



LKK Auto Consultants Pte Ltd

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

EQ INSURANCE COMPANY LTD

INV No. AC2203707

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 15/06/2022
Reference CS/EQI22004105/Kqy3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHC 5485R
Insured Veh. SMW 9390P
Claim No. DM22HO00683/MT
Policy No. DMPPHQ21-008521
Accident Date 29/04/2022
Inspection Date 05/05/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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



LKK Auto Consultants Pte Ltd

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

Affiliated to Federation Internationale Des Experts En Automobile				
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Ref: CS/EQI22004105/Kqy3e2 Date: 15/06/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMW 9390P	Veh. Inspected	SHC 5485R	
Policy No.	DMPPHQ21-008521	Coverage (\$)	0.00	
Claim No.	DM22HO00683/MT	Excess (\$)	0.00	
Assign From	MELODY TEOH	Assign Date	04/05/2022	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2020	
Chassis No.	JTDKB3FU403092601	Colour	M.P. WHITE / RED	
Odometer	130635 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FIRENZA	8 mm	
L/H Front Tyre	195/65 R15	FIRENZA	8 mm	
R/H Rear Tyre	195/65 R15	FALKEN	5 mm	
L/H Rear Tyre	195/65 R15	FALKEN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR AND FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/04/2022	Inspection Date	05/05/2022	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5485R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	COVER, REAR BUMPER	BUCKLED	485.60	485.60
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	BENT	332.70	332.70
1	COVER, REAR BUMPER, LOWER	SERVICEABLE	22.00	-
1	GUARD, REAR BUMPER, CENTER	DENTED	374.50	374.50
1	RETAINER, REAR BUMPER SIDE, LH	SERVICEABLE	132.60	-
1	RETAINER, REAR BUMPER SIDE, RH	SERVICEABLE	132.60	-
1	PANEL SUB-ASSY, BACK DOOR	TO REPAIR SEE LABOUR	1,147.80	-
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	NOT NECESSARY	54.60	-
1	PLATE, BACK DOOR NAME, NO.1	NOT NECESSARY	54.60	-
1	ORNAMENT SUB-ASSY, BACK DOOR	NOT NECESSARY	47.90	-
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	SERVICEABLE	913.60	-
1	COVER, FLOOR UNDER, NO.1 LH	SERVICEABLE	175.10	-
1	COVER, FLOOR UNDER, NO.2 RH	SERVICEABLE	241.90	-
1	COVER, REAR FLOOR CTR	CRACKED	229.90	229.90
1	COVER, DECK TRIM, REAR	SERVICEABLE	126.70	-
1	PANEL SUB-ASSY, BODY LOWER BACK	TO REPAIR SEE LABOUR	651.00	-
1	COVER, FRONT BUMPER	BUCKLED	521.00	521.00
1	BRACKET, FRONT BUMPER EXTENSION MOUNTING	SERVICEABLE	110.50	-
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	TO REPAIR SEE LABOUR	716.60	-
1	ABSORBER, FRONT BUMPER ENERGY	SERVICEABLE	80.20	-
1	GRILLE SUB-ASSY, RADIATOR	DENTED / DISTORTED	422.50	422.50
1	GRILLE, RADIATOR, LOWER NO.1	SERVICEABLE	178.60	-
1	EMBLEM ASSY, RADIATOR GRILLE	NECESSARY	105.80	105.80
	LESS 25% DISCOUNT		-1,814.58	-618.00
			5,443.72	1,854.00
	<u>SPECIAL NETT ITEMS</u>			
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	95.00	60.00

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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	WINDSCREEN SEALANT (SN)	NOT NECESSARY	150.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	200.00	-
1	WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	130.00	-
1	REAR TAILGATE STICKER "TRANS-CAB" (SN)	NOT NECESSARY	80.00	-
1	REAR TAILGATE STICKER "6555-3333" (SN)	NOT NECESSARY	80.00	-
1	REAR BUMPER PROTECTOR (SN)	NOT NECESSARY	180.00	-
1	SET REAR BUMPER RETAINER CLIP (SN)	NOT NECESSARY	85.00	-
1	END PANEL TRIM CLIP (SN)	NOT NECESSARY	65.00	-
1	SET BUMPER CLIP FRT (SN)	NECESSARY	95.00	60.00
1	FRONT NUMBER PLATE WITH MOULDING (SN)	BENT	200.00	45.00
1	SET FRONT BUMPER RETAINER CLIP (SN)	NOT NECESSARY	85.00	-
			2,145.00	165.00
	<u>LABOUR</u>			
	TO REMOVE AND REFIT REAR BIG AND SMALL W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	300.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY, BACK DOOR, PANEL SUB-ASSY, BODY LOWER BACK AND REINFORCEMENT SUB-ASSY, FRONT BUMPER.		2,200.00	500.00
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TAILGATE FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	180.00	-
	TO REMOVE AND REFIT ELECTRICAL WIRING, BATTERY AND OTHER NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	480.00	-
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	480.00	-
	TO DISMANTLE AND REFIT AIRCON ASSY AND ATTACHMENT, VACUUM AND CHARGE-IN-GAS.	NOT NECESSARY	380.00	-
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-

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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS.	NOT NECESSARY	250.00	-
	TOWING FEES.	NOT NECESSARY	150.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,200.00	440.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO TRANSFER OF LUGGAGE FLOOR PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	220.00	-
	TO CONDUCT AND PERFORM A COMPREHENSIVE VEHICLE DIAGNOSTIC CHECK AND RESET VEHICLE WARNING INDICATORS.	NOT NECESSARY	380.00	-
			9,300.00	1,010.00
GRAND TOTAL			16,888.72	3,029.00
RECOMMENDED COST OF REPAIRS				3,029.00

Report Ref No. CS/EQI22004105/Kqy3e2

KONG SENG CHEONG

Licensed Appraiser

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

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 30/04/2022 15:23 (SGT)
Date of Accident 29/04/2022 22:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE/JURONG BEFORE BKE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5485R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 200303878K
Email Address Claims@transcab.com.sg
Mobile Phone No (Phone) +65-62876666
Alternative Phone No (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 - Reporting only
Vehicle Category Taxi
Transmission Auto
CC 1767

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2413997
Cover Note Number NA

DRIVER

Name of Driver TEO KAY HENG
NRIC No S1802172B

Date Of Birth	13/09/1967
Occupation	Outdoor
Date Of Driving Pass	27/06/1989
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96950967
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Toa Payoh Eight, 228 Lorong 8 Toa Payoh 310228
Address complement	#02-150
Postcode	310228
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	NARASIMMAN
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 as In police report.

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	TAXI AT TRANSCAB.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW9390P
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Vehicle Manufacturer	Hyundai
Vehicle Model	CN7 AVANTE 1.6 DOHC CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Alvin
Contact Number	(Phone) +65-94353294
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU8855H
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KENDRICK
Contact Number	(Phone) +65-87763221
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJR964E
Vehicle Manufacturer	Hyundai
Vehicle Model	HD AVANTE 1.6 A
Vehicle Variant	-
Vehicle Colour	Black
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO KAY HENG
Gender	Male
Phone No	(Phone) +65-96950967
Address	Blk 228
Address Complement	#02-150
Post Code	310228
Approximate Age Years Old	54
Injuries Sustained	Back pain
Injured person in which vehicle?	SHC5485R
Were seat belts worn?	No

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

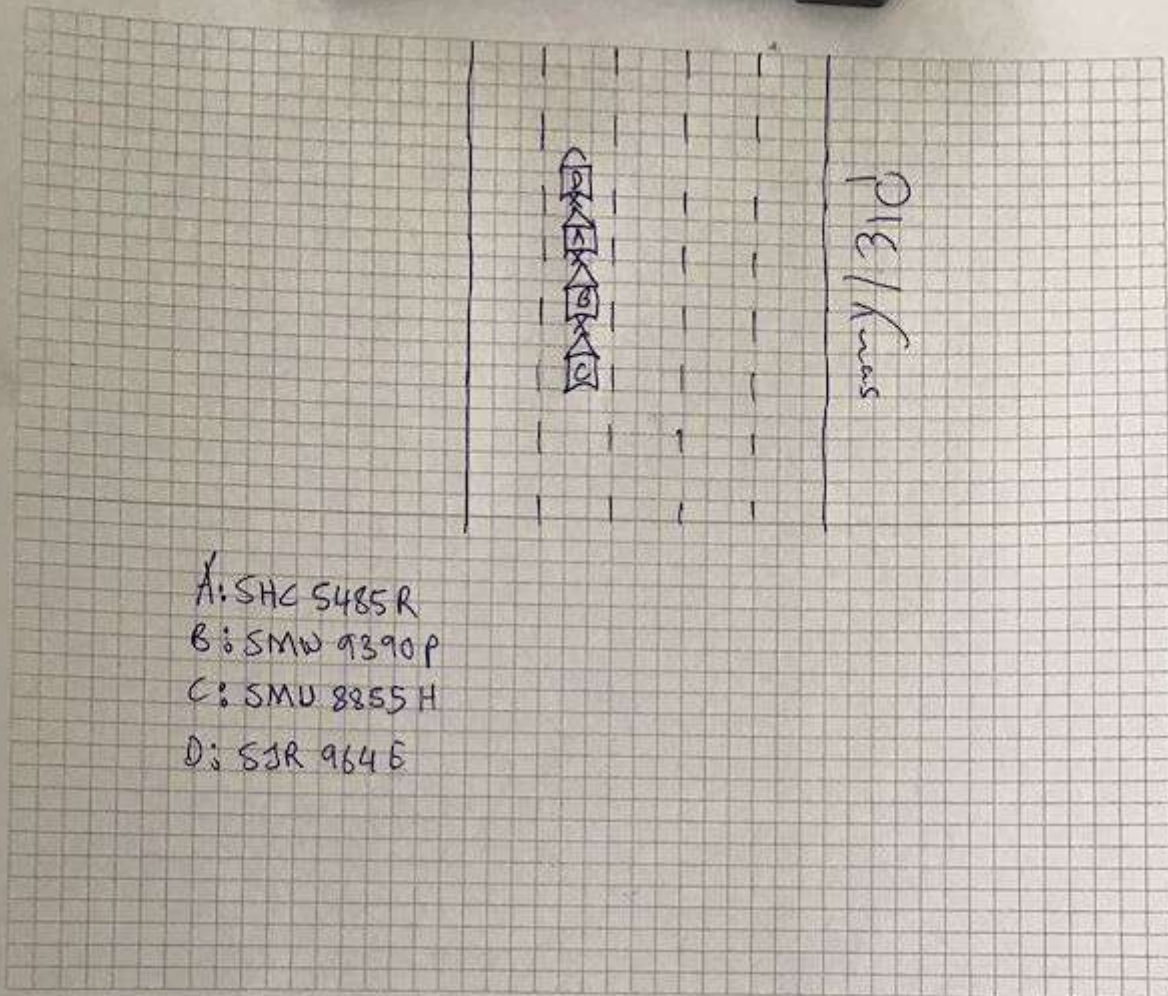
Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature
 Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
 REPORTING OFFICER
 AIZAM BIN ATAN

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20220430/7011

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

1 of 3

Report No. T/20220430/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2022 12:06	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEO KAY HENG	Address: 228 LORONG 8 TOA PAYOH #02-150 SINGAPORE 310228		
ID Type / ID No.: NRIC NO / S1802172B	Contact No.:	Mobile: 96950967	
Nationality: SINGAPORE CITIZEN	Email:	kelvin2teo@hotmail.com	
Sex: Male	Age: 54	Date of Birth: 13/09/1967	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation:	Driving Licence Information:		Date of Expiry:
	Class:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2022 22:20	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY TOWARDS TUAS BEFORE BKE WOODLANDS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHC5485R	Car					1
SJR964E	Car					0
SMU8855H	Car					0
SMW9390P	Car					0



SINGAPORE POLICE FORCE

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



T/20220430/7011

2 of 3

Report No. T/20220430/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger		Use of Pedestrian Crossing: NA	
Name	NARASIMMAN	ID No.	NIL
Related Vehicle	SHC5485R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	TEO KAY HENG	ID No.	S1802172B
Related Vehicle	SHC5485R (Car)	Contact No.	96950967
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/04/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 29/04/2022 AT ABOUT 2220 HOURS AT ALONG PIE TOWARDS TUAS BEFORE BKE WOODLANDS. I WAS TRAVELLING AT ALONG LANE 4 AND MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC. HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG AND THE IMPACT FORCED MY VEHICLE (A) TO GO FORWARD AND HIT ONTO THE REAR PORTION OF VEHICLE (C). WHEN I ALIGHT FROM MY VEHICLE, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A). IT WAS A CHAIN COLLISION OF 4 VEHICLES INVOLVED. I HAVE 5 DAYS MC FOR MY INJURY.

- (A) SHC5485R
- (B) SMW9390P
- (C) SJR964E
- (D) SMU8855H

**SINGAPORE
POLICE FORCE**

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



T/20220430/7011

3 of 3

Report No: T/20220430/7011

CONTINUATION OF REPORTSketch 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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
30/04/2022 12:06

Classification Of Case:



LKK Auto Consultants Pte Ltd

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PHOTOGRAPHS FOR VEHICLE NO. SHC 5485R

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

