

ASS. REC. BY:

Steve

CS/EG/220082.63/ENV3

# 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.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMJ4099H Yr Regn: 4/3/19  
 Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota VIOS c.c. 1496  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 129397 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MR2B23F3401G6305  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 185/55R15  
 R: \_\_\_\_\_  
 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. 27/8/22 D.O.I. 12/9/22  
 Survey held at Wah Hong  
 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 |
|-------------|----------------------|
|             | <u>MV-751</u>        |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

Date/Time, File Return to?

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

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

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                                      |
|-------------------------------|--------------------------------------|
| Owner ID Type:                | Company                              |
| Owner ID:                     | 966M                                 |
| Vehicle Details               |                                      |
| Vehicle No.:                  | SMJ4099H                             |
| Vehicle to be Exported:       | No                                   |
| Intended Deregistration Date: | 30 Aug 2022                          |
| Vehicle Make:                 | TOYOTA                               |
| Vehicle Model:                | VIOS 1.5 E (AUTO)                    |
| Primary Colour:               | Blue                                 |
| Manufacturing Year:           | 2019                                 |
| Engine No.:                   | 2NR5324545                           |
| Chassis No.:                  | MR2B23F3401166305                    |
| Maximum Power Output:         | 79.0 kW (105 bhp)                    |
| Open Market Value:            | \$13,936.00                          |
| Original Registration Date:   | 04 Mar 2019                          |
| First Registration Date:      | 04 Mar 2019                          |
| Transfer Count:               | 0                                    |
| Actual ARF Paid:              | \$13,936.00                          |
| Intended PARF Rebate Details  |                                      |
| PARF Eligibility:             | Yes                                  |
| PARF Eligibility Expiry Date: | 03 Mar 2029                          |
| PARF Rebate Amount:           | \$10,452.00                          |
| Intended COE Rebate Details   |                                      |
| COE Expiry Date:              | 03 Mar 2029                          |
| COE Category:                 | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):            | 10                                   |
| QP Paid:                      | \$25,689.00                          |
| COE Rebate Amount:            | \$16,718.00                          |
| Total Rebate Amount:          | \$27,170.00                          |

The information contained herein is correct as at 29 Aug 2022

OK





# Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SMJ4099H TOYOTA VIOS 1.5

Page No. 1

| QTY                       | DESCRIPTION   | CONDITION | REPAIRER'S ESTIMATE(\$) | SURVEYOR'S ADJUSTMENT |
|---------------------------|---|-----------|-------------------------|-----------------------|
| <b>PARTS (LIST ITEMS)</b> |   |           |                         |                       |
| 1                         | Boot lid logo badge / <i>rec</i>                    |           | 62.00                   |                       |
| 1                         | Boot lid emblem "Vios" / <i>rec</i>                 |           | 54.00                   |                       |
| 1                         | Boot lid "E" - <i>rec</i>                           |           | 44.00                   |                       |
| 1                         | Rear bumper / <i>OD</i>                             |           | 481.00                  |                       |
| 2                         | Rear bumper side retainer RH/LH@2*\$231 - <i>OR</i> |           | 462.00                  |                       |
| 2                         | Rear bumper side reflector RH/LH@2*\$290 X          |           | 580.00                  |                       |
| 1                         | End panel <i>X R</i>                                |           | 790.00                  |                       |
| 1                         | Boot lid (Repair refer to labour) X <i>R</i>        |           | 0.00                    |                       |
| Part Items Total:         |   |           | 2473.00                 |                       |
|                           |   |           | -25% -618.25            |                       |
|                           |   |           | 1854.75                 |                       |
| <b>SPECIAL NETT ITEMS</b> |   |           |                         |                       |
| 1                         | End panel sealant X                                 |           | 60.00                   |                       |
| 1                         | Rear car plate with holder X                        |           | 35.00                   |                       |
| 1                         | Rear bumper clips / <i>rec</i>                      |           | 35.00                   |                       |
| 1                         | Rear reverse sensor / <i>Shooter</i>                |           | 400.00                  |                       |
| SN Items Total:           |   |           | 530.00                  |                       |
| Total Parts               |   |           | 2384.75                 |                       |



# Wah Hona Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. **SMJ4099H TOYOTA VIOS 1.5**

Page No. **2**

| S/N                     | DESCRIPTION   | REPAIRER'S ESTIMATE (S\$) | SURVEYOR'S ADJUSTMENT |
|-------------------------|---|---------------------------|-----------------------|
|                         | <b>LABOUR</b>   |                           |                       |
| 1                       | To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components | 800.00                    | 400                   |
| 2                       | To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired   | 600.00                    | 400                   |
| 3                       | To remove/refix/replace wiring system at accident damaged area and check for all electrical proper function                                       | 90.00                     | 30                    |
| 4                       | To perform anti-rust treatment on affected areas  | 60.00                     | 30                    |
|                         | To remove and replace rear reverse sensor   | 100.00                    | 30                    |
| Labour Total :          |   | 1650.00                   |                       |
| TOTAL (PARTS & LABOUR): |   | 4034.75                   |                       |

Steve (LKK)

12/9/22, 10.15 am

WHL N

L/S

WHL N  
4 days

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To provide damaged parts at during resurvey
- To provide detailed information
- To provide a "No Win, No Fee" "No Prejudice" basis
- To provide a "No Win, No Fee" basis
- To provide a "No Win, No Fee" basis

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 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 ..... 29/08/2022 11:31 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/08/2022 14:50 (SGT)  
Exact Location of Accident ..... Near BKE, Eco-Link @ BKE, Singapore  
Additional Location Information ..... ALONG PIE TOWARDS BKE NEAR ECO-LINK @BKE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ4099H

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AKK RENTAL PTE LTD  
Company Reg No ..... 2XXXXX966M  
Email Address ..... SG.AKKRENTAL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94888238  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... Singapore Life Ltd  
Policy Number / Cover Note Number ..... 20003461-08

#### DRIVER

Name of Driver ..... KOH ZHEN TAI (XU ZHENDAI)  
NRIC No ..... SXXXX429F  
Date Of Birth ..... 13/12/1982  
Occupation ..... Outdoor



|  |                        |
|--|------------------------|
| Date Of Driving Pass   | 28/08/2007             |
| Driving experience   | 15 YEARS               |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-96436720   |
| Alt. Phone Number  | -                      |
| Email Address  | SG AKKRENTAL@GMAIL.COM |
| Address  | BLK 701 HOUGANG AVE 2  |
| Address complement   | #06-19                 |
| Postcode   | 530701                 |
| 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 | 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                       | Hougang Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18004890999             |
| Alt. Police Station Phone No              | (Fax) +65-63128989                  |
| Police Station Address                    | 60 Hougang Ave 9 Singapore 538775   |
| Was notice of intended Prosecution given? | No                                  |
| If yes, against whom?                     | -                                   |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN & SUMMARY

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBE6005Y |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |

|   |                    |
|---|--------------------|
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| Name of Driver .....                          | OH BOON THOR       |
| 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 .....                              | KOH ZHEN TAI |
| Gender .....  | -            |
| Phone No .....  | -            |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | -            |
| Injured person in which vehicle? .....                    | SMJ4099H     |
| 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 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 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

*[Signature]*

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



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

**Sketch Plan**

|  |  |  |
|--|--|--|
|  |  | <p>A: SMJ4099H.</p> <p>B: GBE6005Y.</p> <p>Along PIE TOWARDS<br/>BKE NEAR<br/>ECO-LINK @ BKE</p> |
|--|--|--|





**SINGAPORE  
POLICE FORCE**



T/20220828/2013

1 of 4

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20220828/2013

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>28/08/2022 08:33 |            | Vide Report No.:             |  | Station Diary No.:<br>40 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>KOH ZHEN TAI         |            |                              | Address:<br>APT BLK 701 HOUGANG AVENUE 2 #06-19 SINGAPORE 530701 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S8242429F   |            |                              | Contact No.:<br>Home/Office: Mobile: 96436720                    |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>39 | Date of Birth:<br>13/12/1982 | Type of Informant:<br>Driver                                     |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                          | Institution / School Name: |
| Occupation:<br>SALES EXECUTIVE             |            |                              | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:      |                          |                            |

**General Information of the Accident**

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>27/08/2022 14:50 | Type of Location:<br>Straight Road     |
| Location:<br>Along Road 1<br>BUKIT TIMAH EXPRESSWAY<br>NEAR ECO-LINK@BKE |                  |                                    |   |  |
| Weather:<br>Heavy rain   |                  | Road Surface:<br>Wet               |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way   |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear             |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model | Color  | Condition | No of Passenger |
|-------------|------|--------|-------|--------|-----------|-----------------|
| GBE6005Y    | Van  | NISSAN |       | Silver |           | 1               |
| SMJ4099H    | Car  | TOYOTA | VIOS  | Blue   |           | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective  | Expiry Date |
|-------------|-------------------|--------------|------------|-------------|
| SMJ4099H    | AVIVA LTD         | 20003461-08  | 22/07/2022 | 21/07/2023  |





Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20220828/2013

**CONTINUATION OF REPORT**

|                                   |                                     |  |                                    |
|-----------------------------------|-------------------------------------|--|------------------------------------|
| <b>Details of Person Involved</b> |                                     |  |                                    |
| Any Pedestrian Involved: No       |                                     |  |                                    |
| No. of Pedestrians Injured: NIL   |                                     | Use of Pedestrian Crossing: NA         |                                    |
| <b>Driver</b>                     |                                     |  |                                    |
| Name                              | KOH ZHEN TAI                        | ID No.                                 | S8242429F                          |
| Related Vehicle                   | SMJ4099H (Car)                      | Contact No.                            | 96436720                           |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 27/08/2022                          | Date Discharge                         | 27/08/2022                         |
| No. of Days granted Medical Leave | 03                                  | Degree of Injury                       | Slight                             |
| <b>Driver</b>                     |                                     |  |                                    |
| Name                              | OH BOON THOR                        | ID No.                                 | S1553386B                          |
| Related Vehicle                   | NIL                                 | Contact No.                            | NIL                                |
| Hospital/Clinic                   | NIL                                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                                 | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                                 | Degree of Injury                       | NIL                                |

**Brief Details.**

On 27/08/2022 at about 1450hrs, I was driving my vehicle bearing SMJ4099H along PIE towards BKE near ECO-LINK@BKE.

I wish to state that at that point of time it was raining heavily and heavy traffic.

There were a total of three lanes and I was driving on the center lane which is a slight bend to a straight road.

While I was driving, I noticed the vehicle in front was gradually slowing down.  
As such, I slowed down as well.

Out of a sudden, I felt an impact from the rear and realised that one vehicle bearing GBE6005Y had collided to the rear of my vehicle.

Due to the collision, the boot of my vehicle opened.

I got out of the vehicle and exchanged particulars with the driver of GBE6005Y.

As it was raining heavily and heavy traffic, I was unable to examine the damage of my vehicle.

As such, both of us drove to the road shoulder.

However, the said driver after driving to the road shoulder drove off.

Due to the weather, I was unable to examine the damage of the vehicle. Hence, I drove off.





**SINGAPORE  
POLICE FORCE**



T/20220828/2013

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 4

Report No. T/20220828/2013

**CONTINUATION OF REPORT**

Then after, I made a check and discovered there were damages at the rear of my boot.

Due to the collision, I felt discomfort and soreness at my lower back and neck.

Thus, I went to Sengkang General Hospital to seek medical attention and was given 3 days of Medical Certificate from 27/08/2022 to 29/08/2022.

SKGH also given me an appointment slip with the Spine Specialist to be schedule at a later date.

I wish to state that I have in car camera installed at the front of my vehicle which is operating at that point of time.

I have also informed my rental car company, AKK Rental Pte Ltd on the accident.



**SINGAPORE  
POLICE FORCE**



T/20220828/2013

4 of 4

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20220828/2013

**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 JACQUELINE TOH XIN YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2022 08:33

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168