

ASS. REC. BY: Steve

NTUC

ASSIGNMENT

Front: \_\_\_\_\_ 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. \_\_\_\_\_  
 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
X	X

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ 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

Veh No: SHB5859B Yr Regn: 26/12/19  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Trax / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Prius c.c. 1797  
 Colour: Maroon NC: Insured / Std / NI / NA  
 Sp. Reading: N/A T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDKB3FU703090 176  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: NII / S/Rim / STD / Rim or  
 Tyre Size: F: 195/50R15  
 R: 1  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or . \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 23/1/22 D.O.I. 29/1/22  
 Survey held at SMRT  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Tax / 07/22/2076

Date / Time Action / Instruction


Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.B.F. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + R.S. \$

Photos

Others

TOTAL



## Case Details

Case Reference Number : TAX/07/22/2076  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHB5859B

Company Type : Strides Taxi Pte Ltd  
 Estimation ID : EST-18926-ID  
 Assigned By : Wei Siong #

Insurance Company Name : NTUC Income Insurance Co-operative Ltd  
 Accident Date and Time : 23/07/2022 02:45 AM  
 Vehicle Age(In Months) : -

## 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	
Standard	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	?
Standard	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	1	364.20	Replace	/ PD
Standard	Main			PAD, RR BUMPER, RH & LH, 3	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	X nn
Standard	Main			PAD, RR BUMPER, RH & LH, 2	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	X nn
Standard	Main			PAD, RR BUMPER, RH & LH, 1	2	4.00	8.00	25.00	6.00	Replace	0	0	Not Give	X nn
Standard	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	0	0	Not Give	X nn
Standard	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25.00	16.95	Replace	0	0	Not Give	X nn
Standard	Main			STOPPER, RR BUMPER, RH & LH	1	4.50	4.50	25.00	3.38	Replace	0	0	Not Give	X nn
Standard	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	X nn
Standard	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	0	0	Not Give	X nn
Standard	Main			SEAL, RR BUMPER, RH	1	118.30	118.30	25.00	88.73	Replace	0	0	Not Give	X nn
Standard	Main			SEAL, RR BUMPER, LH	1	118.30	118.30	25.00	88.73	Replace	0	0	Not Give	X nn
Standard	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	10	33.75	Replace	/ nec
Standard	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	1	280.88	Replace	/ CR4

Total Spare Part Cost 7,192.97  
 Lump Sum Discount (%) 0.00  
 Final Spare Part Cost 7,192.97

Surveyor Total 875.33  
 Lump Sum Dis (%) 20  
 Final Sur Total 700.26

ig	Portion	Material Number	SMRT Recommendation							Surveyor Approval			
			Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
			COVER, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	1	16.50	Replace	✓ OKY
			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	✓ X nn
			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	✓ X nn
			REAR BUMPER GROMMET SCREW	2	2.20	4.40	25.00	3.30	Replace	0	0	Not Give	✓ X nn
			COVER, REAR FLOOR UNDER, RH	1	175.10	175.10	25.00	131.33	Replace	0	0	Not Give	✓ X nn
			COVER, REAR FLOOR UNDER, LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	✓ X nn
			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Not Give	✓ X nn
			LENS & BODY, REAR COMBINATION LAMP, RH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give	✓ X nn
			LENS & BODY, REAR COMBINATION LAMP, LH	1	339.60	339.60	10.00	305.64	Replace	0	0	Not Give	✓ X nn
			LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give	✓ X nn
			LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	1	261.00	261.00	10.00	234.90	Replace	0	0	Not Give	✓ X nn
			LAMP ASSY, REAR, RH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give	✓ X nn
			LAMP ASSY, REAR, LH	1	293.60	293.60	10.00	264.24	Replace	0	0	Not Give	✓ X nn
			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	1	180.00	Replace	✓ Skipped
			ANTENNA, ELECTRICAL KEY	1	72.00	72.00	10.00	64.80	Replace	0	0	Not Give	✓ X nn
			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Not Give	✓ X nn
			SPARE TYRE PANEL, PAN, REAR FLOOR	1	583.40	583.40	25.00	437.55	Replace	0	0	Not Give	✓ X nn
			TAIL GATE PANEL SUB-ASSY, BACK DOOR	1	1,147.80	1,147.80	25.00	860.85	Replace	0	0	Not Give	✓ X nn
Total Spare Part Cost								7,192.97	Surveyor Total 875.33				
Lump Sum Discount (%)								0.00	Lump Sum Dis (%) 20				
Final Spare Part Cost								7,192.97	Final Sur Total 700.26				



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
Standard	Main			TAIL GATE WEATHERSTRIP, BACK DOOR	1	372.56	372.56	25.00	279.23	Replace	0	0	Not Give	✓ X nh
Standard	Main			TAIL GATE BACK DOOR OUTSIDE GARNISH SUB- ASSY	1	913.60	913.60	25.00	685.20	Replace	0	0	Not Give	✓ X nh
Standard	Main			TAIL GATE BACK DOOR HINGE ASSY, RH & LH	2	61.00	122.00	25.00	91.50	Replace	0	0	Not Give	✓ X nh
Standard	Main			TAIL GATE LOCK ASSY, BACK DOOR	1	467.00	467.00	10.00	420.30	Replace	0	0	Not Give	✓ X nh
Standard	Main			TAIL GATE LOCK COVER, BACK DOOR	1	30.20	30.20	25.00	22.65	Replace	0	0	Not Give	✓ X nh
Standard	Main			NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1	54.60	54.60	25.00	40.95	Replace	0	0	Not Give	✓ X nh
Standard	Main			NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1	54.60	54.60	25.00	40.95	Replace	0	0	Not Give	✓ X nh
Standard	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	✓ X nh
Standard	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	✓ X nh
Total Spare Part Cost									7,192.97	Surveyor Total		875.33		
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		20		
Final Spare Part Cost									7,192.97	Final Sur Total		700.26		

**Labour's Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	200	
Total:			1,014.00	200.00	

**Spray Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY REAR PANEL	180.00	0	
3	Main	TO RESPRAY BUMPER BEAM	180.00	0	
4	Main	TO RESPRAY REAR SPARE TYRE PANEL	180.00	0	
Total:			1,476.00	200.00	

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
5	Main	TO RESPRAY TAIL GATE	378.00	0	
6	Main	TO RESPRAY TAIL GATE OUTSIDE GARNISH	180.00	0	
Total:			1,476.00	200.00	

#### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	0	X nn
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	30	/ nec
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	/ nec
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	/ nec
5	Main	TO REPLACE SUNDRY PARTS	100.00	30	/ nec
Total:			500.00	120.00	

## Summary

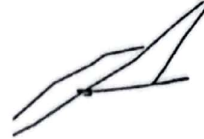
	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	7,192.97	700.26
Total Labour Cost	1,014.00	200.00
Total Spray Painting	1,476.00	200.00
Other	500.00	120.00
Overall Total	10,182.97	1,220.26
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	0.00	1,200.00
Surveyor Approved Amount		1,200.00
No of Repair Days*	6	2
Remarks	-	Lump-sum repair, take after spray
Surveyor Name		STEVE CHEN

Estimator Assessment(\$)

Surveyor Assessment(\$)

Signature





Save

Clear

Survey Date

29/07/2022

- LGK Auto Consultants hereby notify the Repairer of the following:
- To resurvey before after spray painting
  - To display damaged parts 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	26/07/2022 13:45 (SGT)
Reported by	Driver
Date of Accident	23/07/2022 10:45 (SGT)
Exact Location of Accident	Lavender St., Singapore
Additional Location Information	LAVENDAR STREET TOWARDS BALESTIER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5859B

#### 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) +65-68662672
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099115MFSH

#### DRIVER

Name of Driver	LOIW SIOW PENG (LIAO SHAOPING)
NRIC No	SXXXX692H
Date Of Birth	26/10/1963
Occupation	Outdoor

Date Of Driving Pass	14/05/1981
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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	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 TO POLICE REPORT - T/20220723/7010

#### 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	PC6758C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



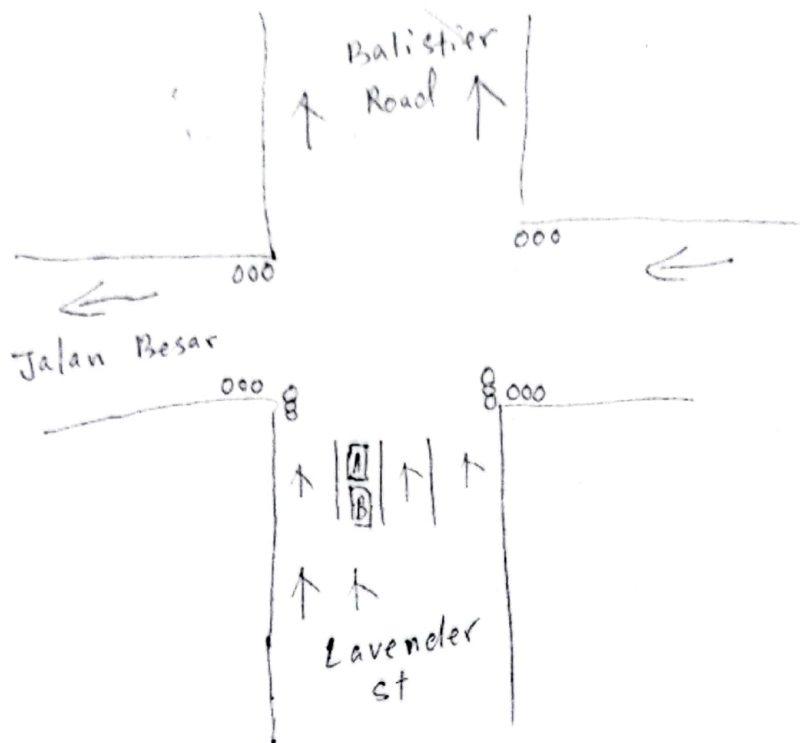
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LOIW SIOW PENG (LIAO SHAOPING)
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB5859B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



Lined area for additional notes or details.

Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 25.7.2022

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

2

**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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

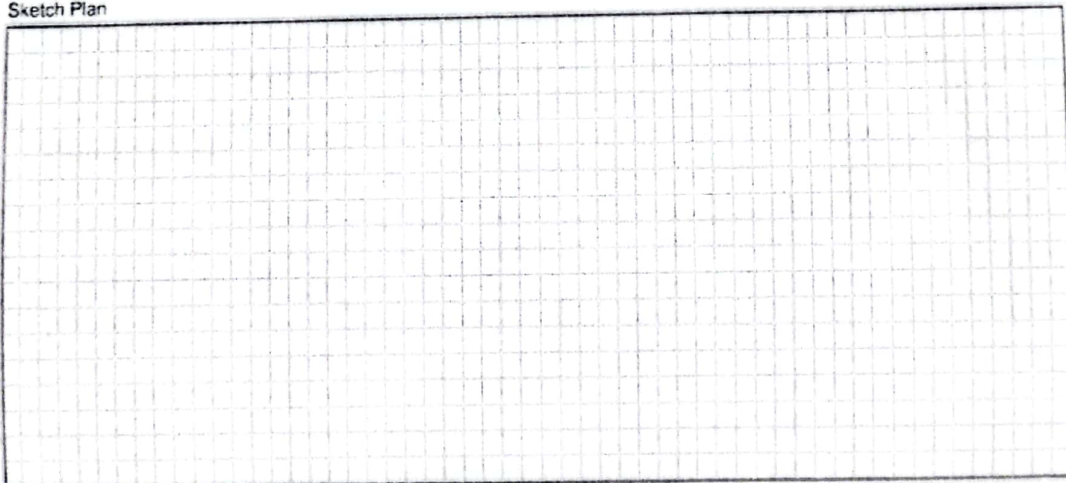
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (Name as in NR C4D card)

Sketch Plan





**SINGAPORE  
POLICE FORCE**



T/20220723/7010

1 of 3

Report No: T/20220723/7010

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 23/07/2022 12:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOI W SIO W PENG			Address: 198 BOON LAY DRIVE #12-51 SINGAPORE 640198		
ID Type / ID No.: NRIC NO / S1605692H			Contact No.:		Mobile: 97229370
Nationality: SINGAPORE CITIZEN			Email: LIAOPAPA7676@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 26/10/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 10:45	Type of Location: X-Junction
Location:  LAVENDER STREET AND JALAN BESAR TOWARDS BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
PC6758C	Van					0
SHB5859B	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220723/7010

2 of 3

Report No. T/20220723/7010

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

## CONTINUATION OF REPORT

Driver		ID No		S1605692H	
Name	LOIW SIOW PENG		Contact No.	97229370	
Related Vehicle	SHB5859B (Car)		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	CARE MEDICAL CLINIC		Date	NIL	
Date	23/07/2022		Degree of	Serious	
No. of Days granted Medical Leave	07				

Brief Details.

ON 23/07/2022 AT ABOUT 1045 HOURS AT BEFORE JUNCTION OF LAVENDER STREET AND JALAN BESAR TOWARDS BALESTIER ROAD. I WAS TRAVELLING ON THE THIRD LANE ON THE ABOVE MENTIONED ROAD AND MY VEHICLE CAME TO A COMPLETE STOP DUE TO RED TRAFFIC LIGHT. SUDDENLY, I HEARD A LOUD BANG AND WHEN I ALIGHT I REALISE IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I WENT TO CONSULT A DOCTOR AFTER THE ACCIDENT AND WAS AWARDED 07 DAYS MC FOR MY INJURY.

A) SHB5859B

(B) PC6758C

**SINGAPORE  
POLICE FORCE**

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



T/20220723/7010

3 of 3

Report No. T/20220723/7010

**CONTINUATION OF REPORT**Sketch 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 / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

Signature Of Informant:

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

Date/Time:  
23/07/2022 12:42

Classification Of Case: