

ASS. REC. BY:

REF:

CIP / 23000190/K943

C

Kenneth

## 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:

854k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

07 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 Got BZ

3/4 @ 7586.37 Cash Paid &amp;

Veh No:

GBK 18730

Yr Regn:

02, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

NIS

NV200

c.c

1597

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

78261

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VM 20

140462

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

175/70R14

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

18/12/22

D.O.I.

10/1/2023

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

L/R

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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

7

Resurvey No. of Trlp:

1

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

TP

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

7586.37

# Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761  
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg  
GST:201001158E RCB NO:201001158E

GBK1875D  
TP/Liberty

M/S : LIBERTY INSURANCE PTE LTD

51 CLUB STREET

#03-00 LIBERTY HOUSE

SINGAPORE 069428

TEL: 62218611

FAX: 62241047

ATTN: Motor Claim Department

WS Ref: TP/LIBERTY

Claim Type: Third Party

Accident Date: 19/12/2022

TP Veh Reg No: SLT869M

Estimate No: ES2300027/WS

Date: 10 Jan 2023

Policy No: 5124148684

Veh Reg No: GBK1875D

Make/Model: NISSAN NISSAN NV200  
DX-2 1.6 AUTO

Chassis No: VM20140462

Engine No: HR16157825D

Reg. Date: 04/02/2020

## Estimate Repair Cost to Vehicle No :GBK1875D

Description	U/Price	Quantity	List Price	Amount
			SS	SS
<b>Net Price</b>				
1 FRONT BUMPER	584.50	1 PC	584.50	✓
2 FRONT BUMPER LH RETAINER	28.00	1 PC	28.00	X
3 FRONT BUMPER CLIPS	5.00	6 PCS	30.00	✓
4 FRONT BUMPER UPPER SIDE PADS	398.20	2 PCS	796.40	X
5 FRONT BUMPER SPONGE	388.80	1 PC	388.80	X
6 FRONT BUMPER REINFORCEMENT	818.20	1 PC	818.20	X
7 REAR BUMPER	528.40	1 PC	528.40	✓
8 REAR BUMPER LH RETAINER	45.40	1 PC	45.40	✓
9 REAR BUMPER CLIPS	5.00	6 PCS	30.00	✓
10 LH TAILLAMP	272.20	1 PC	272.20	✓
11 REAR TAILGATE	2,231.70	1 PC	2,231.70	✓
12 TAILGATE LOGO	70.00	1 PC	70.00	✓
13 TAILGATE EMBLEM (NV200)	101.90	1 PC	101.90	✓
14 TAILGATE EMBLEM (VANETTE)	70.00	1 PC	70.00	✓
15 TAILGATE OUTER GARNISH	380.00	1 PC	380.00	✓
16 TAILGATE WEATHER STRIP	105.00	1 PC	105.00	✓
17 TAILGATE UPPER INNER LOCK	129.50	1 PC	129.50	✓
18 TAILGATE LOCK STRIKER	35.00	1 PC	35.00	✓
19 TAILGATE INNER TRIM BOARD	213.80	1 PC	213.80	✓
20 REAR WINDSCREEN GLASS	1,424.00	1 PC	1,424.00	X
21 REAR WIPER ARM CAP	12.00	1 PC	12.00	✓
22 LH SLIDING DOOR INNER PULL HANDLE	80.50	1 PC	80.50	✓
			8,375.30	
		Less 10%	837.53	7,537.77
<b>Special Net</b>				
23 REAR WIPER ARM	45.90	1 PC	45.90	X
24 REAR WIPER MOTOR	258.50	1 PC	258.50	X
25 REAR END PANEL OUTER	124.50	1 PC	124.50	✓
26 FRONT NUMBER PLATE	35.00	1 PC	35.00	✓
27 REAR NUMBER PLATE	35.00	1 PC	35.00	✓
28 REAR WINDSCREEN GLASS GUM	40.00	1 PC	40.00	✓
29 REVERSE SENSOR	200.00	1 SET	200.00	✓
30 STICKER - 70KM/H	10.00	1 PC	10.00	✓
31 STICKER - 5 PAX	10.00	1 PC	10.00	✓
			758.90	758.90

Not Withheld

1. B. 1

Penalty After Repair

1. B. 1

7 days



# Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761  
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg  
GST:201001158E RCB NO:201001158E

M/S : LIBERTY INSURANCE PTE LTD

51 CLUB STREET  
#03-00 LIBERTY HOUSE  
SINGAPORE 069428

TEL: 62218611

FAX: 62241047

ATTN: Motor Claim Department

Estimate No: ES2300027/WS

Date: 10 Jan 2023

Policy No: 5124148684

Veh Reg No: GBK1875D

Make/Model: NISSAN NISSAN NV200  
DX-2 1.6 AUTO

Chassis No: VM20140462

Engine No: HR16157825D

Reg. Date: 04/02/2020

WS Ref: TP/LIBERTY

Claim Type: Third Party

Accident Date: 19/12/2022

TP Veh Reg No: SLT869M

## Estimate Repair Cost to Vehicle No :GBK1875D

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
<b>Labour</b>				
32 REMOVE FRT END DAMAGED BUMPER,HEADLAMPS,WIRE HARNESS,PARTS & ATTACHMENTS,PANEL BEAT & REPAIR FRT SUPPORT PANEL,INNER PANELS,REALIGN & REPLACE FRT END DAMAGED BODY PARTS	400.00	1 LA	400.00	2501
33 SPRAY PAINTING-FRT BUMPER PADS,FRT INNER PANEL	450.00	1 LA	450.00	2401
34 REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA	120.00	✓
35 REMOVE & INSTALL REAR INTERIOR TRIMS / GARNISHES,ETC. REPLACE REAR FLOOR WOODEN BOARD	120.00	1 LA	120.00	601
36 REMOVE REAR END DAMAGED BUMPER,TAILGATE & ATTACHMENTS,PANEL BEAT & REPAIR REAR FLOOR PANEL,REAR END INNER PANEL,LH REAR SIDE BODY PANEL,LH LAMP PILLAR,CUT,WELD & REPLACE FRT REAR DAMAGED BODY PARTS	1,100.00	1 LA	1,100.00	8001
37 SPRAY PAINT-TAILGATE,REAR END PANEL,REAR FLOOR PANEL,LH REAR SIDE PANEL,LH LAMP PANEL & REAR INNER PANELS	950.00	1 LA	950.00	8001
38 RUSTPROOFING	70.00	1 LA	70.00	601
39 RE-DO ARTWORK AND APPLY BODY ADVERTISING STICKERS	380.00	1 LA (Bill)	380.00	2801
			3,590.00	3,590.00
			Total	S\$ 11,886.67
			Add GST @ 8%	950.93
			Total Amount Payable	S\$ 12,837.60

**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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

# Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761  
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg  
GST:201001158E RCB NO:201001158E

Suppl

M/S : LIBERTY INSURANCE PTE LTD

51 CLUB STREET

#03-00 LIBERTY HOUSE

SINGAPORE 069428

TEL: 62218611

FAX: 62241047

ATTN: Motor Claim Department

WS Ref: TP/LIBERTY

Claim Type: Third Party

Accident Date: 19/12/2022

TP Veh Reg No: SLT869M

Estimate No: ES2300027/WS

Date: 07 Jan 2023

Policy No: 5124148684

Veh Reg No: GBK1875D

Make/Model: NISSAN NISSAN NV200  
DX-2 1.6 AUTO

Chassis No: VM20140462

Engine No: HR16157825D

Reg. Date: 04/02/2020

## Estimate Repair Cost to Vehicle No :GBK1875D

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
Supplementary 1				
Net Price				
1 END PANEL TOP GARNISH	74.30	1 PC	74.30	
2 TAILGATE INNER POCKET	30.10	1 PC	30.10	
			104.40	
		Less 10%	10.44	93.96
		Total		S\$ 93.96
		GST Amount		S\$ 7.52
		Total Amount Payable		S\$ 101.48

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	216C

### Vehicle Details

Vehicle No.:	GBK1875D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Dec 2022
Vehicle Make:	NISSAN
Vehicle Model:	NV200 DX-2 1.6 AUTO
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	HR16157825D
Chassis No.:	VM20140462
Maximum Power Output:	-
Open Market Value:	\$18,123.00
Original Registration Date:	04 Feb 2020
First Registration Date:	04 Feb 2020
Transfer Count:	1
Actual ARF Paid:	\$907.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	03 Feb 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,402.00
COE Rebate Amount:	\$17,365.00
<b>Total Rebate Amount:</b>	<b>\$17,365.00</b>

The information contained herein is correct as at 22 Dec 2022

OK





## 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	22/12/2022 18:31 (SGT)
Reported by	Driver
Date of Accident	19/12/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST RD INFRONT BOON LEAT TERRACE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1875D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SATYARAM PTE LTD
Company Reg No	2XXXXX216C
Email Address	sales@satyarampl.com
Mobile Phone No	(Phone) +65-67605425
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 DX-2 1.6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124148684

### DRIVER

Name of Driver	GAYEATHRI D/O K RAMASHAMY MRS MUHAMAD RAZEM
NRIC No	SXXXX423G
Date Of Birth	05/03/1990
Occupation	Outdoor

Date Of Driving Pass	18/12/2008
Driving experience	14 YEARS
Gender	Female
Mobile Number	(Phone) +65-81337651
Alt. Phone Number	-
Email Address	saigayeathri@gmail.com
Address	BLK 138 MARSILING RD #03-2020
Address complement	-
Postcode	730138
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	WORKER
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL SUBMIT TO INSURER

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SLT869M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AMAN
NRIC No	SXXXX027D
Contact Number	(Phone) +65-83186303
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN1232A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIANG KHOON HEONG
NRIC No	SXXXX986H
Contact Number	(Phone) +65-92972077
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	GAYEATHRI D/O K RAMASHAMY MRS MUHAMAD RAZEM
Gender	Female
Phone No	(Phone) +65-81337651
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK1875D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

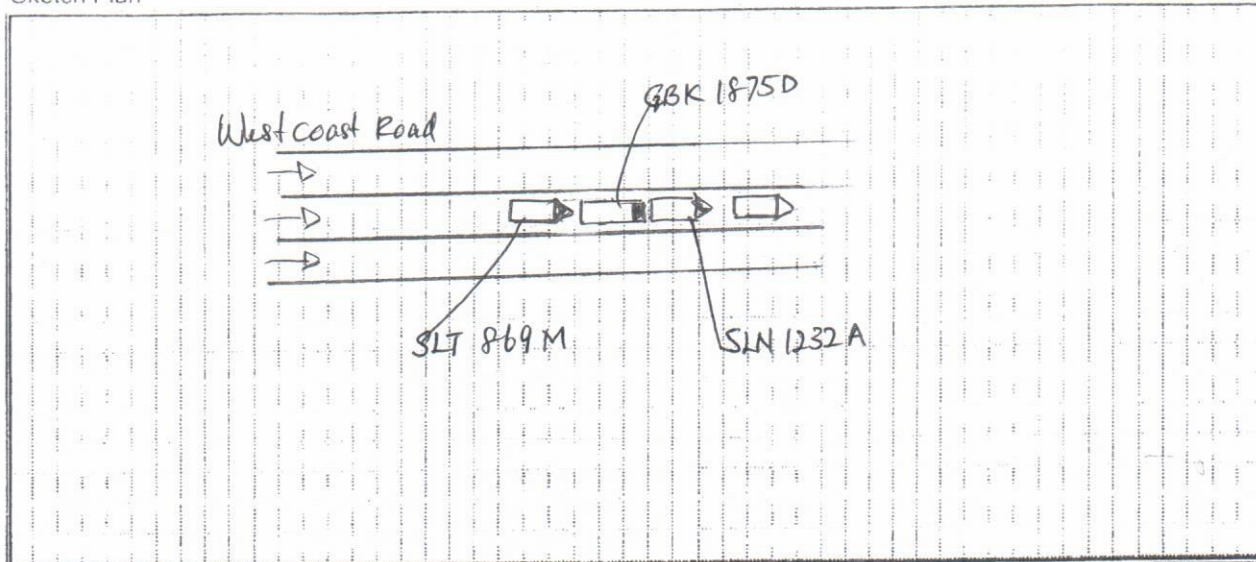


Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy      ( ☒ ) Claim Third party      ( ) Reporting Only  
( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan



REFER TO POLICE REPORT

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

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



MT/120 2223-002

VEH NO: G8K 1875D

INSURER: INCOME

DATE OF ACC: 19/12/22 3:00 P.M

**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

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

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

**Sketch Plan**

PLEASE  
TURN  
OVER





**SINGAPORE  
POLICE FORCE**



T/20221220/7024

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

2 of 3

Report No. T/20221220/7024

**CONTINUATION OF REPORT**

Driver			
Name	GAYEATHRI D/O K RAMASHAMY	ID No.	S9007423G
Related Vehicle	GBK1875D (Van)	Contact No.	81337651
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3C Date of Expiry: NIL
Date	19/12/2022	Date	19/12/2022
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

I was driving my company vehicle along west coast road right outside Boon Leat Terrace. The vehicle (SLN 1232A) in front of me made a sudden e-brake even though there was no obstruction ahead of him and the road ahead was clear with no traffic close by. I managed to come to a halt, safe distance from the front car. However, the vehicle (SLT 869M) behind me slammed onto my vehicle. I'm 8 weeks pregnant (high risk pregnancy) and felt sharp discomfort around my lower abdomen as well as below my neck area. Rear driver did not exit car despite pointing to him that I was pregnant. Only his passenger came out to check on me. after a while, both drivers came over to take my IC details. I was later conveyed to NUH. I was given injection to prevent any bleeding. For my neck, no x ray could be taken as it poses dangers to my pregnancy. Doctor advised on taking a week rest to monitor and to return back to hospital should I develop numbness to my hands. Given 7 days mc. My husband came to the site to speak with the traffic police, IS: Isa, Tel 65476187. Husband took the vehicle back to our carpark. I have the footage from my front camera of my vehicle.







# SINGAPORE POLICE FORCE



T/20221220/7024

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

1 of 3

Report No. T/20221220/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/12/2022 14:59		Vide Report No.: D/20221219/0085		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GAYEATHRI D/O K RAMASHAMY			Address: 138 MARSILING ROAD #03-2020 SINGAPORE 730138		
ID Type / ID No.: NRIC NO / S9007423G			Contact No.: Home/Office: Mobile: 81337651		
Nationality: SINGAPORE CITIZEN			Email: SAIGAYEATHRI@GMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 05/03/1990	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3C Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2022 15:00	Type of Location: Straight Road
Location:  BOON LEAT TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK1875D	Van					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20221220/7024

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

3 of 3

Report No. T/20221220/7024

**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 /  
KOH WEI JIE  
Contact No.: 97303412

NP168

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

Date/Time:  
20/12/2022 14:59

Classification Of Case: