



# LAW CORPORATION

ADVOCATES & SOLICITORS - NOTARY PUBLIC - COMMISSIONERS FOR OATHS

Co./GST Reg No. 201006902N

**Address** : 185 Toa Payoh Central,  
#01-320 (2<sup>nd</sup> Storey), Singapore 310185  
[Branch Office]

**Our Reference** : APAC.4255 .18.BL.rv

**Your Reference** : TBA

**Main Line** : + 65 6222 5593

**Fax Line** : + 65 6224 3703

**Direct Email** : britto@apaclaw.com

**Date** : 14 May 2018

**MINISTRY OF DEFENCE**  
303 GOMBAK DRIVE  
SINGAPORE 669645

**WITHOUT PREJUDICE**  
**CERTIFICATE OF POSTING**

**ATTN: OFFICER IN-CHARGE**

Dear Sirs

**ACCIDENT ON 09.03.2018 ALONG PASIR RIS INDUSTRIAL DRIVE 1 INVOLVING MOTOR VEHICLES SKU9218P & MID33654**

We are instructed by **ISA BIN AHMAD** to claim damages against you in connection with a road **ACCIDENT ON 09.03.2018 ALONG PASIR RIS INDUSTRIAL DRIVE 1** involving our client's motor vehicle registration number **SKU9218P** and motor vehicle registration number **MID33654** driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client has sustained injuries, loss and damage.

**General Damages**

- Pain & Suffering \$ 6000.00
- Loss of Earning Capacity to be assessed

**Special Damages:-**

**(Medical and related expenses)**

- Medical expenses (& continuing) \$ 120.00
- Loss of income to be assessed
- Transportation \$ 40.00

**Disbursements incurred as to date:**

- Medical report fees \$ 90.00
- GIA report fees \$ 29.00

**Main Office**  
(Conveyancing, Corporate & Litigation Practice)  
430 Toa Payoh Lor 6  
#12-01 OrangeTee Building  
Singapore 319402

**Branch Office**  
(Road Traffic Accidents Practice)  
185 Toa Payoh Central  
#01-320 (2<sup>nd</sup> Storey)  
Singapore 310185

We do not accept  
service of Court  
documents via  
facsimile and/or  
email.



# LAW CORPORATION

ADVOCATES & SOLICITORS - NOTARY PUBLIC - COMMISSIONERS FOR OATHS

Co./GST Reg No. 201006902N

- Police report fees \$ 30.00
- Incidentals \$ 150.00

**Total \$ 6,467.00**

- Future medical expenses to be assessed
- Future transport expenses to be assessed
- Cost Contribution to be negotiated at the appropriate stage

A copy each of the following supporting documents is enclosed:

- Traffic police report made by driver of SKU9218P;
- GIA report made by driver of SKU9218P;
- LTA Search
- Medical bill from Changi General Hospital dated 9 March 2018;
- Medical certificate from Changi General Hospital dated 9 March 2018;
- Medical Report from Changi General Hospital dated 7 May 2018.

Please note that you should send to us an acknowledgment of receipt of this letter **within 14 days** of your receipt of this letter. If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise within **14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you fail to acknowledgment receipt of this letter within **14 days**; our client can commence court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant documents within **8 weeks** of your receipt of this letter.

Yours faithfully,

**APAC LAW CORPORATION**  
Encl

**Main Office**  
(Conveyancing, Corporate & Litigation Practice)  
430 Toa Payoh Lor 6  
#12-01 OrangeTee Building  
Singapore 319402

**Branch Office**  
(Road Traffic Accidents Practice)  
185 Toa Payoh Central  
#01-320 (2<sup>nd</sup> Storey)  
Singapore 310185

We do not accept  
service of Court  
documents via  
facsimile and/or  
email.



**CONFIDENTIAL**

APAC.4255.18.BL.RV  
MPL 2018/4331

7 May 2018

CHAIRMAN MEDICAL BOARD  
Changi General Hospital  
Singapore 529889

**MEDICAL REPORT ON ISA BIN AHMAD**  
S0984207A

The above-mentioned was seen by Dr Png Ziyun Owen on the 9/3/2018. He was the driver of a car that was involved in a road traffic accident that day. He presented with pain over the neck and back.

On examination, he was well, alert and rational. Vital parameters stable. Tenderness noted over the left paraspinal muscles. Range of motion of the neck was full. No neurological deficit found.

X-rays done showed no fractures or dislocations.

He was discharged with some oral analgesia and medical leave issued from 9/3/2018 till the 11/3/2018.

Diagnosis was that of a musculoskeletal strain.

**DR LOOI CHONG HENG PETER**  
PRINCIPAL RESIDENT PHYSICIAN  
04966B  
Accident & Emergency Department



APAC LAW CORPORATION  
185 TOA PAYOH CENTRAL  
#01-320 (2ND STOREY)  
SINGAPORE 310185

MR No. : MPL/2018/0004331  
Receipt No. : MR/2018/02617  
Date : 06 Apr 2018  
Reference No. : APAC.4255.18.BL.RV

**OFFICIAL RECEIPT**

GST Reg No. : M2-0088821-9

Received From : APAC LAW CORPORATION	Quantity	Fee (\$\$)	Amount (\$\$)
Patient Name : ISA BIN AHMAD			
HRN : S0984207A			
LEGAL ORDINARY MEDICAL REPORT	1	90.00	90.00
	<b>Amount Before Tax</b>		84.11
	<b>GST (7%)</b>		5.89
	<b>Total Amount Payable</b>		90.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
CHEQUE	MR/2018/02617	926920	UOB	90.00

\*\*\*You are served by **NORASHIKIN BTE BACHOK**

PLEASE NOTE: Processing time for your request requires 4 to 6 weeks. For further clarifications, please call 68504545 / 68504546.

CONFIDENTIAL



**ORIGINAL**

**MEDICAL CERTIFICATE**

**EMD201847875**

<b>Name</b> ISA BIN AHMAD		<b>NRIC No.</b> S0984207A
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>09-Mar-2018</u> to <u>11-Mar-2018</u> inclusive.		
<b>Type of medical leave granted :</b>		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
<b>Diagnosis</b>	<b>Surgical Operation (if applicable)</b>	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
<b>Comments :</b>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
<b>Hospital/Clinic</b> Emergency Medicine Changi General Hospital	<b>Ward No.</b> CGH Accident & Emergency <b>Date</b> 09-Mar-2018	<b>Signature, Name (In BLOCK LETTERS) and Designation/MCR No.</b>  OWEN ONG ZIYUN , 633111

**Polyclinic Referral**

To : POLYCLINIC

TCU Duration : 1 week

Thank you for referring the patient to CGH A&E

**Date of Visit :** 09-Mar-2018 18:31  
**Name of patient :** ISA BIN AHMAD  
**NRIC :** S0984207A      **Account Number :** 6918329053B  
**Address :** BIK 751 #11-68 PASIR RIS STREET 71 Singapore 510751  
**Telephone :** 67895381, 94560161  
**Date of Birth :** 21-Jul-1954      **Sex :** Male      **Race :** Others

**FINAL DIAGNOSIS :** Low back strain post RTA

**Referral Remarks**

- 1 week

**Triage Information**

**Time Of Triage :** 09-Mar-2018 18:39      **Triage Category :** P2.  
**Travel History :** Yes      **Travel in the last 21 days? :** No  
**Does patient have Fever or Flu-like Symptoms in the last 21 days? :** No

**Chief Complaint :** RTA- neck and back pain, frontal driver hit army jeep today  
**History (By Nurses) :** HTN, HLD

Vital Signs

<b>Temperature (°C) :</b>	36.6	<b>Shock Index :</b>	
<b>Pulse Rate (/min) :</b>	84	<b>Adjusted Shock Index :</b>	34.65
<b>Respiration (/min) :</b>	16	<b>PEFR :</b>	
<b>Blood Pressure (mmHg) :</b>	153/86	<b>SaO2 :</b>	100
<b>Blood Sugar (mmol/l) :</b>		<b>Level of Consciousness :</b>	0: Alert
<b>Weight (kg) :</b>		<b>MEW Score :</b>	1
<b>GCS</b>		<b>Total GCS :</b>	15

<b>Eye Opening :</b>	<b>Verbal Response :</b>	<b>Motor Response:</b>	
Unable to Assess :	<input type="checkbox"/>	<b>Location :</b>	neck, back
<b>Pain Score :</b>	8 - Severe Pain	<b>Duration :</b>	1/7
		<b>Quality :</b>	aching

Owen Png Ziyun  
 Doctor  
 dr63311i

Accident & Emergency

**Attending Doctor's Name**



**Doctor's Signature**

## Polyclinic Referral

**Date of Visit :** 09-Mar-2018 18:31  
**Name of patient :** ISA BIN AHMAD  
**NRIC :** S0984207A                      **Account Number :** 6918329053B  
**Address :** Blk 751 #11-68 PASIR RIS STREET 71 Singapore 510751  
**Telephone :** 67895381, 94560161  
**Date of Birth :** 21-Jul-1954              **Sex :** Male                      **Race :** Others

---

### Main Complaints

**Chief Complaint:** 63yo Malay Male  
Allergic to clarithromycin and ethambutol  
Retired

===Past medical history===  
1. HTN

===Current complaint===  
1. Involved in RTA at 5pm  
- was driving his own car along Pasir Ris Drive 1  
- MID jeep was opposite direction was turning right  
- front bonnet hit left side of the jeep  
- airbags not deployed, speed of impact 50-60km/h  
- nil head injury  
- nil LOC

After RTA c/o  
(1) back pain  
(2) neck pain

After accident, able to get off car and walk to take photos of the accident  
Pain score 5/10 currently

===Physical examination===  
Alert comfortable, GCS 15  
Speaking in full sentences

Examination of cervical spine  
- nil midline tenderness  
- nil step deformity  
- nil tenderness of paraspinal muscles  
- ROM full

Examination of lumbar spine  
- nil midline tenderness  
- nil step deformity  
- tenderness of left paraspinal muscle

Patient able to stand up from WC and walk

===Initial investigations===  
Xray lumbar spine - nil fracture dislocation

===Initial treatment===  
PO Anarex  
IM ketorolac

Owen Png Ziyun  
Doctor  
dr63311i

Accident & Emergency

---

**Attending Doctor's Name**

---

**Doctor's Signature**



## Polyclinic Referral

**Date of Visit :** 09-Mar-2018 18:31  
**Name of patient :** ISA BIN AHMAD  
**NRIC :** S0984207A **Account Number :** 6918329053B  
**Address :** Blk 751 #11-68 PASIR RIS STREET 71 Singapore 510751  
**Telephone :** 67895381, 94560161  
**Date of Birth :** 21-Jul-1954 **Sex :** Male **Race :** Others

### Doctor's Notes

Initial Progress Notes : d/w Dr Lau  
 Plan  
 - TCU OPS x 1/52  
 - analgesia

### IV / IM Procedures

Time Prescribed	Order Name	Duration	Frequency	Dosage	Performed By	Prescribed By
09-Mar-2018 18:52	Ketorolac Trometamol Injection		Once	30 mg	Nurse Dorreena Cecilia Nui (19:10)	Doctor Owen Png Ziyun

### Bedside Medication

Time Prescribed	Order Name	Duration	Frequency	Dosage	Performed By	Prescribed By
09-Mar-2018 18:52	ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg]		Once	2 tablet	Nurse Dorreena Cecilia Nui (19:11)	Doctor Owen Png Ziyun

### Disposition

Disposition : Referred to Polyclinic Disposition By : Doctor Owen Png Ziyun  
 Disposition Date/Time : 09-Mar-2018 19:26:17 Condition on Disposition : Good

### Accident Type

Accident Type : Road Traffic

Owen Png Ziyun  
 Doctor  
 dr63311i

Accident & Emergency

Attending Doctor's Name

Doctor's Signature



GST Registration No. : M2-0088821-9

ORIGINAL RECEIPT

CAESMJ

09.03.2018 19:45 hrs

**Bill To**

ISA BIN AHMAD  
751 PASIR RIS STREET 71  
#11-68 SINGAPORE 510751

MRN/NRIC : S0984207A  
CASE NUMBER : 6918329053B  
CUSTOMER : 3025883908  
A&E VISIT : 09.03.2018 18:31

Name of Patient ISA BIN AHMAD

**Service Description**

**Amount (S\$)**

X-RAY INVESTIGATIONS  
DRUGS / PRESCRIPTIONS / INJECTIONS  
A&E ATTENDANCE FEE  
  
TOTAL CHARGES  
LESS : GOVERNMENT GRANT  
  
**AMOUNT PAYABLE BEFORE TAX**  
ADD : 7% GST  
  
**AMOUNT PAYABLE AFTER TAX**  
LESS : GST ABSORBED BY THE GOVERNMENT  
  
**NET AMOUNT PAYABLE**

Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
51.00	0.00
5.45	0.00
250.00	120.00
<b>306.45</b>	
186.45-	
	120.00
	8.40
	128.40
	8.40-
	120.00
	120.00-
	0.00

**PAYMENT**  
ISA BIN AHMAD  
  
**AMOUNT DUE**  
ISA BIN AHMAD

**FOR INFORMATION:**  
ST: P SN: S0984207A

**PAYMENT DETAILS**  
NAME  
ISA BIN AHMAD

DATE  
09.03.2018

AMOUNT  
120.00

PAYMENT TYPE  
CASH

"Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Integrated Shield Plan. To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at [www.cpf.gov.sg](http://www.cpf.gov.sg)). To make payment to the Integrated Shield Plan, please send a cheque directly to the private insurer operating the Integrated Shield Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life OR the Integrated Shield Plan." Payment may be made by DBS iBanking, AXS or NETS station, via Visa/MasterCard at <https://epay.cgh.com.sg> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R12

Visit [www.mypharmacy.com.sg](http://www.mypharmacy.com.sg) for your health and homecare needs

Please attach this portion to your cheque payment.  
Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".  
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

09.03.2018 19:45 hrs

Amount Enclosed : S Cheque No./Bank :  
S0984207A ISA BIN AHMAD

MRN/NRIC : S0984207A  
CASE NUMBER : 6918329053B  
ADMISSION DATE : 09.03.2018



GST Registration No. : M2-0088821-9

ORIGINAL RECEIPT

CAESMJ

09.03.2018 19:45 hrs

**Bill To**

ISA BIN AHMAD  
751 PASIR RIS STREET 71  
#11-68 SINGAPORE 510751

MRN/NRIC : S0984207A  
CASE NUMBER : 6918329053B  
CUSTOMER : 3025883908  
A&E VISIT : 09.03.2018 18:31

Name of Patient ISA BIN AHMAD

Service Description

Amount (S\$)

THIS IS AN ORIGINAL RECEIPT FOR CASH PAYMENT OF \$120.00 RECEIVED ON 09.03.2018.

TYPE OF SUPPLY: CASH/CREDIT

\*Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Integrated Shield Plan. To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at [www.cpf.gov.sg](http://www.cpf.gov.sg)). To make payment to the Integrated Shield Plan, please send a cheque directly to the private insurer operating the Integrated Shield Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life OR the Integrated Shield Plan.\* Payment may be made by DBS iBanking, AXS or NETS station, via Visa/MasterCard at <https://cpay.cgh.com.sg> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R12

Visit [www.mypharmacy.com.sg](http://www.mypharmacy.com.sg) for your health and homecare needs

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".  
Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed : \$ Cheque No./Bank :

S0984207A ISA BIN AHMAD

CGH S0984207A

6918329053B

09.03.2018

19:45 hrs

BALANCE DUE : S\$ 0.00  
MRN/NRIC : S0984207A  
CASE NUMBER : 6918329053B  
ADMISSION DATE : 09.03.2018

0000000000000000

## 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 Authorised 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 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 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	11/03/2018 09:40
Date Of Accident	09/03/2018 17:00
Exact Location Of Accident	PASIR RIS INDUSTRIAL DRIVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9218P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISA BIN AHMAD
NRIC No	S0984207A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94560161
Alternative Phone No	OTHERS-94560161

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076311339-01
Cover Note Number	

### Driver

Name of Driver	ISA BIN AHMAD
NRIC No	S0984207A
Date Of Birth	21/07/1954
Occupation	INDOOR
Date Of Driving Pass	03/05/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94560161
Fax Number	
Contact Number	OTHERS-94560161
Email Address	NOEMAIL

Address	BLK 751 #11-68 PASIR RIS STREET 71
Postcode	510751
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

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180310/7001

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MID33654
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ISA BIN AHMAD
Approximate Age	63
Injuries Sustain	WHIPLASH.HEADACHE.BACK PAIN.NUMBNESS IN RIGHT LEG
Injured person in which vehicle?	SKU9218P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 751 #11-68 PASIR RIS STREET 71
Postcode	510751

**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 Authorised 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. 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.
7. 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) 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.
- (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:
  - (i) 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.

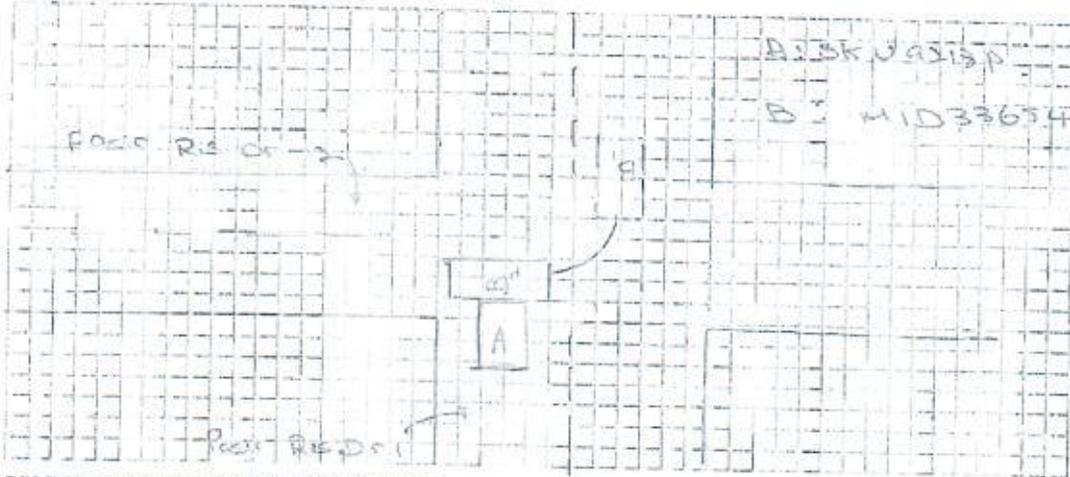
  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

**IBAC NAKI BUKIT (VAC)**  
 23 NAKI BUKIT AVE 4  
 Reporting Centre Personnel's Signature  
 Name: Tel: 67416697  
 NRIC/FIN No: 67492395  
 Email: vackb@ingnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Refer Police Report.~~

Driver: ISA BIN AHMAD D WMP Lash.

- ① Headache.
- ② Back Pain.
- ③ numbness in right leg.

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:

**IDAC KAKI BUKIT (VAC)**  
23 KAKI BUKIT AVE 4  
Reporting Centre Personnel's Signature  
Name: Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
Email: vackb@singnet.com.sg



Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180310/7001

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

2 of 3

Report No. T/20180310/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ISA BIN AHMAD	ID No.	S0984207A
Related Vehicle	SKU9218P (Car)	Contact No.	94560161
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/03/2018	Date Discharge	09/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was driving alone along Pasir Ris Dr 1. When nearing the traffic junction between Pasir Ris Dr 1 and Pasir Ris Dr 12 the traffic light was green and proceed to drive straight. A MID vehicle no 33654 was coming from the opposite direction of Pasir Ris Dr 1 moving to make a right turn into Pasir Ris Dr 12. The said vehicle failed to make a stop to allow me to go straight as i have the right of way. It caused a collision between both vehicles inside the traffic junction. The side of MID vehicle had hit the front bonnet of my car causing some damages to the front bonnet.

The MID vehicle commander do admitted that I have the right of way as the traffic light was green and the MID driver should have stop to make way before proceeding to turn right.  
Later Traffic police officers arrived at the site to facilitate in the investigation.



**SINGAPORE  
POLICE FORCE**

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



T/20180310/7001

3 of 3

Report No. T/20180310/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case:

Authentication Stamp  
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 10/03/2018 11:12
Classification Of Case: