

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/LPC 23004326/4943

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ODY TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBE 9115T

at Workshop m/s

sme

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

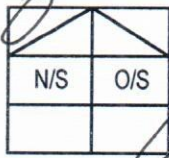
31001

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

836k.

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

9

days

Res.: _____

Yes or No

Lum Sum: _____

20

%

3 Val.: _____

Yes or No

CA / REV / REP. / 24 HRS

2392

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: GBE 9115T

Yr Regn: 27/04/16

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

Truck / Trailer or

(M)

Make: 1542u NHR 81

c.c

2999

Colour: white

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 264888

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: JAANHR85EG7100106

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: 195 R18

R: 155 R13 Rivo

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Doublestar

Front

Rear

R/Bal. 3

mm

R/Bal. 6/6

mm

L/Bal. 3

mm

L/Bal. 6/6

mm

D.O.A. 20/04/23

D.O.I. 27/4/23

Survey held at _____

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

Rear o/s & P.A.

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

Date / Time

Action / Instruction

Def 12k.

pls check excess LTA 12275

18/5/23 L/S 11650 in hand AM ying up to 11809.60, 50%

Date/Time, File Pass to?

☐

: Preli. Report

1) 18/5 11/13

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

Report Format : 00

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

11650

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com.sg

GST:201119451E RCB NO:201119451E

M/S : Lonpac Insurance

Claim No :

No :

Date : 26/04/2023

Policy No : Z23V05017110

Veh Reg No : GBE9115T

Make / Model : ISUZU NHR85

Chasis No :

Engine No :

Reg. No :

TEL: FAX:
ATTN: Motor Claim Department
Your Ref No : 23/LP/OD-223 (04)
Claim Type : OD CLAIM
Accident Date : 20/04/2023

not Authorized
here

Excess @ 3100?

1/5 @ 11650

take photo after rep.

9 days.

27/4/23

ESTIMATE FOR VEHICLE NO: GBE9115T

Discription	Quantity	List Price	Amount
Cost Price		SS	SS
1 FRT WINDSCREEN	1 PC	B20 \$860.00	—
2 FRT WINDSCREEN MOULDING	1 PC	ner \$220.00	—
3 FRT PANEL	1 PC	3005.00 \$680.00	—
4 FRT PANEL 'ISUZU' PLATE	1 PC	ner \$140.00	—
5 FRT GRILLE ASSY	1 PC	B20 \$420.00	—
6 FRT GRILLE CLIP	10PCS	m.s \$50.00	—
7 FRT BUMPER	1 PC	213 \$450.00	—
8 FRT BUMPER REINFORCEMENT	1 PC	11 \$230.00	X
9 FRT BUMPER BRACKET	2PCS	0/5 11 \$250.00	IPC 125
10 HEADLAMP	2PCS	holder cno \$560.00	—
11 HEADLAMP TOP REFLECTOR	2PCS	Torn \$70.00	—
12 SIGNAL LAMP SIDE	2PCS	cne \$250.00	—
13 FRT CORNER PANEL	2PCS	0/5 cne \$500.00	1 PC 14 250
14 SIDE MIRROR LH	1 PC	B20 \$80.00	—
15 SIDE MIRROR BRACKET LH	1 PC	ner \$280.00	—
16 SIDE MIRROR BRACKET TOP ROUND COVER LH	1 PC	cne \$25.00	—
17 FRT LH ROUND MIRROR	1 PC	11 \$65.00	X
18 CORNER PANEL CLIP	8PCS	ner \$64.00	—
19 HEADLAMP PANEL	2PCS	11 \$530.00	X
20 FRT LH AIRCON CONDENSER	1 PC	11 \$580.00	X
21 AIRCON CONDENSER BRACKET	1 PC	11 \$245.00	X
22 AIRCON FAN ASSY	1 PC	11 \$295.00	X
23 FRT TORISON BAR	1 PC	11 \$380.00	X
24 FRT TORISON BAR MOUNTING	2PCS	11 \$560.00	X
25 FRT BRAKE PIPE	3PCS	11 \$795.00	X
26 AIRCON LIQUID PIPE	1 PC	11 \$230.00	X
27 AIRCON DISCHARGE PIPE	1 PC	11 \$210.00	X
28 AIRCON SUCTION PIPE	1 PC	11 \$220.00	X
29 DASHBOARD	1 PC	20/10.1 \$800.00	—
30 DASHBOARD INNER REINFORCEMENT	1 PC	ner \$950.00	—
31 AIRCON BLOWER ASSY	1 PC	cne \$500.00	—
32 AIRCON COOLING COIL ASSY	1 PC	cne \$2,450.00	—
33 WASHER TANK	1 PC	11 \$150.00	X
34 FRT LH DOOR 'A' PILLAR	1 PC	ner \$380.00	—
35 FRT LH DOOR	1 PC	11 \$750.00	X
36 FRT LH DOOR STEP GARNISH	1 PC	cne \$130.00	—
37 FRT CTR CABIN LIGHT	1 PC	11 \$165.00	X
38 REAR TAILGATE 'ISUZU' STICKER	1 PC	11 \$145.00	X
39 TAIL LAMP RH	1 PC	B20 \$175.00	—
40 TAIL LAMP BRACKET RH	1 PC	ner \$80.00	—
41 ENGINE MOUNTING	2PCS	11 \$220.00	X
42 GEAR BOX MOUNTING	1 PC	11 \$95.00	X
		\$16,229.00	
		ADD 15%	
		\$2,434.35	\$18,663.35

Special Net

1 FRT NUMBER PLATE	1 PC	ner \$35.00	15
2 FRT WINDSCREEN GUM	1 PC	ner \$60.00	40
3 FRT LH DOOR COMPANY STICKER	1 PC	ner \$25.00	—
4 REAR 70KM/H STICKER	1 PC	11 \$25.00	X
5 REAR 13 PAX STICKER	1 PC	11 \$25.00	X
		\$170.00	

Labour

1	WIRE CHECKING	\$30.00	
2	REMOVE & REFIX FRT WINDSCREEN	\$120.00	
3	REMOVE & REFIX AIRCON AND GAS	\$100.00	
4	REMOVE & REFIX AIRCON BLOWER, HEATER UNIT	\$150.00	
5	REMOVE & REFIX DASHBOARD (WITH INNER REINFORCEMENT)	\$350.00	
6	REMOVE & REFIX CUSHION AND FLOOR CARPET	\$180.00	
7	REMOVE & REFIX ROOF UNDERLINING	\$220.00	
8	REMOVE & REFIX 1 SET ENGINE MOUNTING	\$150.00	
9	REPAIR WIRE HARNESS	\$120.00	
10	4 WHEEL ALIGNMENT	\$120.00	
11	TRANSFER DOOR COMPONENTS	\$100.00	
12	LABOUR CHARGE	\$1,600.00	
13	SPRAY PAINTING	\$1,300.00	
		\$4,540.00	

7-10064
15%
211573.6

Amount Before Excess	\$23,373.35
Less Excess	\$0.00
Amount Before GST	\$23,373.35
Add GST @8%	\$1,869.86
Total Amount Payable	\$25,243.21

S.N- 80
L- 2970
14623.60
2.2
11698.

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

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:

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com.sg

GST:201119451E RCB NO:201119451E

M/S : LONPAC INSURANCE BHD
300 Beach Road #17-04/06
The Concourse
Singapore 199555
TEL: FAX:
ATTN: Motor Claim Department

SUPPLEMENTARY

No : 23051601
Date : 16/05/2023
Policy No : Z23V05017110
Veh Reg No : GBE9115T
Make / Model : ISUZU NHR85
Your Ref No : 23/LP/OD-223(04)
Claim Type : OD CLAIM
Accident Date : 20/04/2023

	Discription	Quantity	List Price	Amount
	<u>Cost Price</u>		S\$	S\$
1	HORN 50.00	1 PC	<i>Sert</i>	\$75.00
		TOTAL		\$75.00
		Add 15%		\$11.25
				\$86.25

Amount Before Excess	\$86.25
Add GST @8%	\$6.90
Total Amount Payable	\$93.15

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

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	24/04/2023 16:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/04/2023 11:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9115T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	THYE SHAN CONSTRUCTION PTE LTD
Company Reg No	2XXXXX239Z
Email Address	PETERLIU19830101@GMAIL.COM
Mobile Phone No	(Phone) +65-97202518
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85eu3es
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23V05017110

DRIVER

Name of Driver	SHOJIB MD
Passport No/FIN	GXXXX709R
Date Of Birth	10/01/1994
Occupation	Outdoor

Date Of Driving Pass	23/09/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86988468
Alt. Phone Number	-
Email Address	PETERLIU19830101@GMAIL.COM
Address	607 SENJA ROAD #16-06
Address complement	-
Postcode	670607
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	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)	3
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	ZHAO ZHANYOU
Gender	Male

PASSENGER 2

Name	ZHAO PENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230421/2038.

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	GBM8811G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	VEHICLE B
	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ1037C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	VEHICLE C
	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PA9216R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	VEHICLE D
	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHOJIB MD
Gender	Male
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE9115T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHAO ZHANYOU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE9115T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ZHAO PENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE9115T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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:

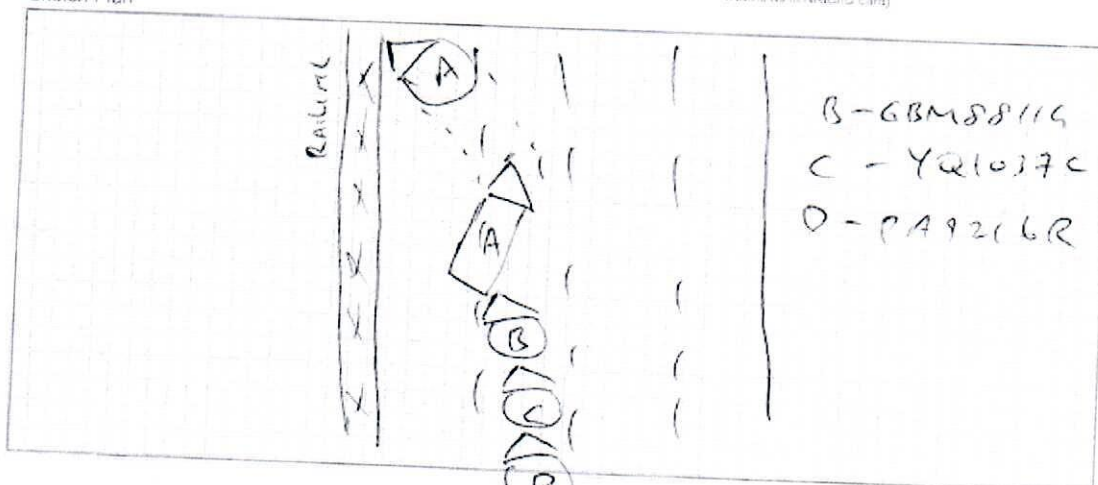
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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



SMB

Describe Circumstance of the Accident

REFER TO POLICE REPORT

It was a chain collision, total 4 vehicles involved.

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

Thye Shan Construction Pte Ltd
泰山建築私人有限公司
UEN: 2022112357

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

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

2



**SINGAPORE
POLICE FORCE**



T/20230421/2038

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20230421/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2023 11:13		Vide Report No.: F/20230420/0067	Station Diary No.: 41
Informant's Particulars			
Name of Informant: SHOJIB MD		Address:	
ID Type / ID No.: FIN NO / G8584709R		Contact No.: Home/Office: Mobile: 86988468	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 29	Date of Birth: 10/01/1994	Type of Informant: Driver
Race: Others		Language:	
Occupation: DRIVER		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: 20/04/2023 11:55	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 158				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9115T	Lorry	ISUZU	NHR85AUE4 AA	White		2
GBM8811G	Hearse	MERCEDES BENZ	VITO 113 LONG	White		0
PA9216R	Bus/Coach/Mi nibus	ISUZU	LT134P	Multi-Colored		0
YQ1037C	Lorry	MITSUBISHI	CANTER FEB21ER4S DEN			0



**SINGAPORE
POLICE FORCE**



T/20230421/2038

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 4

Report No. T/20230421/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ZHAO PENG	ID No.	G8896317U
Related Vehicle	GBE9115T (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PHUAT	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2023	Date Discharge	20/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	SHOJIB MD	ID No.	G8584709R
Related Vehicle	GBE9115T (Lorry)	Contact No.	86988468
Hospital/Clinic	KHOO TECK PHUAT	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2023	Date Discharge	20/04/2023
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Passenger			
Name	ZHANG ZHANYOU	ID No.	G2076541R
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	KHOO TECK PHUAT	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 20/04/2023 at about 1155hrs, I driving my lorry bearing vehicle number GBE9115T, together with 2 other passengers at the front passenger seat along CTE towards SLE Ang Mo Kio Ave 3. There are 4 lanes along CTE, and I was travelling at the 4th lane (Most left lane).

The traffic was heavy at that point of time. As I was changing lane from the 4th lane to the 3rd lane after signaling, I suddenly felt an impact from my rear. The impact then caused my vehicle to swerve to the left side. As result, my lorry hit onto the left guard railings.



SINGAPORE
POLICE FORCE



T/20230421/2038

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20230421/2038

CONTINUATION OF REPORT

I wish to inform that my vehicle was already at the 3rd lane when the vehicle (GBM8811G) travelling behind me collided to my rear right portion. My front left portion also hit onto the guard railing, thus, my vehicle front left portion was damaged, the guard railing was damaged, and the lamppost light was damaged as well.

Both of my passengers at the front seat sustain injuries. One of them hit his head against the glass panel and was bleeding. Subsequently, ambulance and traffic police came down to scene. My passengers including myself were conveyed to Khoo Teck Phuat Hospital by ambulance. My lorry installed in-car camera and was handed over to the traffic police at scene. I was given 4 days of MC dated on the 20/04/2023 to 23/04/2023.



SINGAPORE
POLICE FORCE



T/20230421/2038

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20230421/2038

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 3 XIA XUE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Signature Of Informant:

Date/Time:
21/04/2023 11:13

Classification Of Case:

NP168