

N-51 AUTOMOTIVE PTE LTD

Company & GST Registration No. 200616038C

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 68420051

Fax: 67410510

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

03 July 2023

Our Ref : CLM17689 / SML6721X / APR-01/2023

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SML6721X & SLU1870X ON 31/03/2023
ALONG ST ANDREW RD TOWARDS BEACH RD, STAMFORD RD JUNC

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLU1870X** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

Cost of repairs	\$	6,210.00	(Include 8% GST)
Loss of rental	\$	1,320.00	(\$120 X 11 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
Towing fee	\$	60.00	
LTA search fee	\$	26.75	
	S \$	<u>7,776.75</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17689
- 2) Twincar Rental - Invoice No: 13-4086 , Vha No: 72862
- 3) Trust Towing - Receipt no: 27401
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SML6721X

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE₃

N-51 AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

TAX INVOICE

Date : 01/07/2023
Date in : 01/04/2023
Vehicle Num. : SML6721X
Make/Model : TOYOTA VIOS 1.5 G (AUTO)-2019
Chassis/Eng# : MR2B23F3901178840/2NR5358680
Accident Date : 31/03/2023
Claim No : CLM17689
Reference : APR-01/2023
Policy No. : 1900103033-03 (29/05/2023)

LUMPSUM REPAIR BILL
REF : CLM17689-N51 DATED 03/04/2023
BY DIRECT

Amount S\$
5,750.00



E. & O.E.	Sub S\$:	5,750.00
	Add GST (8%) S\$:	460.00
	Total Amount S\$:	6,210.00

for N-51 AUTOMOTIVE PTE LTD



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TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

VHA No: **72862**

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) LISA VICTORIA KOH SOK LING
NRIC/PASSPORT No: S 760955813
Address (Res): BLK 774 BEDOK RESERVOIR VIEW
#19-101 S14707741

Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____
Driving Licence No: S760955813 D/L Type: Local / International
Pass Date: 31/12/1996 Date of Birth: 30/03/1976
Tel: (O) _____ (R) _____ HP 96246223

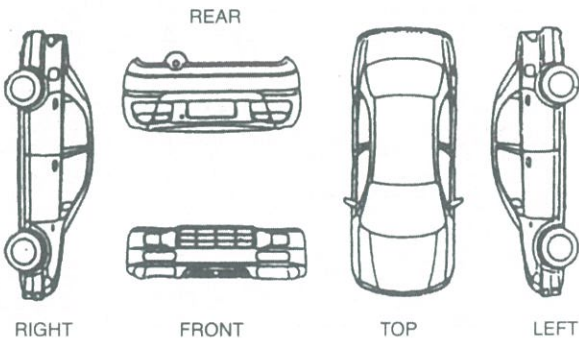
ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
NRIC/PASSPORT No: _____
Address (Res): _____

Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: _____
Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



ACCESSORIES CHECK

- ☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio / Cass ☐ CD ☐ Cartridges

Vehicle No: SKT 6872 A Replace Veh No: _____

Mileage Out: _____ Mileage Out: _____

Make & Model: _____ Auto / Manual
Group: _____

OUT: Date 01/04/2023 Time: 1330hrs

HIRE/PERIOD EXPIRY

NON-WAIVER EXCESS : \$

CHARGES

Daily	@ \$	<u>120</u>	per day	<u>11</u>	<u>1320</u>	<u>80</u>
Weekly	@ \$		per week			
Monthly	@ \$		per month			
Hours	@ \$		per hour			
Others	@ \$					
CDW	@ \$		per day/month			
PAI	@ \$		per day/month			

Delivery Service

SUB-TOTAL \$

PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION

Collection Service

Misc.

TOTAL CHARGE \$ 1320 80

Rented out by:

Hirer's Signature

Addition Driver's Signature

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>11/04/2023</u>	<u>18:00hrs</u>				



LEON
H/P: 8776 8868

bizSAFE₃



CASH SALE
JOB ORDER

M/s Cash

No.: 27401

Date: 31/3/22

Vehicle No.	<u>SML 6721X</u>	Model	<u>Toyota U10S</u>
Destination	<u>Stamford Rd to Antomug N-51</u>		
Time In	Time Out		
Remarks	Amount \$ <u>60.</u>		
<input checked="" type="checkbox"/> Accident	<input type="checkbox"/> Loaded With Goods	<input type="checkbox"/> Basement / Multi Carpark	
<input type="checkbox"/> After 2359	<input type="checkbox"/> Crane Up / Winch Out	<input type="checkbox"/> Change Spare Tyre / Jumpstart	
<input type="checkbox"/> Open Door	<input type="checkbox"/> Using King Dolly (Extra Trailer)	<input type="checkbox"/> Dismantle Shaft / Brake / Equipment	
<input type="checkbox"/> Change Battery	<input type="checkbox"/> Lowered Bodykit / Suspension		

Trust Towing Staff / Vehicle

Received By



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Apr 2023 / 10:03:53

Receipt Date/Time : 03 Apr 2023 / 10:03:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230403-000737

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLU1870X As at 31 Mar 2023/21:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLU1870X Enquiry Fee 20230403100338601797	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		24.77	1.98	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
ktzqcnj0			Credit Card	26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

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

LETTER OF AUTHORISATION

To: M/s N-51 Automotive Pte Ltd
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SML 6721X & SLY 1870X
ALONG S1 ANDREW RD TWDs BEACH RD, STAMFORD RD ON 31/03/2023
I/We JUNC USA VICTORIA KOH SOK LING NRIC/Passport No: S 7609558 B
of BLK 774 BEDOK RESERVOIR VIEW #19-101 S(7)0974
the owner of vehicle no. SML 6721X hereby authorise you to commence repair to the said
vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are _____

Policy No. _____

Expiry Date: _____

Date: _____

Excess: _____


Owner's Signature/Co's stamp (if applicable)

Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

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 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 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	01/04/2023 15:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 21:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ST ANDREW'S ROAD TOWARDS BEACH ROAD AND STAMFORD ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6721X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LISA VICTORIA KOH SOK LING
NRIC No	S7609558B
Email Address	lvkoh@hotmail.com
Mobile Phone No	(Phone) +65-96246223
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VIOS 1.5 G (AUTO)
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900103033-03

DRIVER

Name of Driver	LISA VICTORIA KOH SOK LING
NRIC No	S7609558B
Date Of Birth	30/03/1976

Occupation	Indoor
Date Of Driving Pass	31/12/1996
Driving experience	26 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96246223
Alt. Phone Number	-
Email Address	lvkoh@hotmail.com
Address	774 BEDOK RESERVOIR VIEW #19-101 (S) 470774
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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?	Yes
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 WITH ATTACHED.

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	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU1870X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA RONNIE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LISA VICTORIA KOH SOK LING
Gender	Female
Phone No	(Phone) +65-96246223
Address	774 BEDOK RESERVOIR VIEW #19-101 (S) 470774
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SINGAPORE GENERAL HOSPITAL - 5 DAYS MC
Injured person in which vehicle?	SML6721X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 rescind 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:

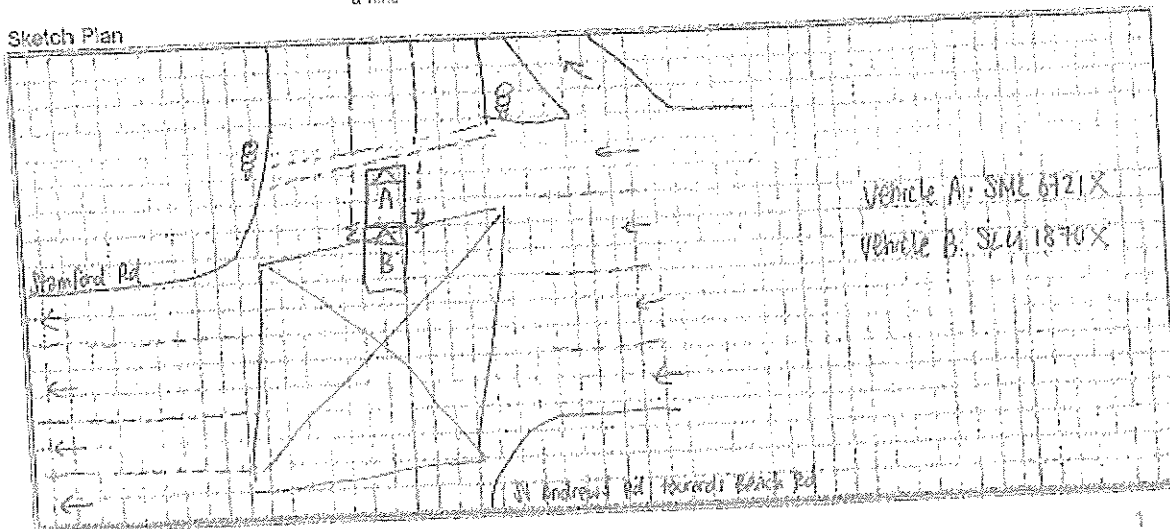
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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





Describe Circumstances of the Accident


As per police Report

Report No: T/2025 04 01 / 7024

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
1/4/2025
@ 12:30


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



**SINGAPORE
POLICE FORCE**



T/20230401/7024

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

1 of 3

Report No. T/20230401/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2023 13:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LISA VICTORIA KOH SOK LING			Address: 774 BEDOK RESERVOIR VIEW #19-101 SINGAPORE 470774		
ID Type / ID No.: NRIC NO / S7609558B			Contact No.: Home/Office:		Mobile: 96246223
Nationality: SINGAPORE CITIZEN			Email: LVKOH@HOTMAIL.COM		
Sex: Female	Age: 47	Date of Birth: 30/03/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/03/2023 21:40	Type of Location: X-Junction
Location: RAFFLES LINK				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLU1870X	Car	HONDA	VEZEL	Red	Slightly Damaged	1
SML6721X	Car	TOYOTA	VIOS 1.5 G (AUTO)	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230401/7024

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

2 of 3

Report No. T/20230401/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML6721X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900103033-03	30/05/2022	29/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LISA VICTORIA KOH SOK LING	ID No.	S7609558B
Related Vehicle	SML6721X (Car)	Contact No.	96246223
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/03/2023	Date	01/04/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

Amended some information of the accident, Time of accident , Type of Location from previous report T/20230401/7021

On 31/03/2023 at around 2140hrs , i was driving my vehicle (SML 6721 X) along St Andrew's Rd towards Beach Rd on lane 2 of a 4 lane road , while crossing the junction of Stamford Rd. I slowed down and stopped my vehicle due to traffic turning from amber to red . Out of a sudden , a vehicle (SLU 1870 X) collided into the rear portion of my vehicle. due to the impact my vehicle surged forward. I felt pain on my neck and lower back and was conveyed to the ambulance to Singapore General Hospital and the doctor gave me a 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20230401/7024

3 of 3

Report No. T/20230401/7024

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 /
CHONG GUAN FATT
Contact No.: 65472077

NP165

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

Date/Time:
01/04/2023 13:16

Classification Of Case: