SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report	21/12/2017 16:24
Date Of Accident	20/12/2017 20:20
Exact Location Of Accident	MARSILING CRESCRNT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK266T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAIM BIN ABDUL AZIZ
NRIC No	S8212263Z
Email Address	MUHD_NAIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90981001
Alternative Phone No	OTHERS-90981001
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72052250
Driver	
Name of Driver	MUHAMMAD NAIM BIN ABDUL AZIZ
NRIC No	S8212263Z
Date Of Birth	10/05/1982
Occupation	INDOOR
Date Of Driving Pass	02/11/2010
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90981001
Fax Number	
Contact Number	OTHERS-90981001

MUHD NAIM@HOTMAIL.COM

BLK 571A WOODLANDS AVE 1 Address

#03-894

Postcode 731571

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20171221/2081 & T/20171221/2086

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GT78M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver CHING WAH SENG

S7344584A NRIC/Passport Number Contact Number 83168880

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBH5983P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBG661G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number FBB9012Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FBE2808Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

1/12/14 1334

Driver's Signature

(If driver is not the policyholder)

Date & Time:

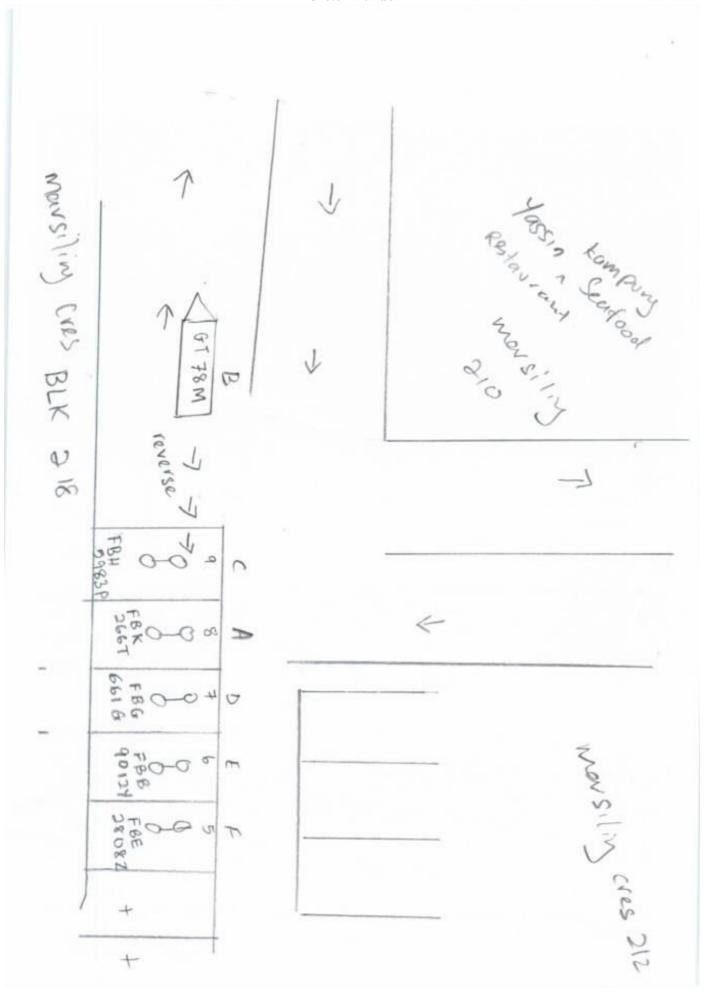
Reporting Centre Personnel's Signature

NRIC/FIN No.:

PS	per	ATT	q cH ^{ED}	
PS	per	ATT	q CHED	
PS	per	ATT	9 - 11	
PS	per			
PS				
	11111			
ACCIDENT				
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			1/20171	9805/155
e in every resp	pect.			
e in every resp	nect.		Sym	21/12/17
e in every resp r's Signature ver is not the p			Sym Reporting Centre	21/12/17 Personnel's Signature
	ACCIDENT	environment (C)		the police report: 7/2017

GIARMS Sketch Muniform 1330

NRIC/FIN No.:







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

2 of 4 Report No. T/20171221/2081

CONTINUATION OF REPORT

Details of V	ehicle Insurance	SECTION NAMED IN		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK266T	MSIG INSURANCE (SINGAPORE) PTE, LTD.	72052250	06/12/2017	05/12/2018

Details of Person	on Involved		10 00000		U(199.3)	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		of the Land of the			01000	ang. NA
Name	MUHAMMAD NAIM BIN ABDUL AZIZ			ID No.		S8212263Z
Related Vehicle	FBK266T (Motorcycle)			Contact No.		90981001
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver		The second		,,	1412	AND DESCRIPTION OF THE PARTY OF
Name	CHING WAH SENG			ID No.		S7344584A
Related Vehicle	GT78M (Lorry)		Contact No.		83168880	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			narge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

ON 20/12/2017 AT 2020HRS AT MARSILING CRESCENT,

I HAD PARKED MY MOTORBIKE AT THE OPEN SPACE CARPARK OF BLK 212 MARSILING CRESCENT. WHEN I RETURNED TO MY BIKE, I REALISED THAT A LORRY HAD COLLIDED INTO ONE BIKE THAT LED TO THE COLLISION OF 4 OTHER BIKES IN A DOMINO EFFECT. MY BIKE WAS HIT BY THE BIKE THAT WAS HIT BY THE LORRY. WHEN I REACHED THE SCENE, WILL OF WAS SEEN LIFTING UP THE FALLEN BIKES. WHEN I APPROACHED HIM, HE ADMITTED THAT HE WAS SEEN LIFTING UP THE FALLEN BIKES. WHEN I APPROACHED HIM, HE ADMITTED THAT HE WAS SEEN LIFTING UP THE FALLEN BIKES. WHEN I APPROACHED HIM, HE ADMITTED THAT HE WAS HIT BY THE BIKE THAT WAS HIT BY THE LORRY. WHEN I REACHED THE SCENE, MR CHING TRAFFIC POLICE ARRIVED TO THE SCENE. HOWEVER, I NOTICED SOMETHING THAT WAS WEIRD. THE DRIVER THAT ADMITTED WAS VERY CALM. HOWEVER, ONE CHINESE MALE WITH HIM SEEMED VERY NERVOUS AND LEFT QUICKLY. WHEN I TRIED CONTACTING HIM ON 21/12/2017, I WAS UNABLE TO REACH HIM. IN ADDITION, I TRIED REACHING THE COMPANY BUT THEIR CONTACT NUMBER WAS NOT LISTED. HENCE, I AM LODGING THIS REPORT.

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1/20171221/2086

2 of 3

Report No. T/20171221/2086

Continuation of CSF For NP168

Rider		The World will					
Name	MUHAMMAD NAIM BIN ABDUL AZIZ			ID No.		S8212263Z	
Related Vehicle	NIL			Contact No.		90981001	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			NIL			
No. of Days gran	ays granted Medical Leave NIL Degree		Degree of	e of Injury NIL			
Driver			A SHARE				
Name	CHING WAH SENG		ID No.		S7344584A		
Related Vehicle	NIL			Contact No.		83168880	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			charge	NIL		
	ted Medical Leave	NIL	Degree o	f Injury	NIL		

Brief Facts.

AMENDING TO 21/12/2017 REF TO J/20171220/0182

ON 20/12/2017 AT 2020 HRS AT MARSILING CRESCENT.

I HAD PARKED MY MOTORBIKE AT THE OPEN SPACE CARPARK OF BLK 212 MARSILING CRESCENT. WHEN I RETURNED TO MY BIKE, I REALISED THAT A LORRY HAD COLLIDED INTO ONE BIKE FBH5983P THAT LED TO THE COLLISION OF MY BIKE FBK266T AND 3 OTHER BIKES IN A DOMINO EFFECT. MY BIKE WAS HIT BY THE BY THAT WAS HIT BY THE LORRY. WHEN I REACHED THE SCENE, MR CHING WAS SEEN LIFTING UP THE FALLEN BIKES. WHEN I APPROACHED HIM, HE ADMITTED THAT HE WAS RESPONSIBILE FOR DRIVING THE LORRY AND PROVIDED HIS DETAILS. SUBSEQUENTLY, TRAFFIC POLICE ARRIVED TO THE SCENE. HOWEVER, I NOTICED SOMETHING THAT WAS WEIRD. THE DRIVER THAT ADMITTED WAS VERY CALM. HOWEVER, ONE CHINESE MALE WITH HIM SEEMED VERY NERVOUS AND LEFT QUICKLY. WHEN I TRIED CONTRACTING HIM ON 21/12/2017, I WAS UNABLE TO REACH HIM. IN ADDITION, I TRIED REACHING THE COMPANY BUT THEIR CONTACT NUMBER WAS NOT LISTED. HENCE, I AM LODGING THIS REPORT. MY HELEMT WAS ALSO DAMAGED DURING THE ACCIDENT.



















Accident Photo

















































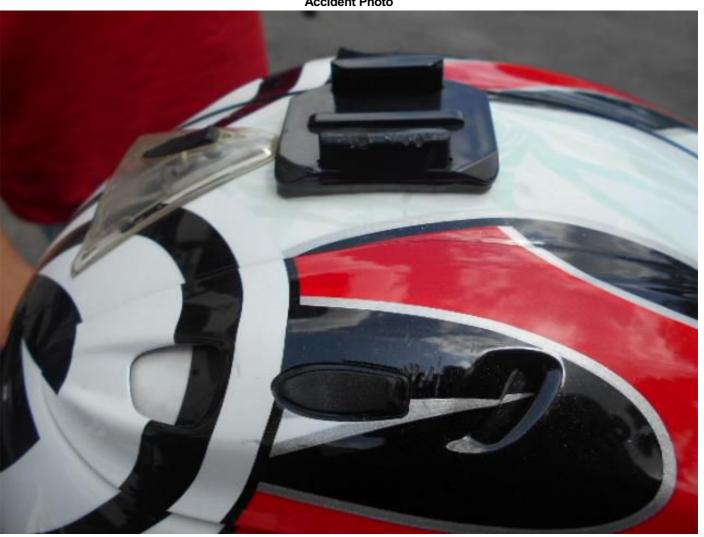
















Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20171221/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 15:19			Vide Report No.: J/20171220/0182	Station Diary No.:		
Informa	nt's Partic	ulars	White the state of	STATE STATE OF THE		
Name of Informant:			Address:			
MUHAMMAD NAIM BIN ABDUL AZIZ			APT BLK 571A WOODLANDS AVE 1 #03-894 SINGAPORE 731571			
ID Type / ID No.:			Contact No.:			
NRIC N	O / S82122	63Z	Home/Office: Mobile: 90981001			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 35	Date of Birth: 10/05/1982	Type of Informant: Driver			
Race:			Language: Institution / School Name			
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accident	TO THE SELLING SEL	MARIE RESIDENCE	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2017 20:20	Type of Location:
Location: Along Road 1 MARSILING		In 10.4		
Weather:		Road Surface:	1	Road Speed Limit:
Traffic Flow:		Traffic Control:	1	raffic Volume:
Type of Collis	ion:		а	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBK266T	Motorcycle	YAMAHA	JUPITER MX (HC)	White		0
GT78M	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Silver		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

2 of 4 Report No. T/20171221/2081

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK266T	MSIG INSURANCE (SINGAPORE) PTE, LTD.	72052250	06/12/2017	05/12/2018

Details of Person	on Involved		10 00000		U(199.3)	
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Driver	THE RESERVE TO BE SEEN	A STATE OF THE PARTY OF THE PAR			01000	ang. NA
Name	MUHAMMAD NAIM BIN ABDUL AZIZ			ID No.		S8212263Z
Related Vehicle	FBK266T (Motorcycle)		Conta	act No.	90981001
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver		The state of the s		,,	1412	AND DESCRIPTION OF THE PARTY OF
Name	CHING WAH SENG			ID No		S7344584A
Related Vehicle	GT78M (Lorry)			Conta	ct No.	83168880
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment				narge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

ON 20/12/2017 AT 2020HRS AT MARSILING CRESCENT,

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Police Report



T/20171221/2081

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

3 of 4 Report No. T/20171221/2081

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20171221/2081

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: TP / LEE KWANG HONG KENDRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2017 15:19
Officer In Charge Of Case: TP / GIT /	Classification Of Case;
Contact No.:	SINGAPORE FOLICE FORCE
Authentication Stamp NP168	Signature:



Lof 3 Report No. T/20171221/2086

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20171221/2081

Report Number T/20171221/2086

Vide Report Number

Date/Time of Report Made 21/12/2017 15:41

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant MUHAMMAD NAIM BIN ABDUL AZIZ

ID Type / ID No. NRIC NO / S8212263Z

Home/Office

Mobile 90981001

Email

Type of Accident Non-Injury / Attended by Police

Drink Drive No

Anyone conveyed by No

ambulance

Date/Time of Accident 20/12/2017 20:20

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBH5983P	Motorcycle				Condition	0
FBK266T	Motorcycle	YAMAHA	JUPITER MX (HC)	White	Seriously Damaged	0
GT78M	Lorry				Slightly Damaged	1

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



1/20171221/2086

2 of 3

Report No. T/20171221/2086

Continuation of CSF For NP168

Rider						
Name	MUHAMMAD NAIM BIN ABDUL AZIZ			ID No.		S8212263Z
Related Vehicle	NIL			Contact No.		90981001
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			
Driver			A STATE OF THE			
Name	CHING WAH SENG	3		ID No.		S7344584A
Related Vehicle	NIL			Contact No.		83168880
Hospital/Clinic	NIL			Class Drivin Licene Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment NIL Dat			Date Disc	charge	NIL	
	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Facts.

AMENDING TO 21/12/2017 REF TO J/20171220/0182

ON 20/12/2017 AT 2020 HRS AT MARSILING CRESCENT.

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Police Report



T/20171221/2086

3 of 3

Report No. T/20171221/2086

Continuation of CSF For NP168

Sketch Plan

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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 <u>report number</u> as reference.

Case Sensitivity

No

Officer-In-Charge of Case

TP/GIT/

Classification of Case

1) NON-INJURY / ATTENDED BY POLICE

SINGAPORE

signatures Sobolhi