

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA19019965**

Date In: 12/2/05	Job description	Date & Time Completed	Done by
Ref No: 46/MJH1900262/24	SAS e-filing		
Veh No: J669930L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/2/05 - 0015	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: J669930L INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Dat 1:	6) TR: Re-inspection \$75	
Dat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QD*	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	13/02/2019 10:52
Date Of Accident	04/02/2019 00:15
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGG9930L
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ASREE BIN ANANG
NRIC No	S7204028G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98639626
Alternative Phone No	OFFICE-98639626
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	S27889085SMA
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ASREE BIN ANANG
NRIC No	S7204028G
Date Of Birth	23/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98639626
Fax Number	
Contact Number	OFFICE-98639626
Email Address	NOEMAIL

Address	BLK 636 WOODLANDS RING ROAD #09-93
Postcode	730636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : SURIATI BINTE SNARI GENDER: : FEMALE
Passenger 2	NAME: : NADHIR BINTE MOHD ASREE GENDER: : FEMALE
Passenger 3	NAME: : NAYLI MARSYA BINTE MOHD ASREE GENDER: : FEMALE
Passenger 4	NAME: : NISA INSYIRAH BINTE MOHD ASREE GENDER: : FEMALE

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 POLICE REPORT - T/20190204/2014.

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 SKP2403T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver BI GUO AN
NRIC/Passport Number S2594520D
Contact Number 96417648
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMAD ASREE BIN ANANG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGG9930L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SURIATI BINTE SNARI
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGG9930L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NADHIR BINTE MOHD ASREE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGG9930L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name NAYLI MARSYA BINTE MOHD ASREE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGG9930L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

DETAILS OF INJURED PERSON 5

Name	NISA INSYIRAH BINTE MOHD ASREE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGG9930L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



Policyholder's Signature
Date & Time:

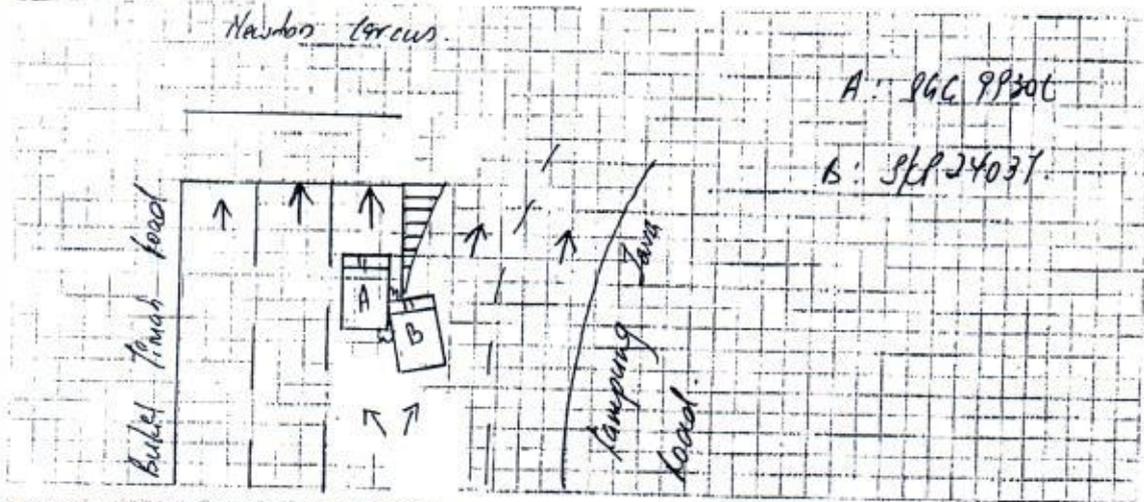


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report.
T / 201902041 2014.

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:


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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 04 FEB 2019	(DD/MM/YY) Time: 0015	(HH:MM)
Exact location of accident	BUKIT TIMAH ROAD TOWARDS NEWTON CIRCUS NEAR CHEVRON HEADING TOWARDS KAMPUNG JAVA ROAD		

Details of vehicle

Vehicle registration number	SGG9930L		
Vehicle make and model	HONDA CIVIC 1.8		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	PRIVATE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	MSIG		
Policy number	S 2789085 SMA		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	MOHAMAD ASREE BIN ANANG	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7204028G		
Contact	9863 9626		
Address	BLOCK 636 WOODLANDS RING ROAD #09-93 SINGAPORE 730636		

Driver

Same as insured above (skip to D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	23 JAN 1972		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	30 JULY 2007		

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: SELF
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	5	(Inclusive of driver)

Passenger 1

Name	SURIATI BINTE SNARI
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	NADHIR BINTE MOHD ASREE
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 3

Name	NAYLI MARSYA BINTE MOHD ASREE
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	NISA INSYIRAH NINTE MOHD ASREE
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	WOODLANDS NPC

Third party vehicle 1

Name	BI GUO AN
Contact number	9641 7648
NRIC / Fin / Passport number	S2594520D
Vehicle registration number	SKP2403T
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	MOHD ASREE BIN ANANG
Injuries sustained	NECK AND BACK
Which vehicle person in?	SGG9930L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	SURIATO BINTE SNARI
Injuries sustained	NECK AND BACK
Which vehicle person in?	SGG9930L
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	NISA INSYIRAH BINTE MOHD ASREE
Injuries sustained	NECK AND BACK
Which vehicle person in?	SGG9930L
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	NAYLI MARSYA BINTE MOHD ASREE
Injuries sustained	NECK AND BACK
Which vehicle person in?	SGG9930L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NADHIRAH BINTE MOHD ASREE
NECK AND BACK
SGG9930L
WORN SEAT BELT
NOT CONVEYED TO HOSPITAL BY AMBULANCE



**SINGAPORE
POLICE FORCE**



T/20190204/2014

1 of 5

Report No. T/20190204/2014

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 03:39	Video Report No.	Station Diary No. 9
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Informant's Particulars

Name of Informant MOHAMAD ASREE BIN ANANG		Address: APT BLK 636 WOODLANDS RING ROAD #09-93 SINGAPORE 730636	
ID Type / ID No. NRIC NO / S7204028G		Contact No. Home/Office: Mobile: 98539626	
Nationality SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 23/01/1972	Type of Informant: Driver
Race: Malay		Language: English	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 Others	Drink Drive: No	Date/Time of Accident: 04/02/2019 00:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
BUKIT TIMAH ROAD TOWARDS NEWTON CIRCUS. NEAR THE CHEVRON HEADING TOWARDS KAMPUNG JAYA ROAD (KKWCH).				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SGG9930L	Car	HONDA	CIVIC 1.8L A	Black	Slightly Damaged	4
SKP2403T	Car	LEXUS	LEXUS ES250 LUXURY AUTO	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190204/2014



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Tel No: 1800-7679999

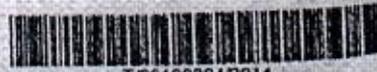
Report No. T/20190204/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NISA INSYIRAH BINTE MOHAMAD ASREE	ID No.	T04362941
Related Vehicle	SGG9930L (Car)	Contact No.	90996284
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NAYLI MARSYA BINTE MOHAMAD ASREE	ID No.	T0140372E
Related Vehicle	SGG9930L (Car)	Contact No.	92222634
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMAD ASREE BIN ANANG	ID No.	S7204028G
Related Vehicle	SGG9930L (Car)	Contact No.	98639626
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190204/2014

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Report No. T/20190204/2014

Police Station Of Origin:
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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

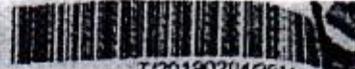
Passenger			
Name	SURIATI BINTE SNARI	ID No.	S7339212H
Related Vehicle	SGG9930L (Car)	Contact No.	85184398
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NADHIRAH BINTE MOHAMAD ASREE	ID No.	S9928254G
Related Vehicle	SGG9930L (Car)	Contact No.	97912537
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	BI GUOAN	ID No.	S2594520D
Related Vehicle	SKP2403T (Car)	Contact No.	96417548
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 4/2/2019 at about 0000hrs, I was driving my vehicle, one Black Honda Civic with registration plate number SGG9930L along Bukit Timah Road from Takka. I was heading towards Newton Circus. As I wanted to enter SLE/CTE, I was on the most right lane of the 3 lanes road and there was another lane on the right with chevron which heads to Kampung Jaya Road. Out of sudden, I felt a collision on the rear, realized that the vehicle which was collided with my vehicle was from the right lane which was heading towards Kampung Jaya Road. I stopped after the traffic light to make a check and it was one Silver Lexi with registration plate number SKP2403T that had hit my vehicle's rear right passenger side. There were scratches and dents on the driver as well as right passenger door. No traffic police or ambulance was at scene hence we settled the matter among ourselves before exchanging our particulars. Due to the impact, I felt giddy and my neck and back was in pain. My family members who were inside the vehicle also felt the same way. We went to Woodlands Mart 24hr clinic for medical attention and all of us were



**SINGAPORE
POLICE FORCE**



T/20190204/2014

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Tel No: 1800-7679999

Report No. T/20190204

CONTINUATION OF REPORT

given 3 days MC. There is no in-vehicle camera inside my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190204/2014

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

5 of 5

Report No. T/20190204/2014

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

L/
Staff Sgt NUR HAZWANI BINTE ISMAIL

Signature Of Informant

Signature Of Interpreter
Not applicable

Police Force

Date/Time
04/02/2019 03:39

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7204028G



Name

MOHAMAD ASREE BIN ANANG



محمد اصري بن انغ

Race

MALAY

Date of Birth

23-01-1972

Sex

M

Country of Birth

SINGAPORE



2998404



NRIC No. **S7204028G**

Blood Group Date of issue
B+ **23-12-1997**

Address

**APT BLK 636 WOODLANDS RING ROAD #09-93
SINGAPORE 730636**

NRIC No: **S7204028G** Date: **20-06-2007** No: **5767940**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7204028G

Name

MOHAMAD ASREE BIN ANANG



Birth Date: 23 Jan 1972

Issue Date: 26 Mar 2003

000329052C



LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

- | | |
|----------|---|
| Class 2B | Motorcycles \leq 200 CC |
| Class 2A | Motorcycles between 201 CC and 400 CC |
| Class 2 | Motorcycles $>$ 400 CC |
| Class 3 | Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg |

PASS DATE

15 Apr 1993
05 Jun 1996
06 Oct 2009
30 Jul 2017

S / No. 9000119911

License No: 872640264





MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

ULTIMATE CAR PROTECTOR-CLASSIC Third Party Fire & Theft

Certificate No. S 27889085 SMA

1. **Index Mark and Registration Number of Vehicle**
SGG9930L

2. **Name of Policyholder**
Mohamad Asree bin Anang

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
26/05/2018

4. **Date of Expiry of Insurance**
25/05/2019

5. **Persons or Classes of Persons entitled to drive***
Mohamad Asree bin Anang

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. **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 speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination 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 Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer