

22/03/2002

SS, REC. BY:

REF: CS3 / ASM18011835 / R1241622

Special Instruction:

SUIVEUR

RAGUL

ASSIGNMENT (Office)

Smart claim

From (Person):

Stacey Ng

of

ASM

Date/Time: 17062018 4pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 190Z

Insured:

Ym 9657G

at Workshop m/s

Gold Auto

Tel:

8778 7382

of

48 Toh Guan Rd East #D1-119

Policy No:

Claim No:

SS MODLAF

Sum Insured:

Excess:

Make of Veh:

D.O.A. 18062018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'app'

H.O.D. Endorsement:

Date/Time:

28062018 1032am

Person Contacted:

Jess

Vehicle IN OUT

Date/Time

Action/Instruction (X) Estimate

SKA 190Z - X

Ym 9657G - X

29/6/18

Dismantled

(08/11/13)

Surveyor: PRM

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKA 1902at Workshop m/s GOLD MTRof 48, 704 LAMAR RD GRIFF # 01-119Insured: AXA / PRS

Policy No. _____

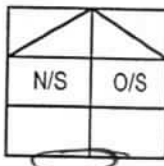
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKA 1902 Yr Regn: 2010 / APRType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Audi c.c. 1798Colour: black A/C: Insured / Std / NI / NASp. Reading: 124124 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAW 2228K 2AA 122 519Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 245/40 R18

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 28/66/16 @ 159 km/hSurvey held at GOLD MTRDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time Action / Instruction

2/7/18 submit PRS Report

RECEIVED 03 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS \$ _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

Report Format : _____

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

Survey Fee: 100

Transportation: _____

TOTAL

100




Service Request Details

Claim

S8M00LAF

Reference

None 

Loss Date

June 18, 2018

Request Date

June 27, 2018

Due Date

July 4, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SKA109Z

Make

TPVD AUDI

Model

A1-1.4 1.4TFSI (A)

Service Address

, , ,

Primary Contact/Insured

CITY WASH PTE LTD

21 WOODLANDS INDUSTRIAL PARK E, #01-04 ADMIRALTY INDUSTRIAL PA, 757729, Singapore
90627452

lionellee623@yahoo.com

Claim Handler

NG Stacey

6568804351

stacey.ng@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

TYPE



SENT

6/27/18 5:02 PM

FROM

NG Stacey

SUBJECT

.

BODY

Please request for the letter of authority from in...





LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CS3/ASM18011835/R1z4b

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 28-06-2018



Code : ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	YM 9657G	Veh. Inspected	SKA 190Z
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00LAF	Excess (\$)	0.00
Assign From	SMART CLAIM (STACEY NG)	Assign Date	27/06/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	18/06/2018	Inspection Date	28/06/2018
Survey held at	GOLD AUTOWORKS PTE LTD 48 TOH GUAN ROAD EAST #01-119 ENTERPRISE HUB SINGAPORE 608586		

5a. Remarks

--	--

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	25/06/2018 12:01
Date Of Accident	18/06/2018 18:15
Exact Location Of Accident	SELETAR EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA190Z
Insured/Policyholder	
Name Of Registered Owner	RAMNAH BINTE RAHMAT
NRIC No	S7930016J
Email Address	RAMNAH79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93858171
Alternative Phone No	OFFICE-93858171

Vehicle Particulars

Manufacturer	AUDI
Model	A1-1.4 1.4TFSI (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA097249/1
Cover Note Number	27/11/17-26/11/18

Driver

Name of Driver	MOHAMMAD FAZLIN BIN ISHAK
NRIC No	S7926750C
Date Of Birth	04/09/1979
Occupation	INDOOR
Date Of Driving Pass	03/07/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91454184
Fax Number	
Contact Number	
Email Address	RAMNAH79@GMAIL.COM

Address	BLK 750 WOODLANDS AVE 4 #02-321
Postcode	730750
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT T/20180622/2105

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	YM9657G
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 2

Vehicle Registration Number	YN6499K
Vehicle Make/Model/Colour	C
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMMAD FAZLIN BIN ISHAK
Approximate Age	
Injuries Sustain	BACK PAIN, NUMBNESS AT THE NECK & RIGHT THIGH.
Injured person in which vehicle?	SKA190Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

A - SKA 190Z
B - YM 9657G
C - YN 6499K

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. Report No. T/20180622/201 2105

Important:
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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

[Signature]
Policyholder's signature
Date & Time

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

[Signature]
Reporting Centre Personnel's Signature
Name:
Nric/Fin No.


