

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 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. 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 | 23/10/2018 19:50 |
| Date Of Accident | 23/10/2018 06:55 |
| Exact Location Of Accident | ALONG CTE TOWARDS AYE (BEFORE BRADDELL EXIT) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKK5407P |
| Insured/Policyholder | |
| Name Of Registered Owner | NG KOK WAI |
| NRIC No | S0028297I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98165719 |
| Alternative Phone No | OTHERS-98165719 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | VOLKSWAGEN |
| Model | PASSAT 1.8 TSI AT 3624H7 |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VPA/P1404669 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------------|
| Name of Driver | NG JIAN WEN, BERTRAM (HUANG JIANWEN) |
| NRIC No | S8317069G |
| Date Of Birth | 01/06/1983 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/06/2004 |
| Driving Experience | 14 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91128313 |
| Fax Number | |
| Contact Number | |
| Email Address | NJWBERT551@YAHOO.CO.UK |

| | |
|---|---------------------------------------|
| Address | BLK 551 ANG MO KIO AVENUE 10 #06-2220 |
| Postcode | 560551 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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? | |
| 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 | 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

PLEASE REFER TO STATEMENT

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 | SKT778D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEOW KOK TONG, SAMUEL |
| NRIC/Passport Number | S7718004D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKL1550D
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGP3452S
Vehicle Make/Model/Colour HONDA
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)

Accident Sketch Plan

SKETCH PLAN

A: SKK5407P
B: SKT77BD
C: SKL1550D
D: SLAP3452S

Along CTE towards AYE
before Braddell Exit


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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: 23/10/18 1930h


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

Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 23/10/2008 Time: 06:55 Location of Accident: Along CTE towards ARE before Braddell Exit

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKF5407P
Name of Policyholder: Ng Kok Hui
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S80282971
Address: Blk 551 Ang Mo Kio Avenue 10 #06-2220
Contact Number: Hp 9816 5719 S1560551
Occupation: indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Volkswagen Passat 1.8 751 AT 3624H7
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus/M/cycle, Others: P10
Exact Purpose for which vehicle was being used at the time of accident: private use
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: TP
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: VPA/P1404669

DRIVER

Name of Driver: Ng Jian Wen, Berttram (Huang Jianwen)
NRIC/ FIN/ Passport: S8317069G
Date of Birth: 01-06-1983
Occupation: indoor
Driving Pass Date: 16-06-2004
Gender: ☒ Male ☐ Female
Contact Number: Hp 9112 8313
Address: -1
Email Address: -1

Was driver an employee of the Insured's Company? ☐ Yes ☒ No

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): 1px Chain Collision

Weather Conditions: ☒ Clear ☐ Raining ☐ Others

Road Surface: ☐ Wet ☒ Dry ☐ Others

Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes

Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes

Was any other vehicle(s) or property damaged? ☐ No ☒ Yes

Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes

If Yes, please state which police station & Report No. 1

Was notice of intended Prosecution given? ☒ No ☐ Yes

If Yes, against whom?

ngjbert551@yahoo.co.uk

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SKK 5407P

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SKT 778D

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

Leow Kok Tang, Samuel

NRIC/ FIN/ Passport

ST718004D

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

SKL 1550D

Vehicle Make/ Model/ Colour

SGP 3452S
Honda

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

Date & Time

23/10/18

19:30h

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: 23/10/18
1930h



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

Individual Statement

redrafting

Date 23/10/2018

To: Owner of Vehicle Number SKF5407P

The following has been advised to you via your workshop, Brt Auto through their staff, Gap

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 Third Party claim

Signed and acknowledge by

NG SIAM WEN BERTRAM
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

NG KOK HAI

IDENTITY CARD (OWNER) & DRIVING LICENCE (DRIVER)



Owner



Driver



IDENTITY CARD (DRIVER)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8317069G



Name

NG JIAN WEN, BERTRAM
(HUANG JIANWEN)

黄建文

Race

CHINESE

Date of birth

01-06-1983

Sex

M

Country of birth

SINGAPORE

S8317069G

4907969



NRIC No. S8317069G



Date of issue

06-11-2012

Address

APT BLK 551 ANG MO KIO AVENUE 10
#06-2220
SINGAPORE 560551



CERTIFICATE OF INSURANCE

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. | : VPA/P1404669 | Account No. : 13820 |
| Coverage | : Comprehensive | |
| Sum Insured | : Market Value At The Time Of Loss | |
| Name of Policy Holder | : NG KOK HAI | |
| Vehicle Registration No. | : SKK5407P | |
| Period of Insurance | : From 30/07/2018 To 29/07/2019 (Both Dates Inclusive) | |

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
- (b) Any other person who is driving on the Policyholder's order or with his 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*

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, speedtesting, 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.

(01)

Basic Own Damage Excess : NIL

An Additional Excess is applicable as follows:
 S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
 S\$5,000.00 for Undeclared Young and Inexperienced Driver.
 (Please refer to your policy on the terms & conditions)

* 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).

N.B : (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

- . 50% NCD - Nil Excess
- . 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

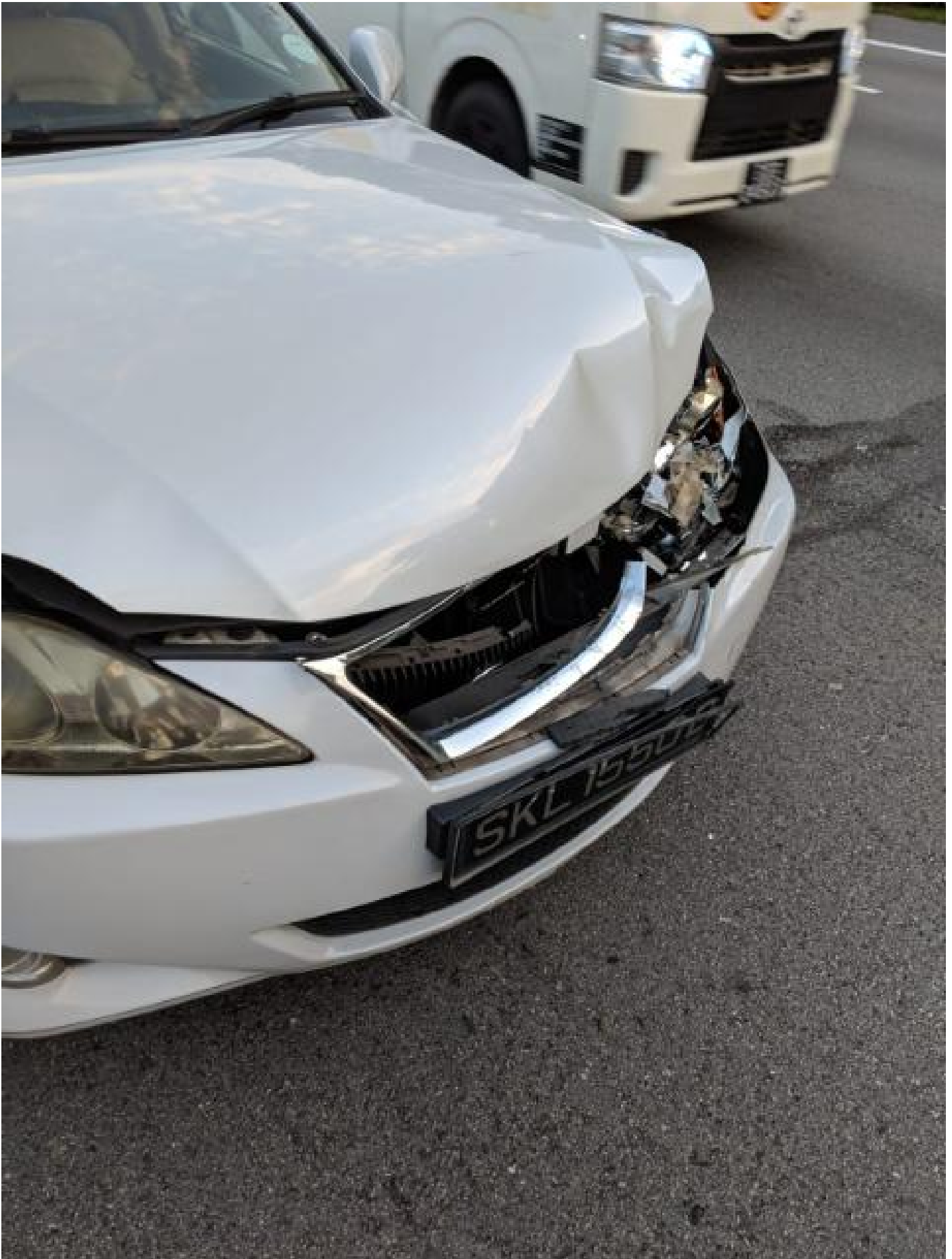
Issued by - SGOMOHA on 06/07/2018

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.

Accident Photo



Accident Photo



Accident Photo



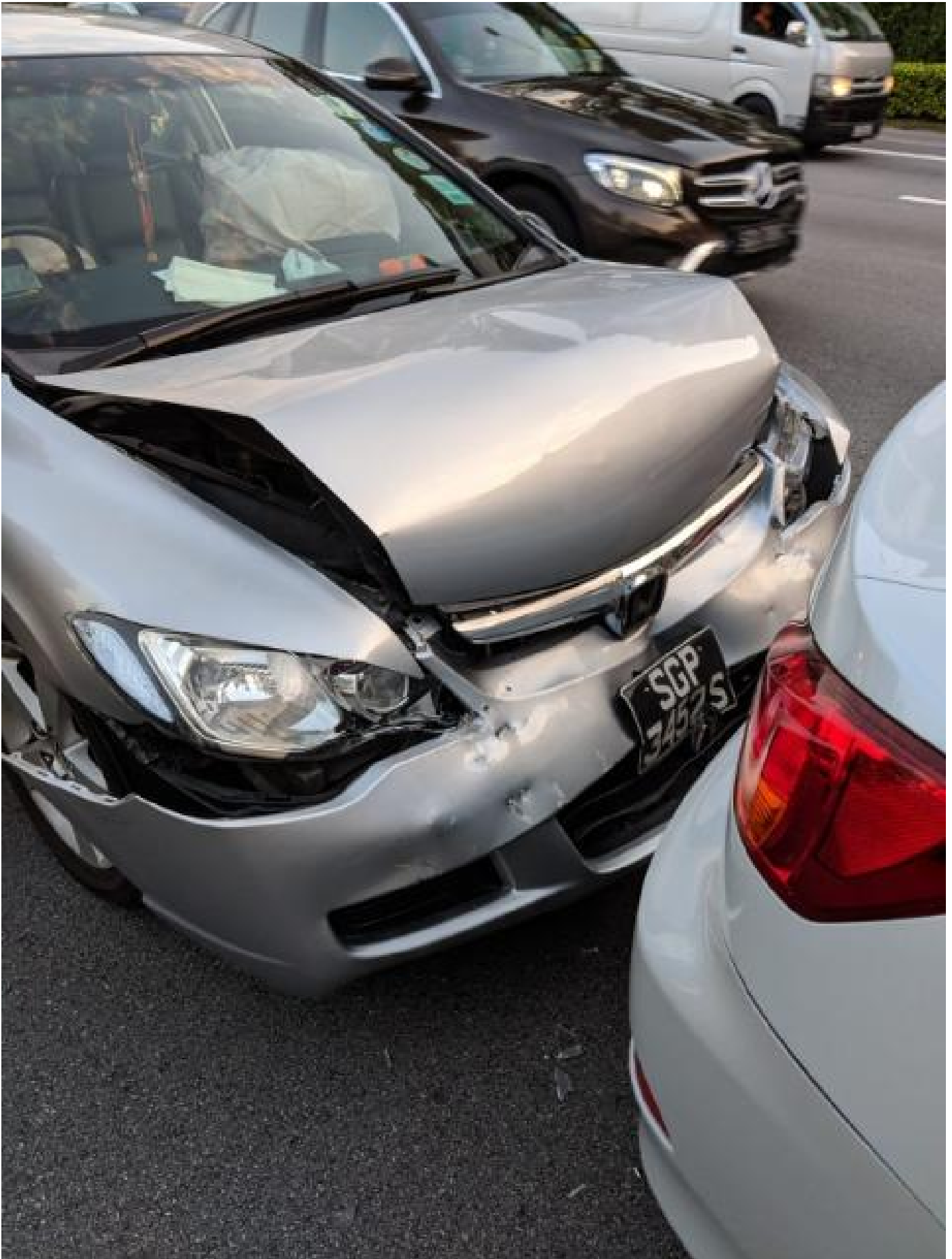
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77180004D



Name
LEOW KOK TONG, SAMUEL



廖国栋
Race
CHINESE

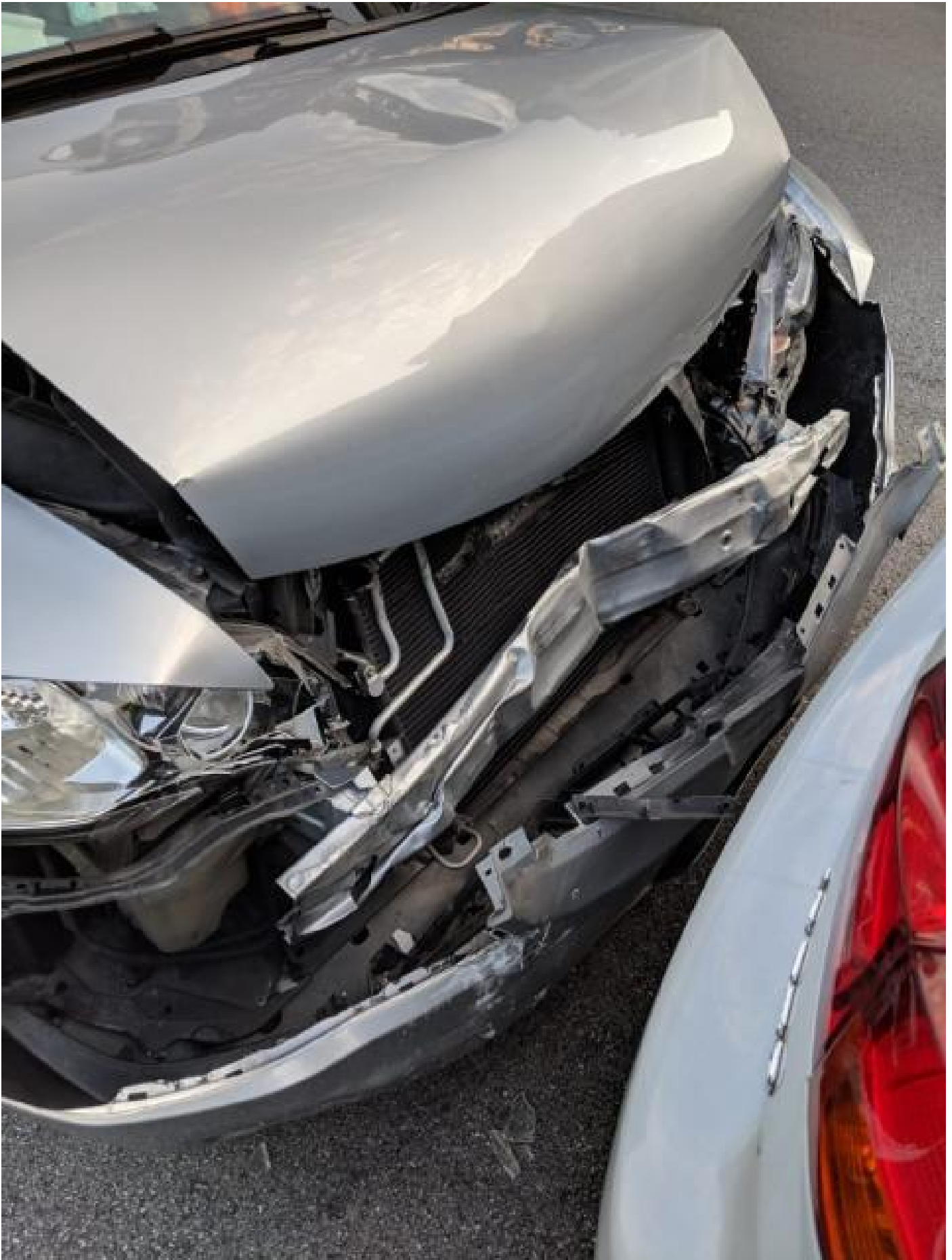
Date of birth
01-07-1977

Sex
M

Country of birth
SINGAPORE



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/2135

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

1 of 4

Report No: T/20181023/2135

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made: 23/10/2018 19:05 | | Vide Report No.: F/20181023/0059 | | Station Diary No.: 359 | |
| Informant's Particulars | | | | | |
| Name of Informant: NG JIAN WEN, BERTRAM | | | Address: APT BLK 551 ANG MO KIO AVENUE 10 #06-2220 SINGAPORE 560551 | | |
| ID Type / ID No.: NRIC NO / S8317059G | | | Contact No.: Home/Office: Mobile: 91128313 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 01/06/1983 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Physiotherapist | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/10/2018 06:55 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE Towards AYE before Braddell Exit | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
|------------|------|------|-------|-------|-------------------|-----------------|
| SGP3452S | Car | | | | Totally Damaged | 0 |
| SKK5407P | Car | | | | Slightly Damaged | 0 |
| SKL1550D | Car | | | | Totally Damaged | 1 |
| SKT778D | Car | | | | Seriously Damaged | 1 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/2135

2 of 4

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

Report No: T/20181023/2135

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | NG JIAN WEN, BERTRAM | ID No. | S8317089G |
| Related Vehicle | SKK5407P (Car) | Contact No. | 91128313 |
| 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 | LEOW KOK TONG, SAMUEL | ID No. | S7718004D |
| Related Vehicle | SKT778D (Car) | Contact No. | 97863934 |
| 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 23/10/2018 at about 0655hrs, I was travelling alone along CTE towards AYE near Braddell Exit. I was in the second lane from the right, on the highway. The car in front of me braked and I followed to brake my vehicle as well. Suddenly, I felt one impact from the rear of the vehicle. My vehicle was rolling forward as such, I brought the vehicle to a stop first before alighting the vehicle.

I noted that there were three other vehicles behind me involved in the accident. The vehicle behind me was seriously damaged, while the other two vehicles were seriously damaged to the point where the vehicles are unable to operate. All the drivers came down of our vehicles to assessed the damage and noted that the last vehicle's driver, had his airbag deployed and the driver was clutching his chest. The driver of the third vehicle then called for Ambulance.

Shortly, Traffic Police and Ambulance arrived. Paramedics conveyed the last vehicle's driver to hospital while Traffic Police officers took down our particulars and brief facts. My in-car camera memory card was taken by the Traffic Police officer. The officer advised us to make a Police report regarding the matter to facilitate investigations. I am not injured in any way. Case is handled by Traffic Police IO Daniel (Ctd: 6547-6252).

Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/2135

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

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Report No. T/20181023/2135

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20181023/2135

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

Report No. T/20181023/2135

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 2 NG WILSON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/10/2018 19:05

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP185

