



BODYFIX

NO. 10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT
SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 64837432
REG. NO: 53010635C

Our ref: SMN 4948 L

17 AUG 2022

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #27-01 AXA TOWER
Singapore 068811

Attn: Motor Claims Dept.

Dear Sir / Madam

Accident involving SMN 4948 L & SHA 4528 T on 07/07/2022

Our client, **H & H RENTAL & LEASING PTE LTD**, whose motor vehicle **SMN 4948 L** was involved in the above-mentioned accident. He authorized us to act on his behalf in claiming for his cost of repairs, loss of rental and other consequential losses.

Our client also informed us that the above accident was caused by the negligence of your insured driver of motor vehicle **SHA 4528 T**.

Our client is claiming:

1. Cost of repairs	\$5452.81 (inclusive GST)
2. Loss of Rental (\$70x8days)	\$560.00
3. Search Fee	\$7.45

We enclosed the following documents for your necessary action:

1. Letter Of Authorisation;
2. Discharge voucher;
3. Performa Invoice;
4. Rental Agreement;
5. LTA search receipt;
6. GIA report

We appreciated that you can do a direct settlement as soon as possible.

Yours faithfully

Ryan Tang



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

13.07.2022

Our Ref : SMN 4948 L
Your Ref : SHA 4528 T

H & H RENTAL & LEASING PTE LTD
C/o BODYFIX

Attn: Motor Claims Department
AXA Insurance Singapore
8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

Dear Sir/Mdm,

LETTER OF AUTHORITY

**RE: ACCIDENT INVOLVING SMN 4948 L & SHA 4528 T ON
07.07.2022.**

I, H & H RENTAL & LEASING PTE LTD owner of vehicle no. SMN 4948 L hereby authorize M/s BODYFIX as my authorized representative to write, negotiate and settle claim on my behalf in my claim against the owner and / or driver of vehicle Reg no. SHA 4528 T in respect of the above mentioned accident.

Kindly make payment directly to BODYFIX.

Kindly contact Ryan at 62571289 should you have any queries regarding the above.

Yours faithfully,



H & H RENTAL & LEASING PTE LTD.



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

SATISFACTION & DISCHARGE VOUCHER

I, H & H RENTAL & LEASING PTE LTD owner of vehicle number SMN 4948 L

Declare that my vehicle has been completed to my satisfaction and was
discharged from BODYFIX, at Block 10 Ang Mo Kio Industrial Park 2A, AMK
Autopoint #04-06 Singapore 568047 on the 21 day of JULY 2022.

Signature of Assured,



H & H RENTAL & LEASING PTE LTD.

Accident Date : 07.07.2022

Name : H & H RENTAL & LEASING PTE LTD

Address : NA

BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06

AMK AUTOPOINT SINGAPORE 568047

Tel No. : 62571289 Fax No. : 64837432

E-Mail : bodyfix@singnet.com.sg

Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

AXA INSURANCE PTE LTD
8 SHENTON WAY #27-01
AXA TOWER SINGAPORE 068811

Attention : Motor Claim Department
Contact : 3387288 Fax No. : 8804838

Proforma Invoice : PF22026

Date : 17/08/2022
Vehicle Num. : SMN 4948 L
Make/Model : HONDA FREED-2018
Chassis/Eng# : GB71085793/LEB5623460
Accident Date : 07/07/2022
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
<hr/>				
		LIST ITEMS :		
1.	1PC	REAR FENDER (RH)		1,110.90
2.	1PC	REAR BUMPER		828.00
3.	1PC	REAR BUMPER SIDE RETAINER RH		35.60
4.	1PC	REAR BUMPER REFLECTOR RH		42.80
5.	1PC	TAILGATE		1,200.20
6.	1PC	EMBLEM 'FREED'		55.40
7.	1PC	EMBLEM 'HYBRID'		75.40
8.	1PC	LOGO 'H'		32.50
9.	1PC	REAR WINDSCREEN MOULDING		95.40
10.	1PC	TAIL LAMP RH		629.40
11.	1PC	REAR BUMPER TOWING COVER		39.50
12.	1PC	REAR SPLASH GUARD RIGHT		50.00
		List TotalS\$:		4,195.10
		20.00% Discount S\$:		839.02
				3,356.08
<hr/>				
		SPECIAL NETT ITEMS :		
1.	1PC	REAR WINDSCREEN SEALANT		40.00
		Special Nett Total S\$:		40.00
<hr/>				
		LABOUR :		
		RUST-PROOFING ON THE REAR ACCIDENT AFFECTED PORTIONS		30.00
		TO CHECK&TEST LIGHTING FUNCTIONS & REVERSE SENSOR WIRING		50.00
		TO REMOVE AND REFIT REAR WINDSCREEN TO ASSIST REPAIR		120.00

CONTINUE / ...

BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06
 AMK AUTOPOINT SINGAPORE 568047
 Tel No. : 62571289 Fax No. : 64837432
 E-Mail : bodyfix@singnet.com.sg
 Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

AXA INSURANCE PTE LTD
 8 SHENTON WAY #27-01
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Attention : Motor Claim Department
 Contact : 3387288 Fax No. : 8804838

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 Vehicle Num. : SMN 4948 L
 Make/Model : HONDA FREED-2018
 Chassis/Eng# : GB71085793/LEB5623460
 Accident Date : 07/07/2022
 Claim No. :
 Reference :
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR TO REPLACE ABOVE PARTS, PANEL BEAT, REPAIR & RE-ALIGN DAMAGE PARTS		700.00
		TO PUTTY & SPRAY PAINT REAR END PANEL , REAR BUMPER, TAILGATE, REAR FENDER RIGHT & OTHER AFFECTED AREAS		800.00
		Labour Total S\$:		1,700.00

SingDollars : Five Thousand Four Hundred Fifty-Two & Cents Eighty-One Only

E. & O.E.	Total S\$:	5,096.08
	GST 7% S\$:	356.73
	Amount Due S\$:	5,452.81
		=====



for BODYFIX



H & H RENTAL & LEASING PTE LTD

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291

Fax : 6743 3530

ROC No. 201703965Z

RENTAL & LEASING AGREEMENT NO.: HHPL-2019-064

DATE: 15th August 2019

Schedule

This is a Rental Agreement made between us, H&H Rental & Leasing Pte Ltd (RB No. 201703965Z) (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : Tay Puay Ngee

NRIC/PASSPORT/RC/RB NO. : S1700854D

ADDRESS : Block 101, Bukit Batok West Avenue 6, #02-38, Singapore 650101.

TELEPHONE : Hp: 94502923

PERSON IN CHARGE : Ronnie C. H. Teo

NAME OF DRIVER(S) (IN FULL) : Tay Puay Ngee Email: vintay.65@gmail.com

NRIC/PASSPORT NO. : S1700854D

DATE OF BIRTH : 11th May 1965

DRIVING LICENCE NO : S1700854D

ISSUE / EXPIRY DATE : 14th March 2006 - Pass Date: Taxi Licence: 26th December 2002.

COUNTRY OF ISSUE : Singapore

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SMN 4948 L

MAKE / MODEL : Honda Freed Hybrid 1.5G Auto

COLOUR : Grey

ENGINE NO. : LEB5623460

CHASSIS NO. : GB71085793

TYPE : PASSENGER / COMMERCIAL*

(*delete where inapplicable)

Date, Time and Mileage for Collection: 15th August 2019 (date) 15.30 hrs (time) (mileage)

Date, Time and Mileage for Return: 14th August 2022 (date) (time) (mileage)

Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full*

(Vehicle must be returned with same level of petrol)

Maximum Mileage : km per day/week/mo#10-57nth*.

***delete where inapplicable**

Additional mileage in excess of the maximum mileage will be chargeable at S\$0.30 per additional kilometre or part thereof plus GST.

2. PERIOD OF LEASE

For 36 months from 15th August 2019 ("Commencement Date") to 14th August 2022 ("Lease Period").

3. LEASE CHARGES

Amount S\$2,100.00 monthly * exclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges" in advance on Commencement Date and thereafter on.

Deposit:

Amount: S\$1,500.00 - 8th July 2019





H & H RENTAL & LEASING PTE LTD

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291

Fax : 6743 3530

ROC No. 201703965Z

5. INSURANCE, ROAD TAX AND MAINTENANCE

You as the Hirer shall be solely liable and responsible for all ~~insurance, road tax, maintenance, servicing and other charges, costs and expenses~~ relating to the use of the Vehicle.

6. EARLY TERMINATION

You shall be liable to our clients for early termination as provided under the Terms and Conditions annexed hereto.

7. PAYMENT

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

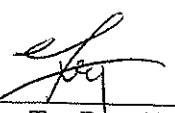
The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.


IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

Insurance Excess: S\$3,500.00

Signed for and on behalf of
H&H Rental & Leasing Pte Ltd


Name: Tay Puay Ngee
Designation: Hirer
Company Stamp:


Name: Ronnie C H. Teo
Designation: Manager
Company Stamp:

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Jul 2022 / 14:18:35

Receipt Date/Time : 08 Jul 2022 / 14:18:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220708-002048

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
	Result of Insurance Enquiry - SHA4528T As at 07 Jul 2022/21:50:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SHA4528T Enquiry Fee 20220708141745420485	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	22c6eepm-- 2VV06723PV567305X		Credit Card	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	08/07/2022 13:16 (SGT)
Reported by	Driver
Date of Accident	07/07/2022 21:50 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4948L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Company Reg No	2XXXXX965Z
Email Address	teorronnie@ymail.com
Mobile Phone No	(Phone) +65-97234411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5126592528

DRIVER

Name of Driver	TAY PUAY NGEE
NRIC No	SXXXX854D
Date Of Birth	11/05/1965
Occupation	Outdoor

Date Of Driving Pass	02/10/1986
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94502923
Alt. Phone Number	-
Email Address	vintay.65@gmail.com
Address	BLK 101 BUKIT BATOK WEST AVENUE 6 #02-38
Address complement	-
Postcode	650101
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4528T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIM PENG KEE
NRIC No	SXXXX888A
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	TAY PUAY NGEE
Gender	Male
Phone No	(Phone) +65-94502923
Address	BLK 101 BUKIT BATOK WEST AVENUE 6 #02-38
Address Complement	-
Post Code	650101
Approximate Age Years Old	57
Injuries Sustained	SLIGHT DEGREE OF INJURY
Injured person in which vehicle?	SMN4948L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: **JOELLE TAN**
AMEK **Autopoint Pte Ltd**
08.07.2022

SKETCH PLAN #2

SKETCH PLAN

CTE EXPRESSWAY

A: SMN4948L

B: SHA4528T

GALON BUKIT MERAH
SLIP ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. 20220708/2022

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name: Joelle Tan
IRAC/FIN No.: AMK

BUJOPPOINT PTE LTD
08-07-2022


**SINGAPORE
POLICE FORCE**


T/20220708/2025

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20220708/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2022 10:33		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: TAY PUAY NGEE			Address: APT BLK 101 BUKIT BATOK WEST AVENUE 6 #02-38 SINGAPORE 650101		
ID Type / ID No.: NRIC NO / S1700854D			Contact No.: Home/Office: Mobile: 94502923		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 11/05/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/07/2022 21:50	Type of Location: Bend
Location: JALAN BUKIT MERAH				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
SHA4528T	Car			Blue	Slightly Damaged	0
SMN4948L	Car			Grey	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/20220708/2026

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20220708/2026

CONTINUATION OF REPORT

Driver			
Name	SIM PENG KEE		ID No. S7123888A
Related Vehicle	SHA4528T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAY PUAY NGEE		ID No. S1700854D
Related Vehicle	SMN4948L (Car)		Contact No. 94502923
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 07/07/2022, I was driving my car (SMN4948L) along Bukit Timah Road on the slip road (single lane, one-way road) to enter CTE expressway. My vehicle was stationary while waiting to merge onto the expressway. Suddenly, I felt my car being hit from behind and therefore I stopped my car at the slip road. I then exited my car (SMN4948L) to make a check on what happened. I noticed that a blue Comfort Delgro Company Taxi (SHA4528T) had hit the rear of my vehicle. I exchanged particulars with the taxi driver but did not get his Handphone number. We both drove off after exchanging particulars and there was no dispute. I wish to state that no ambulance and no traffic police attended to me at scene. I am lodging this report for my insurance claim purposes. That is all.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



TJ20220708/2026

3 of 3

Report No. TJ20220708/2026

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:

F /

Other ARUNVELAYUTHAM
RAMANATHAN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

08/07/2022 10:33

Officer In Charge Of Case:

TP / GIA /

Other MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168