

## 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	13/08/2018 17:23
Date Of Accident	11/08/2018 14:05
Exact Location Of Accident	VICTORIA ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3570B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN HWA COCONUTS INDUSTRIAL PTE LTD
Co Reg No	200010237Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83605068
Alternative Phone No	OFFICE-67532281

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1849452
Cover Note Number	02/11/2017 - 01/11/2018

### Driver

Name of Driver	VENKADACHALAM SADEESH
Passport No/FIN	G6513868P
Date Of Birth	20/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83605068
Fax Number	
Contact Number	OTHERS-67532281
EEmail Address	NOEMAIL

Address	C/O BLK 15 WOODLANDS LOOP #02-12 WOODLANDS EAST IND ESTATE
Postcode	788322
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	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?	NO
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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG7674E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALATINO MICHEL
NRIC/Passport Number	G3304781P
Contact Number	85331880
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

Vehicle Registration Number	SDM1360M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG BOON LIANG
NRIC/Passport Number	S6801306B
Contact Number	93872022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle Registration Number	SKM3767C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

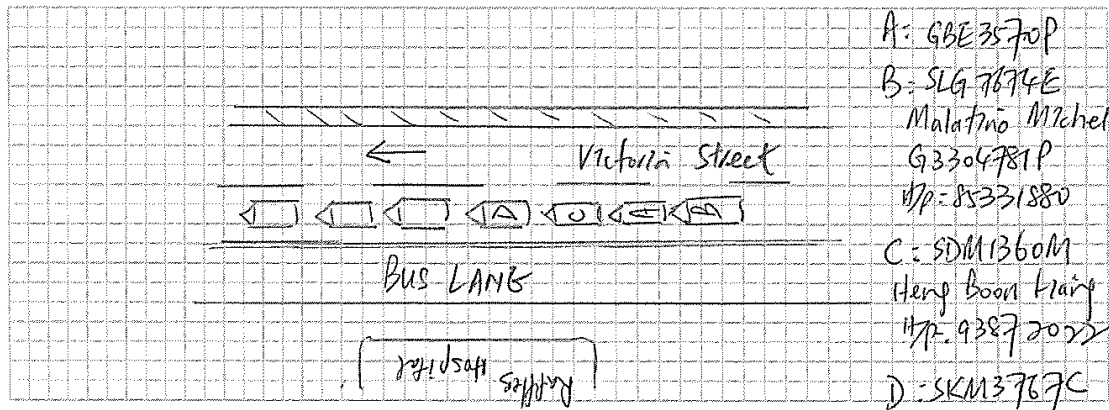
*[Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Accident occurred on 11/8/18 @ 2.05pm along Victoria Street, outside Raffles Hospital. Motor cars in front of me brake to slow down and came to stop. I follow 12km/h and stop. Next a great impact from behind and it forward my vehicle hit onto the front car -


Upon alight to check, I realise I was involved in total 4 cars chain accidents -

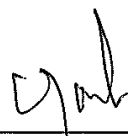
No one was injured -

I have video device in my vehicle and the accidents has been recorded.

**Declaration**

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

  
Witness at Reporting Centre Personnel

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63387288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.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)

CERTIFICATE NO. : VCA/P1849452 Account No. : 04279  
 Coverage : Comprehensive  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : SIN HWA COCONUTS INDUSTRIAL PTE LTD  
 Vehicle Registration No. : [REDACTED]  
 Period of Insurance : 01/11/2017 to 01/11/2018 (Both dates inclusive)

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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.

## LIMITATIONS AS TO USE\*

- (a) Use in connection with the Policyholder's business
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

This Policy does not cover

- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

## EXCESS :

Own Damage Excess : SGD 500.00

(Please refer to your policy for Additional Excess)

\* 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/We 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).

AXA INSURANCE PTE LTD

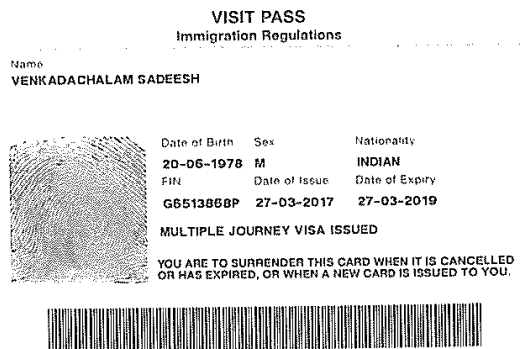
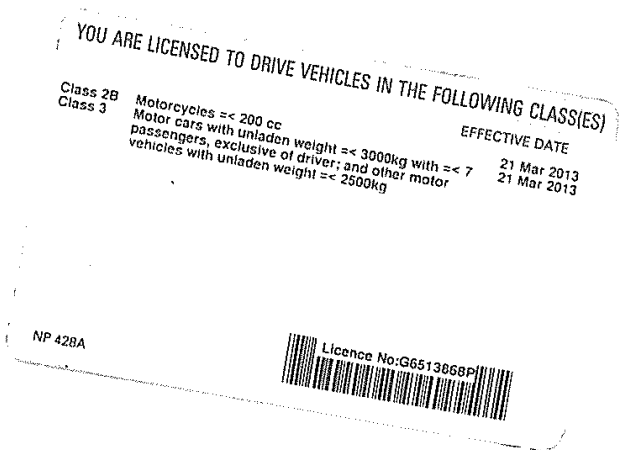
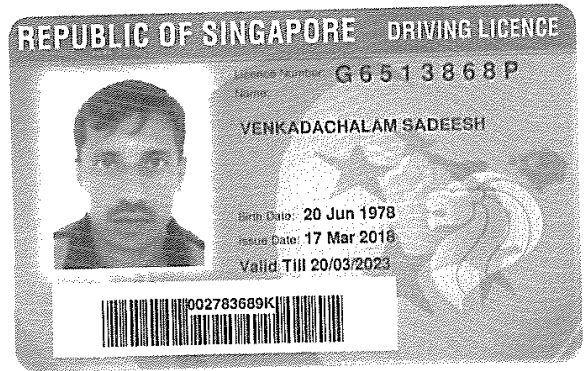
Authorized Signature

Issued by - MVUELSIE on 14/11/2017

## IMPORTANT :

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, covernote and endorsement etc.



To Whom It May Concern,

Accident involving my vehicle no G8E3570P on 11/8/2018 (date) with  
SL9 7674E / SM1360M (other veh no) along Victoria Street  
& SKM 3767C

I, SIN HWA COCONUTS IND PTE LTD NRIC No: R0C 2000102372  
owner of vehicle no - G8E 3570P am aware of the accident of my vehicle on  
11/8/2018 (Date) while car was driven by Venkadachalam Indeech  
I, SEN No. G66513868P I hereby authorise him/her to make the report

Name

Date

THOMAS SUAN NRIC: S15741224  
MANAGER  
13/08/18

Sin Hwa Coconuts Industrial Pte Ltd  
Blk 15 Woodlands Loop  
#02-12 Woodlands East Industrial Estate  
Singapore 788322  
Tel: 6752 2281 / 6753 2281  
Fax: 6754 2281

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

Name

Date



Sketch Plan Pg. 6



redefining / insurance

Date: 13/01/18

To: Owner of Vehicle Number: GBE350B

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

☐ You had been advised by the workshop on the liability and merits of the case accordingly.

☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.

☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.

☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.

☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others Claim Third Party @ own workshop

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



DATE OF ACCIDENT: 11/8/18 TIME: 2.05pm  
LOCATION: Victoria Street

**INFORMANT'S PARTICULARS**

- 1) VEHICLE NO.: GBE3570P (3rd) MODEL: Toyota Dyna  
2) INSURANCE CO.: AXA Ins POLICY NO.:  
3) CLAIM TYPE: **OWN DAMAGE / (THIRD PARTY) / REPORTING ONLY (PLS CIRCLE)**  
4) OWNER NAME: SIN HWA COCONUTS IND PTY LTD TEL: 67532287  
5) OWNER EMAIL: ALTERNATIVE PHONE NO.:  
6) DRIVER NAME: VENKADACHALAM SADEESH I/C 6513888P TEL: 83605068  
7) DRIVER OCCUPATION: DRIVER EMAIL:  
8) RELATIONSHIP WITH OWNER: Employee  
9) DOES DRIVER OWN ANY CAR? **YES / NO** (QN 9 & 10 APPLY FOR NON OWNER ONLY)  
10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:  
11) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
12) ROAD SURFACE: DRY / WET / OTHERS  
13) ANY SCENE PHOTOS: **YES / NO**  
14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO - workshop  
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: Delivery  
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING  
ACCIDENT CLAIMS ASSISTANCE: **YES / NO**  
17) NO. OF PASSENGERS (INCLUDING DRIVER): 01 A) PASSENGER NAME: MALE / FEMALE  
B) PASSENGER NAME: MALE / FEMALE

**THIRD PARTY (OTHER VEHICLE) PARTICULARS**

- VEHICLE 1** 1) VEHICLE NO.: SLG 7674E MODEL:  
2) DRIVER NAME: MALATINO MICHEL I/C 63304781P (4th-LAST)  
3) ADDRESS:  
4) CONTACT NO.: 85331880 INS CO.:  
**VEHICLE 2** 1) VEHICLE NO.: SDM 1360M MODEL: Toyota (2nd car)  
2) DRIVER NAME: Heng Boon FRANG I/C 56801306B  
3) ADDRESS:  
4) CONTACT NO.: 93872022 INS CO.:  
\* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT: (YES / NO)  
IF YES, FOREIGN VEHICLE NO.: SKM3767C (1st car)  
FOREIGN VEHICLE CATEGORY:

**WITNESS PARTICULARS**

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW:-  
2) NAME & NRIC: TEL:  
3) RELATIONSHIP WITH INVOLVED PARTIES:

**OTHERS**

- 1) ANY INJURIES (YES / NO) - IF YES, STATE INJURY SUSTAIN:  
2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.  
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.  
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES/NO).

DRIVER'S SIGNATURE & DATE

Repair @ Chong Hoe Moha Pte Ltd  
Email = chmotor@singnet.com.sg

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

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

### ADDENDUM

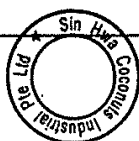
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MALM18104485 Vehicle Registration No: GBE 3570B  
Name (as shown in NRIC) : VenKadachalam Sadeesh NRIC/FIN/Passport No : 96513868P  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : Blk 15 Woodlands Loop #02-12 Singapore (738322)  
Contact (Tel) : 67532281 Mobile No. : 83605088  
Email Address : \_\_\_\_\_  
Date of Accident : 11/08/2018 Time of Accident : 14:05  
Place of Accident : Victoria Street  
Insurance Company : AXA Insurance Pte Ltd

**(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:

- 1) Vehicle registration number to GBE 3570B
- 2) Co reg no to 200010237Z
- 3) amendment of police report as per attach.



Policyholder / Driver's Signature  
Date:

21/09/18

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:  
Date:



**SINGAPORE  
POLICE FORCE**



T/20180920/2117

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4

Report No. T/20180920/2117

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2018 16:03	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars				
Name of Informant: VENKADACHALAM SADEESH		Address: APT BLK 15 WOODLANDS LOOP #02-12 SINGAPORE 738322		
ID Type / ID No.: FIN NO / G6513868P		Contact No.: Home/Office: 83605068      Mobile:		
Nationality: INDIAN		Email:		
Sex: Male	Age: 40	Date of Birth: 20/06/1978	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class:      Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 VICTORIA STREET  Victoria St towards Chinatown outside Raffles Hospital				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBE3570B	Lorry				Slightly Damaged	0
SDM1360M	Car				Slightly Damaged	0
SKM3767C	Car				Slightly Damaged	0
SLG7674E	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180920/2117

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20180920/2117

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE3570B		AXA INSURANCE PTE LTD	02/11/2017	01/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	VENKADACHALAM SADEESH		ID No.	G6513868P
Related Vehicle	GBE3570B (Lorry)		Contact No.	83605068
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
Driver				
Name	HENG BOON LIANG		ID No.	S6801306B
Related Vehicle	SDM1360M (Car)		Contact No.	93872022
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
Driver				
Name	MALATINO MICHEL		ID No.	G3304781P
Related Vehicle	SLG7674E (Car)		Contact No.	85331880
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



**SINGAPORE  
POLICE FORCE**



T/20180920/2117

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20180920/2117

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/08/2019 at about 1400hrs I was driving my company lorry reg no: GBE3570B along Victoria St going towards Chinatown. And just outside Raffles Hospital the traffic light turned red and vehicles started to stop. I was the third vehicle from the traffic lights. As my vehicle was slowing down and coming to a stop suddenly a car from behind reg no: SLG7674E hit my lorry at the back. The impact caused my lorry to move forward and hit onto the car in front reg no: SDM1360M which in turn hit onto the first car at the traffic light reg no: SKM3767C.

After the accident all the drivers came out and we exchanged particulars. No one was injured and as such we decided to drive off from the accident scene.

On 18/09/2018 my company received a letter ref no: TP/IP/52123/2018 from the traffic police informing me that they are investigating the accident and advised me to lodge a traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20180920/2117

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20180920/2117

**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: A / Sr Staff Sgt MUHAMMAD SIRAJA BIN KOYA ABDUL HAMEED	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2018 16:03
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	