

(08/11/13)

ASS. REC. BY:

REF: C8/MSG 22007434/D24<sup>3</sup>

## 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. \_\_\_\_\_

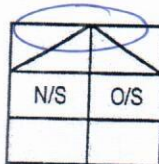
Claims No. \_\_\_\_\_

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SKB 7587L Yr Regn: Jun / 2011Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Cerato Forte Coup.c 1594 1998Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 162742 T/Radio: Insured / Std / NI / NAEng/No: G4KD9H525699C/No: KNAFW612LA5167810Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R17R: — 11 —BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Continental

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 02/08/222 D.O.I. 04/08/222Survey held at At Road AutoDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time	Action / Instruction
	MSG SLG 6508L
	MV 351C
	LTA 17.4K
	HL 17.6K
24/22/08/22	seek approval for 74k. with 6 dgs. check (1255, 40, 607.)

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: 6Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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





# ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538

Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E

Email: alfredauto@hotmail.com

Tyre &  
Sports Rim



BATTERY

Reference No.: 40822

[WITHOUT PREJUDICE SAVE AS TO COSTS]

Date: 04.08.2022

Ng Cheng Tiong

Blk 750 #08-153 Jurong Street 73

Singapore 640750.

KIA Cerato Forte Koup 2.0 SX

Estimate Repair Cost for Motor Vehicle Reg. No: SKB 7587 L

1 Pc. Front Bonnet	<i>Denchi</i>		1,190.00	✓	962.00
2 Pcs. Front Bonnet Hinger	<i>key</i>	@ 210.00	420.00	X	
1 Pc. Front Bonnet Inner Seal	<i>SN</i>		158.00	X	
1 Pc. Front Bonnet Inner Sponge	<i>SN</i>		310.00	X	
1 Pc. Front Bonnet Lock	<i>ST</i>		345.00	✓	85.00
1 Pc. Front Bonnet Stopper	<i>dislodge</i>		18.50	X	
1 Pc. Support Panel	<i>Denchi</i>	594.00	989.30	✓	542.30
2 Pcs. Front Head Lamp Assy.	<i>broken mainly</i>	@ 1,130.00	2,260.00	✓	1188.00
1 Pc. Front Grille (Sport R)	<i>broken</i>		480.00	✓	SN
1 Pc. Front Bumper	<i>Denchi</i>		968.00	✓	614.20
2 Pcs. Front Bumper Side Retainer	<i>SN</i>	@ 189.00	378.00	X	
1 Pc. Front Bumper Centre Pad	<i>cut</i>		510.00	✓	226.00
1 Pc. Front Bumper Centre Grille	<i>mainly crum</i>		305.00	✓	185.00
1 Pc. Front Bumper Fog Lamp	<i>HH</i>		590.00	X	
1 Pc. Front Bumper Fog Lamp Cover	<i>distorted/cut o/s</i>		210.00	✓	172.00
1 Pc. Front LH Fender	<i>Denchi</i>		630.00	✓	385.00
1 Pc. Front LH Fender Dust Garnish	<i>HH</i>		299.00	X	
1 Pc. Front Bumper Reinforcement	<i>Denchi</i>		810.00	✓	306.00
10 Pcs. Front Bumper Clips	<i>HCC</i>	@ 10.00	100.00	✓	25/- SN
8 Pcs. Front Grille Clips	<i>HCC</i>	@ 8.00	64.00	✓	15/- SN
1 Pc. Coolant	<i>HH</i>		90.00	X	

Total (Panels / Parts): 11,124.80 (SGD)

*lost SH 515.00*  
*4684.00*

LABOR CHARGES

To check wiring, refocus head lamp, remove & refit all Wire.

*150.00 30/-*



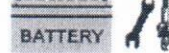


# ALFRED AUTO

## Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538  
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E  
Email: alfredauto@hotmail.com

Tyre &  
Sports Rim



To remove & refit radiator, fan, pipe hose & all affected Area.

150.00 50/-

To remove & refit air-con condenser & top-up gas & Compressor oil.

130.00 120/-

To knocking, straightening, repair & renew all accident

1,000.00 700/-

To redo car wrap from existing design (Bonnet, Fender, & bumper)

1,200.00 600/-

To respray painting on all accident affected area.

1,100.00 600/-

2140.00 =

To diagnostic check on all sensors & erase fault code. & set to standard.

380.00 HK

To rust proof all accident affected area.

150.00 40/-

**Total (Labor Charges): 4,260.00 (SGD)**

### TOTAL COST SUMMARY

PANELS / PARTS  
LABOR CHARGES

11,124.80  
4,260.00

6870.60

Synp

2431.89

9302.49

**Grand Total: 15,384.80 (SGD)**

15,384.80

We shall be glad if you can forward the payment at your early convenience.

For internet banking transfer – OCBC Current Account No. 620-453233-001 or  
PAYNOW UEN 39108900E

ACKNOWLEDGED BY	DATE	ALFRED AUTO SERVICES & SUPPLIES
		Alfred Quah

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

04/08/2022 15:00

Not Author

2 Hrs 6 days.

Pym LKK Auto

Page 2 of 2

**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:



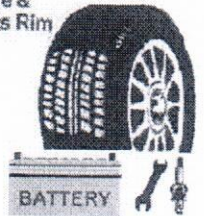


# ALFRED AUTO

## Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538  
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E  
Email: alfredauto@hotmail.com

Tyre &  
Sports Rim



Reference No.: 40822

[WITHOUT PREJUDICE SAVE AS TO COSTS]

Date: 04.08.2022

Ng Cheng Tiong

Blk 750 #08-153 Jurong Street 73  
Singapore 640750.

KIA Cerato Forte Koup 2.0 SX

Supplementary Repair Cost for Motor Vehicle Reg. No: SKB 7587 L

2 Pcs. Head Lamp Lower Bracket <i>bt</i>	@ 80.00	160.00	✓
1 Pc. Bumper Sponge <i>turn</i>		299.00	✓ 189.00
2 Pcs. Support Dust Garnish <i>defect 2 H/L</i>	@ 105.00	210.00	<i>have X</i>
1 Pc. Radiator <i>bt</i>		995.00	✓ 746.00
1 Pc. Radiator Fan Assy. <i>broken</i>		698.60	✓
1 Pc. Air-con Condenser <i>bt 1 Pumper</i>		610.00	✓
1 Pc. Power Steering Return Pipe <i>bt</i>		298.50	✓

Total (Panels / Parts): **3,271.10 (SGD)**

We shall be glad if you can forward the payment at your early convenience.

2702.10

10%, 2431.89

For internet banking transfer – OCBC Current Account No. 620-453233-001 or  
PAYNOW UEN 39108900E

ACKNOWLEDGED BY	DATE	ALFRED AUTO SERVICES & SUPPLIES
		<i>Alfred Quah</i>

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

*[Handwritten signature]*  
*2kk*





## 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 Actual 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 .....	03/08/2022 10:23 (SGT)
Reported by .....	Driver
Date of Accident .....	02/08/2022 14:40 (SGT)
Exact Location of Accident .....	Changi, Singapore
Additional Location Information .....	CHANGI AIRPORT T3 ARRIVAL DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKB7587L
-----------------------------------	----------

## INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG CHENG TIONG
NRIC No .....	S1635631Z
Email Address .....	KELMOND68@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91861500
Alternative Phone No .....	-

## VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1598

## INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	GA559355/1

## DRIVER

Name of Driver .....	JERLENE KWEK
NRIC No .....	S9811840C
Date Of Birth .....	10/04/1998
Occupation .....	Indoor





Date Of Driving Pass .....	17/05/2017
Driving experience .....	5 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93667271
Alt. Phone Number .....	-
Email Address .....	JERLENEKXY@GMAIL.COM
Address .....	440 TAMPINES ST 43
Address complement .....	11-197
Postcode .....	520440
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER POLICE REPORT

#### 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 .....	SLG6508J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-





Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ROSLI BIN ABDUL RAHMAN
NRIC No .....	S7318393F
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 .....	JERLENE KWEK
Gender .....	Female
Phone No .....	(Phone) +65-93667271
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKB7587L
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 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:

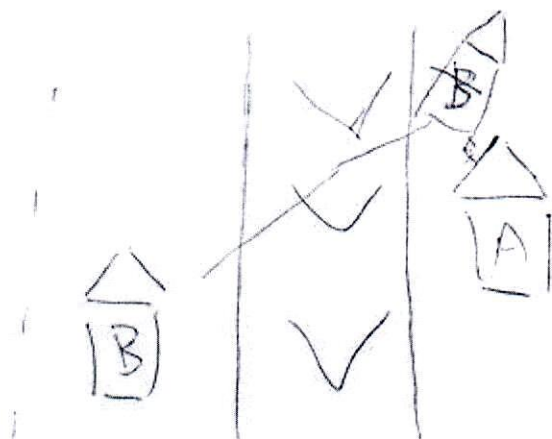
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

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





SKETCH PLAN



A) SKB 7587L

B) SLG 6508J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air

Claim OD / TP Own W/shop

Reporting Only

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:  
NRIC/FIN No.:







# SINGAPORE POLICE FORCE



T/20220812/2036

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 4

Report No. T/20220812/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/08/2022 12:51		Vide Report No.: T/20220802/2095		Station Diary No.: 37	
<b>Informant's Particulars</b>					
Name of Informant: JERLENE KWEK			Address: APT BLK 440 TAMPINES STREET 43 #11-197 SINGAPORE 520440		
ID Type / ID No.: NRIC NO / S9811840C			Contact No.: Home/Office: Mobile: 93667271		
Nationality: SINGAPORE CITIZEN			Email: jerlenekxy@gmail.com		
Sex: Female	Age: 24	Date of Birth: 10/04/1998	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Air Traffic Controller			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: 02/08/2022 14:40	Type of Location: Straight Road
Location:  T3 ARRIVAL DRIVE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
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
SKB7587L	Car				Seriously Damaged	0
SLG6508J	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/20220812/2036

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 4

Report No. T/20220812/2036

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JERLENE KWEK	ID No.	S9811840C
Related Vehicle	SKB7587L (Car)	Contact No.	93667271
Hospital/Clinic	RAFFLES MEDICAL	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	Slight
<b>Driver</b>			
Name	ROSLI BIN ABDUL RAHMAN	ID No.	S7318393F
Related Vehicle	SLG6508J (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

**Brief Details.**

On 02/08/2022 @ about 2:40 PM, I was driving a KIA Cerato Koup bearing plate no. SKB7587L along Changi Airport T3 arrival while I was heading to work and while I was at the lane to enter the carpark another vehicle which was a Grab Car bearing plate no. SLG6508J came out from the pickup area by cutting through the Chevron markings and I was unable to do my emergency braking in time due to his abrupt swerve out into my lane. I hit onto the rear right side of his vehicle and caused some damages to my vehicle front headlight, bumper, front grill, hood and also the number plate.

I then came out of my vehicle to exchange particulars with the driver which he then argued with me that it was not his fault and left hurriedly. I was then attended to by the T3 Terminal Airport manager as he mentioned that he needed to make a report on the matter. I was then escorted by the Changi Airport by 2 motorcycles however I am unsure whether they are Traffic Police officers.

I then went to Changi General Hospital to get a checkup as I felt pain in my right knee as when the said vehicle came out of his lane. I did an emergency brake however was too late to stop in time and had suffered some bruises to my right knee and received 2 days MC.

**Amended:**

I hit onto the rear right side of his vehicle and the impact led to his left rear bumper to dislodge, which also caused damages to my vehicle front headlight, bumper, front grill, hood and also the number plate.

I wish to state that immediately after I had hit onto his vehicle, he moved his vehicle back to the arrival pick-up point and as such I was unable to take a picture of where my car had hit onto. I wish to state that he had asked how the settlement should go about but I informed him that I had to contact my mechanic





**SINGAPORE  
POLICE FORCE**



T/20220812/2036

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 4

Report No. T/20220812/2036

**CONTINUATION OF REPORT**

and told him to wait but after taking the pictures of the damages and my particulars, he went back to his car and drove off from the scene. I was only able to get details of his IC but was unable to get his contact number as such I ran after the car but he had already left.

I wish to state that there were tyre marks on the chevron markings and was visible when I had took pictures of the scene. I also do not have an in car cam, however the grab driver mentioned to me that he had a rear in car cam. There were also several CCTVs in the vicinity.

After the 2 days of MC, I was still feeling pain on my right knee and went to Raffles Medical in Changi Airport Terminal 3 to seek treatment and was given another 3 days of MC.

I am lodging this report as there are additional information that I would like to state in my previous report.





**SINGAPORE  
POLICE FORCE**



T/20220812/2036

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20220812/2036

**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:

G /  
SGT 2 ZAINAL ABIDIN BIN  
SUPANGAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/08/2022 12:51

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case: