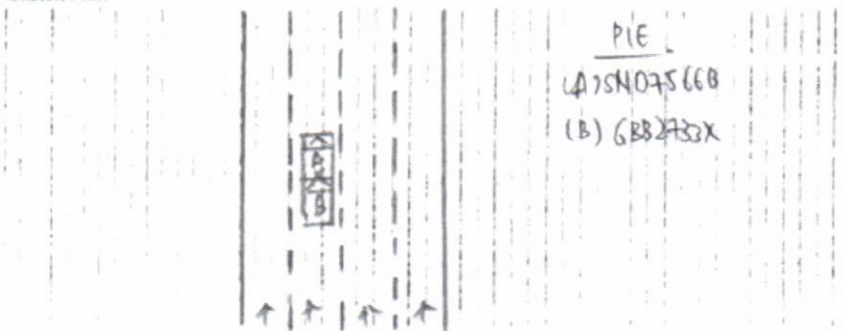
Policyholder's Signature / Date & Time
07/02/2022
 Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
07/02/2022

Witnessed by Reporting Centre Personnel
07/02/22

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - T/202207/2028

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 07/02/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/02/2022

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
(X) Claim ODP at other workshop (OPTIMA WERKE PIE)



**SINGAPORE
POLICE FORCE**



T/20220207/2028

1 of 3

Report No. T/20220207/2028

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 12:18		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: KOH KENG YAU, WILLIAM			Address: APT BLK 223A SUMANG LANE #02-209 SINGAPORE 821223		
ID Type / ID No.: NRIC NO / S1153297G			Contact No.: Home/Office: Mobile: 93375892		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 09/05/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			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: 06/02/2022 11:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBB2733X	Lorry				Slightly Damaged	0
SND7566B	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220207/2028

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

2 of 3

Report No. T/20220207/2028

CONTINUATION OF REPORT

Driver			
Name	KOH KENG YAU, WILLIAM	ID No.	S1153297G
Related Vehicle	SND7566B (Car)	Contact No.	93375892
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/02/2022	Date Discharge	06/02/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Islam Mohammad Johirul	ID No.	G6529230R
Related Vehicle	NIL	Contact No.	88458185
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 06/02/2022 at about 1100hrs, I was driving along PIE towards City on lane 3. I slowed down due to traffic conditions when the lorry behind me, GBB2733X was unable to slow down in time and collided with my car from the rear. I went to the doctor as I was feeling some pain in my neck, back, and right shoulder and was given 4 days of MC. No traffic police attended and no one conveyed by ambulance. We stopped and exchanged particulars. That is all.



**SINGAPORE
POLICE FORCE**



T/20220207/2028

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

Report No. T/20220207/2028

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 LEE XUNLIANG, MICAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/02/2022 12:18

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE
CONTINUATION OF REPORT

SN 16

SIGNATURE