SKETCH PLAN

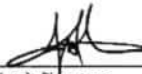
IMPORTANT NOTICE

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:

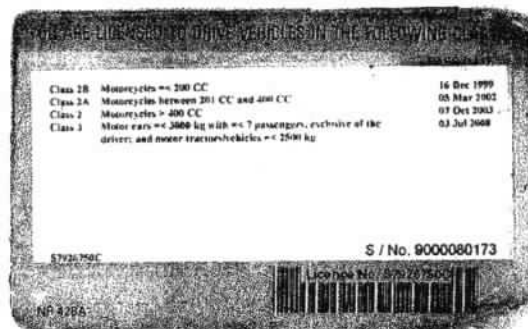
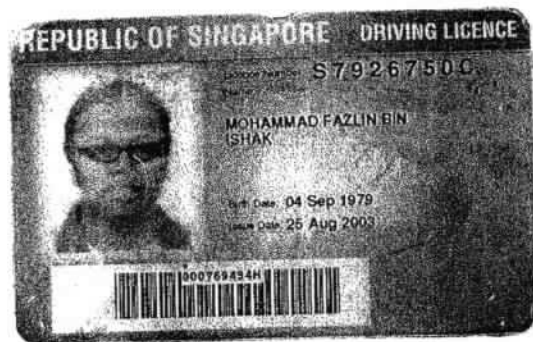
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No:

Sketch Plan Pg. 3





redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 08028

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	RAMNAH BINTE RAHMAT	Certificate number	GA297249 / 1
Cover	Comprehensive	Chassis number	WUZZZ8K2AA122519
Plan name	Essential	Engine number	CDH083043
NCD applicable	50%		
Vehicle registration number	SKA190Z		
Period of insurance	from 27/11/2017 to 26/11/2018 (both dates inclusive)		
Finance loan company	KENSO LEASING PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The usage of the vehicle by the Policy Holder (Insured) is not covered under this policy.
 (b) Any Named Driver as stated in the Policy:
 1. MOHAMMAD FAZLIN BIN ISHAK
 (c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Basic Own Damage Excess
 Windscreen Excess

An Additional Excess is applicable as follows:

- \$5500 for unnamed *Authorised Driver*
- \$5500 for declared *Young and Inexperienced Driver*
- \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$52,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20181378498

NAME : MOHAMMAD FAZLIN BIN ISHAK
NRIC : S7926750C

Type of Medical Leave granted : HOSPITALIZATION LEAVE


The above named attended Examination/Treatment from 18 Jun 2018 19:07 to 22 Jun 2018 13:51

The above named is unfit for duty for a period of 18 day(s), from 22 Jun 2018 to 09 Jul 2018 inclusive.

The Certificate is not valid for absence from court attendance.

The above named is certified fit for detention / travel.

Remarks :

<u>22 Jun 2018</u>	<u>Prabhakar, Sumanth Madhusu... (P0859F)</u>	<u>Ward B86 - 08</u>	
Date	Issuing Doctor	Location	Doctor's Signature

Reg No. : 200717564H

----- Tear Along Here -----



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KH20181378498

NAME : MOHAMMAD FAZLIN BIN ISHAK
NRIC : S7926750C

Type of Medical Leave granted : HOSPITALIZATION LEAVE


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Remarks :

<u>22 Jun 2018</u>	<u>Prabhakar, Sumanth Madhusu... (P0859F)</u>	<u>Ward B86 - 08</u>	
Date	Issuing Doctor	Location	Doctor's Signature

Reg No. : 200717564H

Sketch Plan Pg. 6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S7930016J



Name

RAMNAH BINTE RAHMAT

رمناه بنت رحمة

Race

MALAY

Date of birth

09-10-1979

Sex

F

Country/Place of birth

SINGAPORE



5286689



IDENTITY CARD NO S7930016J



Date of issue

10-03-2014

Address

APT BLK 750 WOODLANDS AVENUE 4
#02-321
SINGAPORE 730750



**SINGAPORE
POLICE FORCE**



T/20180622/2105

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180622/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 16:08		Vide Report No.: J/20180618/0178		Station Diary No.: 153	
Informant's Particulars					
Name of Informant: MOHAMMAD FAZLIN BIN ISHAK			Address: APT BLK 750 WOODLANDS AVENUE 4 #02-321 SINGAPORE 730750		
ID Type / ID No.: NRIC NO / S7926750C			Contact No.: Home/Office: Mobile: 91454184		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 04/09/1979	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/06/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY TOWARDS WOODLANDS AVE 12 EXIT 9, NEAR LAMP POST 493 Towards Woodlands Ave 12 Exit 9, Near Lamp Post 493 Lamp Post Number: 493				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Year	Damage
SKA190Z	Car	AUDI	A4		0
YM9657G	Lorry				0
YN6499K	Lorry				0



**SINGAPORE
POLICE FORCE**



T/20180622/2105

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180622/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD FAZLIN BIN ISHAK	ID No.	S7926750C
Related Vehicle	SKA190Z (Car)	Contact No.	91454184
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	22/06/2018
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

On 18/06/2018 at about 1815hrs, I was driving my car (SKA190Z) at lane 3 along SLE towards Woodlands Ave 12, as I was heading home.

When I was near Lamp post 493, I changed lane from Lane 3 to Lane 4, as I was going to exit at Exit 9, as there was road congestion ahead, I slowed down my car. Suddenly, I felt an impact from behind, a few seconds later, I felt another impact came from behind. After the two impacts from behind, I felt a sharp pain at my back area and numbness at my neck and right thigh, and could not move or get out of my car. I managed to call an ambulance. From my rear view mirror, I can see that there is two lorries that collided to me from behind.

About 10mins later, the ambulance came and the paramedics brought me out of the car and into the ambulance. At this time, a police car came and the police officer came and took my IC and asked the paramedics where will I be conveyed to. Shortly after, I was given back my IC, and was promptly conveyed to Khoo Teck Puat Hospital.

In the hospital, I was given a CT scan and MRI by the doctors and also dispensed some painkillers. I was warded from 18/06/2018 to 22/06/2018 to monitor my situation and also for physiotherapy.

On 22/06/2018, I was discharged from Khoo Teck Puat Hospital and given 18 days hospitalization leave from 22/06/2018 to 09/07/2018 inclusive.

I wish to state that I have front and rear in-vehicle camera in my car.



**SINGAPORE
POLICE FORCE**



T/20180622/2105

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180622/2105

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:

J /

EISEN MAH SHI YAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/06/2018 16:08

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

SN 130

Classification Of Case:

Authentication Stamp

NP168

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SKA190Z		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	AUDI		
Vehicle Model :	A4 1.8 TFSI MU		
Chassis No. :	WAUZZZ8K2AA122519		
Propellant :	Petrol		
Engine No. :	CDH083043		
Engine Capacity :	1798 cc		
Maximum Power Output :	118.0 kW (158 bhp)		
Maximum Laden Weight :	2000 kg		
Unladen Weight :	1450 kg		
Year Of Manufacture :	2010		
Original Registration Date :	23 Apr 2010		
Lifespan Expiry Date :	-		
COE Category :	E - Open Category		
Quota Premium :	\$42,001.00		
COE Expiry Date :	22 Apr 2020		
Road Tax Expiry Date :	22 Oct 2018		
PARF Eligibility Expiry Date :	22 Apr 2020		
Inspection Due Date :	22 Apr 2019		
Intended Transfer Date :	02 Jul 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

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