

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	26/06/2018 13:34
Date Of Accident	23/06/2018 02:00
Exact Location Of Accident	ALONG BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4790G
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Insured/Policyholder

Name Of Registered Owner	SBS TRANSIT DTL PTE LTD
Co Reg No	201202781W
Email Address	KOHKH@SBST-DTL.COM.SG
Mobile Phone No	(LOCAL) +65-86066044
Alternative Phone No	OFFICE-86066044

Vehicle Particulars

Manufacturer	ISUZU
Model	NJR85AUE6W-3.0 D (M)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M493107
Cover Note Number	

Driver

Name of Driver	ABDEL FATTA BIN YA AKOB
NRIC No	S7238506C
Date Of Birth	20/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86066044
Fax Number	
Contact Number	OTHERS-86066044
Email Address	NOEMAIL

Address	BLK 336 UBI AVENUE 1#10-831 SINGAPORE
Postcode	400336
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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?	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)	3
Passenger 1	NAME: : ANG GENDER: : MALE
Passenger 2	NAME: : THRVASAGAYAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SHD151G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	POH TECK PENG
NRIC/Passport Number	S6911565I

Contact Number 97923315

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDEL FATTA BIN YA'AKOB

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN4790G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN4790G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name THEVASAGAYAM

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN4790G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

ALONG BUILT UP ROAD

SUDDEN TURN

U TURN

A - YN4790G

B - SHD151G

PLEASE REFER TO POLICE REPORT (ATTACHED)

THERE IS A CAMERA IN THE VEHICLE.

THE SD CARD IS NOW WITH THE POLICE FOR INVESTIGATION

POLICE REPORT NO. T/20180623/2017

07/6/18

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

SBS Transit DTL Pte. Ltd.

Power & Electrical Services Dept
Bali Batu Downtown Line MRT Depot
350 Woodlands Road
Block 1 Level 4 Singapore 677730

Policyholder's Signature
Date & Time:

Company Reg No: W1202791W

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

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

27/6/18

Received Ins Email
27/6/18



**SINGAPORE
POLICE FORCE**



T/20180623/2017

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20180623/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 03:57		Vide Report No.: E/20180623/0029		Station Diary No.: 26
Informant's Particulars				
Name of Informant: ABDEL FATTA BIN YA'AKOB		Address: APT BLK 336 UBI AVENUE 1 #10-831 SINGAPORE 400336		
ID Type / ID No.: NRIC NO / S7238506C		Contact No.: Home/Office: Mobile: 86066044		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 20/09/1972	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Technical Officer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Before junction of Kampong Java Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD151G	Car	RENAULT		Red	Slightly Damaged	0
YN4790G	Lorry	ISUZU	NJR85AUE6 W	Red	Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20180623/2017

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20180623/2017

CONTINUATION OF REPORT

Driver			
Name	ABDEL FATTA BIN YA'AKOB		ID No. S7238506C
Related Vehicle	YN4790G (Lorry)		Contact No. 86066044
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	POH TECK PENG		ID No. S6911565I
Related Vehicle	NIL		Contact No. 97923315
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/06/2018 at about 0200hrs, I was travelling along Bukit Timah Road. There was a taxi in front on lane left to mine. Before the junction of Kampong Java Road, the taxi suddenly slow down to turn to the right. He did not signal his intention prior to slowing down and turning. I immediately applied my brakes but could not stop in time and hit onto his rear right. After we stopped, I alighted and called for the police. I spoke to the other driver and he admitted to not using his turn signal. SCDF officers arrived to make a check and nobody was injured except for one of my passengers who suffered a slight abrasion on his arm. He was treated by SCDF officers.

Traffic Police subsequently arrived to interview everyone. My lorry sustained the following damages -

- 1) The front bumper was dislodged including the left headlight;
- 2) The left passenger door is jammed shut due to a dent.

I am lodging this report as instructed by Traffic Police officers.



**SINGAPORE
POLICE FORCE**



T/20180623/2017

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3


Report No. T/20180623/2017

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: E / Sgt 3 ERWIN SUTRISNO BIN NADIMOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2018 03:57
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="619 1892 805 1960" data-label="Image"> </div> <div data-bbox="694 1904 805 1944" data-label="Text"> <p>SINGAPORE POLICE FORCE</p> </div> <div data-bbox="1008 1912 1101 1942" data-label="Text"> <p>SN 167</p> </div> <div data-bbox="780 2040 927 2074" data-label="Text"> <p>SIGNATURE</p> </div>



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

IO Azan
6547 6256

Ref: Report No: E/20180623/0029

I, SS 11200916 Anwar
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One SanDisk ultra micro SD 32GB (Red)
- 2 7
- 3 336
- 4 Ubi one 1 #10-831 40336
- 5 23/6/18
- 6 0820
- 7
- 8
- 9
- 10

from S7238506C, Abdel Fatta Bin Ya akob.
(Name, NRIC or Passport No. / Rank and No.)

of 336 Ubi one 1 #10-831 40336
(Address / Police Station / NPC / NPP)

on 23/6/18 at 0820
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]

(Signature)

S7238506C, Abdel Fatta
(Name, NRIC or Passport No. / Rank and No.)

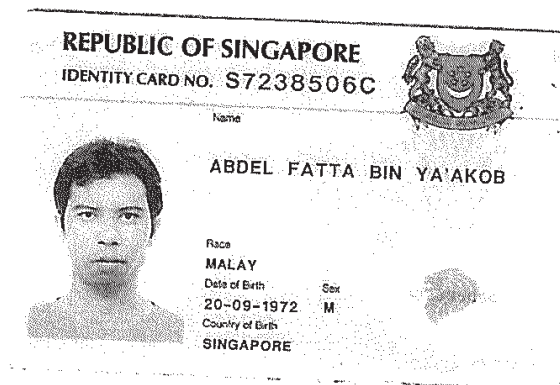
Received by:

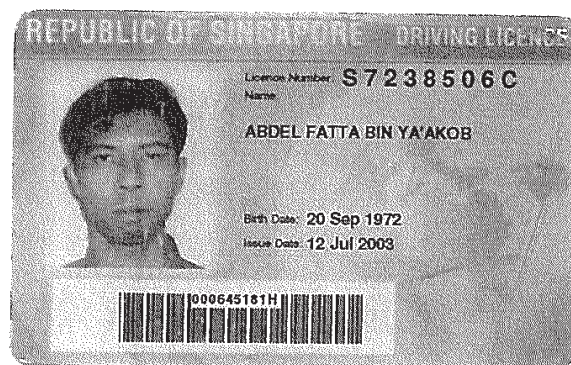
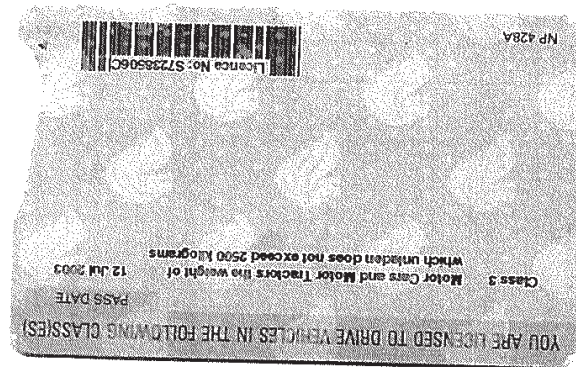
[Signature]

(Signature)

SS 11200916 Anwar
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____







INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198705792K | GST Reg. No. M2 0076836 X
 64 Cecil Street #04/ #05/ #06-02 RDB Building Singapore 049711
 Office: [65] 62476136 Email: insure@ii.com.sg
 Fax: [65] 52244174 Website: www.ii.com.sg

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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code	10827SE	Excess	S\$750/- all claims & additional \$2500/- all claims for age < 21 years or > 65 years &/or S'pore D.L. < 2 years
Comprehensive		Windscreen Excess:	S\$50.00
CERTIFICATE NO.	M493107		
1. Index Mark and Registration Number of Vehicle	YN4790G		
2. Name of Policy Holder	SBS Transit DTL Pte Ltd		
3. Effective date of the commencement of Insurance for the purposes of the Act	30 th August 2017		
4. Date of Expiry of Insurance	29 th August 2018		
5. Persons or Classes of Persons entitled to drive*	<p>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</p>		
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (3) Use for social, domestic and pleasure purposes The Policy does not cover (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle</p>		

* Limitations rendered inoperative by Section 8 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

I HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Date of Issue: **RL/16.08.2017**

for India International Insurance Pte. Ltd.
 (APPROVED INSURERS)

MZ 3000 (GOODS CARRYING)
 PRIVATE TYPE

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent / Broker Name: **ComfortDelgro Ins Brokers P/L**

SKETCH PLAN

ALONG BURET TOWN RD

SUDDEN TURN

U TURN

A - YN4790G
B - SHD151G

PLEASE REFER TO POLICE REPORT (ATTACHED)

THERE IS A CAMERA IN THE VEHICLE.

THE SD CARD IS NOW WITH THE POLICE FOR INVESTIGATION

POLICE REPORT NO. T/20180623/2017

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

Sampling No: 201202981W

7.

27/6/18

SKETCH PLAN

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 - (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
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- (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.
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SBS Transit DTL Pte. Ltd.

Power & Electrical Services Dept
Bali Batu Downtown Line MRT Depot
350 Woodlands Road
Block 1 Level 4 Singapore 677730

Policyholder's Signature
Date & Time:

Company Reg No: W1202791W

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

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

27/6/18

Received Ins Email
27/6/18

Accident Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180623/2017

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20180623/2017

REPORT OF A TRAFFIC ACCIDENT

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ID Type / ID No.: NRIC NO / S7238506C		Contact No.: Home/Office: Mobile: 86066044		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 20/09/1972	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Technical Officer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Before junction of Kampong Java Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD151G	Car	RENAULT		Red	Slightly Damaged	0
YN4790G	Lorry	ISUZU	NJR85AUE6 W	Red	Slightly Damaged	2

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

Accident Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180623/2017

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20180623/2017

CONTINUATION OF REPORT

Driver			
Name	ABDEL FATTA BIN YA'AKOB		ID No. S7238506C
Related Vehicle	YN4790G (Lorry)		Contact No. 86066044
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	POH TECK PENG		ID No. S6911565I
Related Vehicle	NIL		Contact No. 97923315
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/06/2018 at about 0200hrs, I was travelling along Bukit Timah Road. There was a taxi in front on lane left to mine. Before the junction of Kampong Java Road, the taxi suddenly slow down to turn to the right. He did not signal his intention prior to slowing down and turning. I immediately applied my brakes but could not stop in time and hit onto his rear right. After we stopped, I alighted and called for the police. I spoke to the other driver and he admitted to not using his turn signal. SCDF officers arrived to make a check and nobody was injured except for one of my passengers who suffered a slight abrasion on his arm. He was treated by SCDF officers.

Traffic Police subsequently arrived to interview everyone. My lorry sustained the following damages -

- 1) The front bumper was dislodged including the left headlight;
- 2) The left passenger door is jammed shut due to a dent.

I am lodging this report as instructed by Traffic Police officers.



**SINGAPORE
POLICE FORCE**



T/20180623/2017

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3








Report No. T/20180623/2017

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: E / Sgt 3 ERWIN SUTRISNO BIN NADIMOH	Signature Of Informant: 		
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2018 03:57		
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:		
Authentication Stamp NP168	<table border="1"> <tr> <td data-bbox="603 1912 805 2080">  SINGAPORE POLICE FORCE </td> <td data-bbox="805 1912 1386 2080">  SN 167 SIGNATURE </td> </tr> </table>	 SINGAPORE POLICE FORCE	 SN 167 SIGNATURE
 SINGAPORE POLICE FORCE	 SN 167 SIGNATURE		



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

PO Azan
6547 6256

Ref: Report No: E/20180623/0029

I, SS 020096 Anwar
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One SanDisk ultra micro SD 32GB (Red)
- 2 /
- 3 /
- 4 /
- 5 /
- 6 /
- 7 /
- 8 /
- 9 /
- 10 /

from S7238506C, Abdel Fatta Bin Ya akob.
(Name, NRIC or Passport No. / Rank and No.)

of 336 Ubi ave 1 #10-831 40336.
(Address / Police Station / NPC / NPP)

on 23/6/18 at 0820
(Date) (Time)

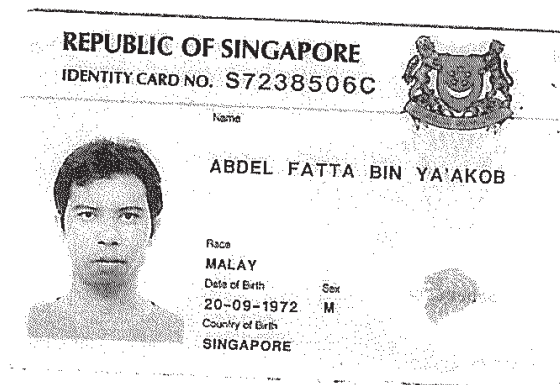
Witnessed by / * Handed over by:
(* Delete if applicable)

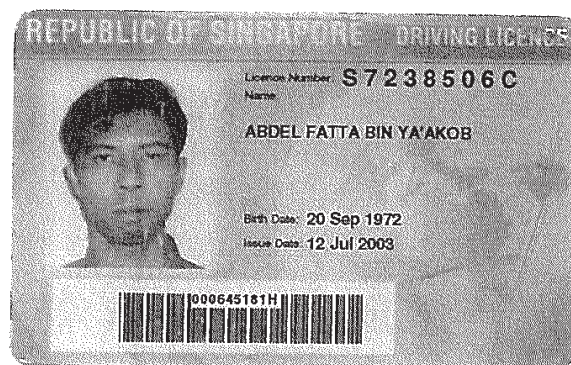
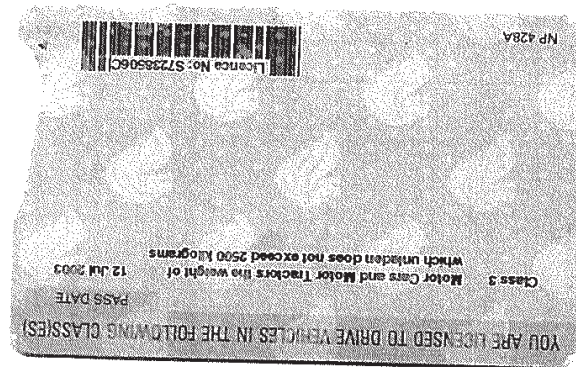
[Signature]
(Signature)
S7238506C, Abdel Fatta
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
SS 020096 Anwar
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: /





Accident Sketch Plan Pg. 9



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198705792K | GST Reg. No. M2 0076836 X
64 Cecil Street #04/ #05/ #06-02 RDB Building Singapore 049711
Office: (65) 62476136 Email: insure@ii.com.sg
Fax: (65) 52244174 Website: www.ii.com.sg

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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code	10827SE	Excess	S\$750/- all claims & additional \$2500/- all claims for age < 21 years or > 65 years &/or S'pore D.L. < 2 years
Comprehensive		Windscreen Excess	S\$50.00
CERTIFICATE NO.	M493107		
1. Index Mark and Registration Number of Vehicle	YN4790G		
2. Name of Policy Holder	SBS Transit DTL Pte Ltd		
3. Effective date of the commencement of Insurance for the purposes of the Act	30 th August 2017		
4. Date of Expiry of Insurance	29 th August 2018		
5. Persons or Classes of Persons entitled to drive*	<p>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</p>		
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (3) Use for social, domestic and pleasure purposes The Policy does not cover (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle</p>		

* Limitations rendered inoperative by Section 8 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

I HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Date of Issue: **RL/16.08.2017**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M/L 3000 (GOODS CARRYING)
PRIVATE TYPE

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent / Broker Name: **ComfortDelgro Ins Brokers P/L**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No : YN 4790 G
Name(as shown in NRIC): SBS Transit DTL Pte Ltd.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

SBS Transit DTL Pte Ltd
India Insurance. Certificate No: M 493107

COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, USI/BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: 27/6/18

Signature of Vehicle Owner / Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

fwz %Iv»d&am%ex%
%Lk&P&Zp%ZM%

Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

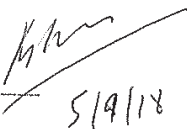
Original Report No : _____ Vehicle Registration No : YN 4790 C
Name (as shown in NRIC) : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

3rd party changed OD recovery.

SBS Transit DTL Pte. Ltd.
Power & Electrical Services Dept
Gali Batu Downtown Line MRT Depot
350 Woodlands Road
Singapore 77730
Date: _____


5/9/18