NATIONAL Assessment Centre Services. (well 1 Jan'03) . MMA 119061014 Done by Date & Time Completed 10 15 119 17129 Jeb description Ref No. SAS c-Illing MAI C721900 8355 / h4 Yeli No: E-mail (white this, AIC 2hrs) PC 7076E DUA i-Motor Cialm Form 1015/19 09:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD P' Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proformed Wksp / INC Assign Wksp / QW: (Tol Pax: PP Particulars: Veh No: INC ()/Non-INC (PC5170 n. Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: (Warranty: YES ()/NO(Execss: (\$ Loading : \$1,000 ()/\$2,000 (Concrat Remarks by Charles and) Walk-In Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () ; Towing Co: (1) Apply for Transport Allowance ()/ Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: MA19033115 Chamages Particulars 1) AR : Annident Reporting (530); 2) DA : Damege Assessment (\$100) NC (\$10) \$40/\$45 3) TI' : Towing Fee Driver/Owner: \$120 4) PT : Pollow-Through Survey 230 5) PT : Pollow-Through Survey (Resurvey Contact No: Por claiming against INC Only (wof 10 Jan 2003) 6) TR : Re-Inspection \$75 Damaged Portion: \$160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services;-OD: QC Checked by (Engr-In-Charge): *N5: Courtery Car / Tpt Allowanne *N6: Repair Co-ordination 55 510 \$25 * N7; Post Repair Inspection *NR: DV / Collect Excess Coordination 35 TE (NII) : TP (Non INC) against INC lat. 1: 9) N12: Idao Mobile * 2/3: Involor dated Fee Charged Involce dated Fee Charged

a per at the

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 witholding 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

Date Of Report 10/05/2019 17:29 Date Of Accident 10/05/2019 09:00 Exact Location Of Accident JUNC OF SHORT ST & MCNALLY ST Country/State of Loss SINSAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number PC7076E Insured/Policyholder Name Of Registered Owner Miss SRC TRAVEL & TOURS (PTE.) LTD Co Reg No	arcresard.	and to copied of the report being made available
Date Of Accident 10005/2019 09:00 Exact Location Of Accident JUNC OF SHORT ST & MCNALLY ST Country/State of Loss SINGAPORE DETAILS OF DWN VEHICLE Vehicle Registration Number PC7076E Insured/Policyholder Name of Driver IBRAHIM BIN ABDUL RAHMAN SINSIC PD WINDER To Years A MCNALLY ST 100000000000000000000000000000000000	Date Of Beaut	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number PC7076E Insured/Policyholder Name Of Registred Owner Co Reg No Image: NoEMAIL Mobile Phone No Alternative Phone No OFFICE-94235946 Vehicle Particulars Mobile Phone No Alternative Phone No OFFICE-94235946 Vehicle Particulars Model Exact Purpose for which vehicle was being used at time of accident Image: NoPAIL Model Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COVER NOE NOEN NOEN NOEN NOEN NOEN NOEN NOE		10/05/2019 17:29
Country/State of Loss DETAILS OF OWN VEHICLE		
Vehicle Registration Number PC7076E Insured/Policyholder Name Of Registered Owner Mis SRC TRAVEL & TOURS (PTE.) LTD Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-94235946 Vehicle Particulars Manufacturer TOYOTA Hodel HIACE Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Name of Insurance Company COMPREHENSIVE Pietet Policy NO Policy Number Orver Driver Name of Driver IBRAHIM BIN ABDUL RAHMAN S1485282 Date Of Birth Occupation OUTDOOR Date Of Birth Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Sea Mumber Contact Number Fax Number Contact Number Contact Number Contact Number LOCAL) +65-82296578		JUNC OF SHORT ST & MCNALLY ST
Vehicle Registration Number PC7076E Insured/Policyholder Name Of Registered Owner MIS SRC TRAVEL & TOURS (PTE.) LTD Co Reg No	Country/State of Loss	SINGAPORE
Insured/Policyholder Name of Registered Owner Name of Driver Name		DETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No		PC7076E
Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-94235946 Vehicle Particulars Manufacturer Model HIACE Exact Purpose for which vehicle was being used at time of accident time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE NO Policy Number Cover Note Number Diver Name of Driver NRIC No S1485228Z Date Of Birth Diccupation OUTDOOR Date Of Driving Pass Divining Experience 21 YEARS AND 1 MONTH MALE Mobile Number Vehicle CoCAL) +65-82296578 Test Number Cover Note Number Vehicle CoCAL + 65-82296578		
Email Address Mobile Phone No Alternative Phone No OFFICE-94235946 Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken Vehicle Category Vehicle Category Vehicle Category Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company And of Insurance Company Bills National State Action to the Address of		M/S SRC TRAVEL & TOURS (PTE.) LTD
Mobile Phone No Alternative Phone No OFFICE-94235946 Vehicle Particulars Manufacturer Model HIACE 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? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type of Coverage COMPREHENSIVE NO DMB1SN1826141800 Cover Note Number Driver Name of Driver STABSE SEZ Date of Birth Occupation OutDoor Jose Of Driving Pass Oriving Experience Sender MALE Mobile Number LOCAL) +65-82296578 LOCAL Moder LOCAL Moder LOCAL Moder LOCAL MALE Mobile Number LOCAL Moder LOCAL MALE Mobile Number		E-0.1 CHOOMS-THE CAMPACA CO.
Alternative Phone No OFFICE-94235946 Vehicle Particulars Manufacturer TOYOTA Model HIACE Exact Purpose for which vehicle was being used at time of accident Vehicle Particulars Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number DMB1SN1826141800 Cover Note Number Driver NAME of Driver IBRAHIM BIN ABDUL RAHMAN NRIC No S1485228Z Date Of Birth DOccupation OUTDOOR Date Of Birth 15/01/1961 Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number Little Heads All All All All All All All All All Al		NOEMAIL
Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Type Of Coverage Company Company Coverage Fleet Policy Policy Number Cover Note Number Cover Note Number Diriver Name of Driver NRIC No S1485228Z Date Of Birth Doccupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number Glovation Male S4582296578 MORATION MORATION MALE Mobile Number GLOCAL) +65-82296578		
Manufacturer Model 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? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE NO DMB1SN1826141800 Cover Note Number Driver Name of Driver NRIC No S1485228Z Date Of Birth Occupation OutDOOR Date Of Driving Pass Driving Experience Gender MALE Mobile Number Contact Number Contact Number		OFFICE-94235946
Model 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? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Vehicle Category COMPREHENSIVE Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD, COMPREHENSIVE INSURANCE (Vehicle Particulars	Marie Company of the
Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Vehicle Category No THIRD PARTY COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE NO Policy Number DMB1SN1826141800 Cover Note Number DMB1SN1826141800 Cover Note Number DRIC No S1485228Z Date Of Birth Doccupation DutDOOR Date Of Driving Pass Driving Experience 21 YEARS AND 1 MONTH Gender MALE (LOCAL) +65-82296578	Manufacturer	ТОУОТА
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Vehicle	Model	HIACE
for repair to your vehicle? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company No Comprehensive Fleet Policy Policy Number Cover Note Number Diriver Name of Driver Name of Driver Name of Driver Name of Driver NRIC No Date Of Birth Doccupation Date Of Driving Pass Driving Experience Sender MALE Mobile Number Contact Number THIRD PARTY COMMERCIAL VEHICLE INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMB 1 SN1826141800	Exact Purpose for which vehicle was being used at time of accident	WORKING
Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NRIC No S1485228Z Date Of Birth Occupation OutDoor Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number Contact Number Contact Number CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMB ISN1826141800 COMPREHENSIVE NO	for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NRIC No S1485228Z Date Of Birth Occupation OutDoor Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number DMB1SN1826141800 Cover Note Number	Vehicle Category	COMMERCIAL VEHICLE
Type Of Coverage COMPREHENSIVE NO Policy Number DMB1SN1826141800 Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience MALE Mobile Number Contact Number	Insurance Company	
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number DMB1SN1826141800 Cover Note Number - Driver Name of Driver IBRAHIM BIN ABDUL RAHMAN NRIC No S1485228Z Date Of Birth 15/01/1961 Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82296578	Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE 1 TD
Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Doccupation Date Of Driving Pass Driving Experience Solution MALE Mobile Number Contact Number DMB1SN1826141800 BRAHIM BIN ABDUL RAHMAN S1485228Z DOUBLE Of Birth DISTRICT OUTDOOR DATE OF DRIVING PASS DRIVING Experience Solution MALE (LOCAL) +65-82296578	Type Of Coverage	
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Doccupation Date Of Driving Pass Driving Experience Gender Mobile Number Eax Number Contact Number	Fleet Policy	NO
Driver IBRAHIM BIN ABDUL RAHMAN	Policy Number	DMB1SN1826141800
Name of Driver NRIC No S1485228Z Date Of Birth Doccupation Outdoor Date Of Driving Pass Driving Experience Sender Mobile Number Contact Number IBRAHIM BIN ABDUL RAHMAN S1485228Z Driving 15/01/1961 OUTDOOR 25/03/1998 25/03/1998 21 YEARS AND 1 MONTH MALE (LOCAL) +65-82296578	Cover Note Number	
NRIC No S1485228Z Date Of Birth 15/01/1961 Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number Contact Number	Driver	
NRIC No \$1485228Z Date Of Birth 15/01/1961 Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	Name of Driver	IBRAHIM BIN ABDUL RAHMAN
Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	NRIC No	
Occupation OUTDOOR Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	Date Of Birth	15/01/1961
Date Of Driving Pass 25/03/1998 Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	Occupation	
Driving Experience 21 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	Date Of Driving Pass	
Gender MALE Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	Driving Experience	
Mobile Number (LOCAL) +65-82296578 Fax Number Contact Number	Gender	
Fax Number Contact Number	Mobile Number	
TA A II A J J	Fax Number	1
Mail Address NOEMAIL	Contact Number	
	Mail Address	NOFMAIL

Address

BLK 416A YISHUN AVE 6 #10-1015

Postcode

761461

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

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

6

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 3

NAME: GENDER:

: UNKNOWN

Passenger 4

NAME:

: UNKNOWN

GENDER:

: FEMALE

: FEMALE

Passenger 5

NAME:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC5170D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name IBRAHIM BIN ABDUL RAHMAN

Approximate Age Injuries Sustain

Injured person in which vehicle?

BACK & LEFT ANKLE

Were seat belts worn?

PC7076E

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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:

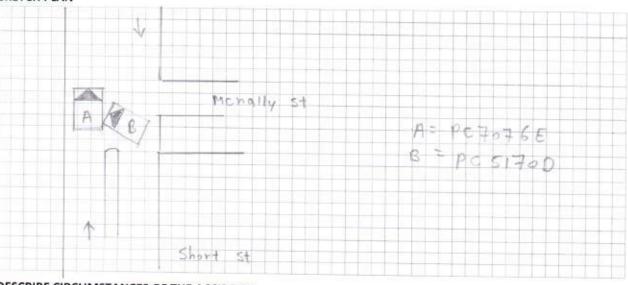
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+0	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:

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:





Date of Expiry:

1 of 3

Report No. T/20190510/2157

Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT Date/Time De

DRIVER

	Date/Time Report Made: 10/05/2019 17:02		Vide Report No.: T/20190510/2146	Station Diary No.:	
Informa	int's Partic	ulars	THE SECTION OF THE PERSON	The same of the sa	
Name o	f Informant: M BIN ABD		Address: APT BLK 461A YISH 761461	UN AVENUE 6 #10-1015 SINGAPORE	
ID Type / ID No.: NRIC NO / S1485228Z Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office:	Mobiles 22200570		
		Email:	Mobile: 82296578		
Sex: Male	Age: 58	Date of Birth: 15/01/1961	Type of Informant:		
Race: Malay		Language: English	Institution / School Name:		
Occupation:		Driving Licence Inform	nation:		

Class: 3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2019 09:0	Type of Location T-Junction	
SHORT STRE MCNALLY ST		lally Street Road Surface:			
Clear		Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	***	Traffic Volume: No Traffic	
Type of Collisi	on: ng Vehicles - Head			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC5170D Passenger Van					INO OF Passenger	
	The second secon				Slightly	0
PC7076E	Passenger				Damaged	
	Van	1			Slightly Damaged	5

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





2 of 3

Report No. T/20190510/2157

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver	THE PARTY NAMED IN		THE REAL PROPERTY.			
Name	HUSSIN BIN ALI			ID No).	S1730422D
Related Vehicle	PC5170D (Passenge	er Van)		Conta	act No.	98440104
Hospital/Clinic	NIL			Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	and the same of th	NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Driver			The state of the s			TO 1000 A THE RESIDEN
Name	IBRAHIM BIN ABDU		ID No		S1485228Z	
Related Vehicle	PC7076E (Passenger Van)			Contact No.		82296578
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2019	Date Disch	narge	NIL		
No. of Days grant	ted Medical Leave	06	Degree of		Slight	

Brief Details.

I have previously lodged a report, T/20190510/2146 regarding the accident. I am lodging this report to amend the vehicle number of the other vehicle

On the 10/05/2018 at about 0900hrs, I was driving my passenger van PC7076E with five passengers onboard along Short Street, heading towards Village Hotel Albert Court. At the junction of Short Street and McNally Street, I saw another passenger van PC5170D approached the junction and came to a stop at the stop line. As I continued moving forward, PC5170D suddenly went straight and was approaching my lane. I did not manage to move away in time and the front portion of PC5170D collided into the rear right wheel portion of my vehicle. I immediately stop my vehicle and I make a check on my passengers and none of them was injured. There were also passengers on board the other van however I am unsure how many passengers were there. No one involved in the accident was visibly injured. Both drivers exchanged particulars and contact details and decided to settle via insurance claims. We then continued with our journey.

After the accident, I felt pain from the right portion of my back and my left ankle. I went to see a doctor at Mount Alvernia Hospital and was given a medical certificate of 6 days.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

3 of 3 Report No. T/20190510/2157

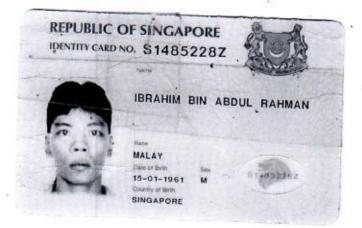
CONTINUATION OF REPORT

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.

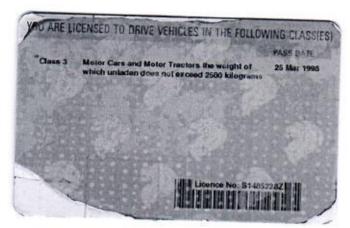
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 LIM WEI SIANG	
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2019 17:02
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
03 BUS VL 18/12/2018
04 BUS ATTENDANT 18/12/2018





中国太平保险(新加坡)有限公司

MEGGIE SN AND421A Cov.Type: C AUTOSAFE

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.

DMB1SN1826141800

Engine No :1GD#277562 Chassis No:GDH2232000310

1. Index Mark and Registration Number of Vehicle

PC7076E

2. Name of Policy Holder

M/S SRC TRAVEL & TOURS (PTE.) LTD.

Effective date of the Commencement of Insurance for 23 AUG05T 2018 the purposes of the Regulations, Ordinance or Enactment

4. Date of Expiry of Insurance

22 ADGDST 2019

Persons or Classes of Persons entitled to drive *

ANY PERSON PROVIDED HE IS IN THE POLICYMOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYMOLDER'S 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.

6. Limitations as to use *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROFELLED VEHICLE.

HIRE FURCHASE CO.: HITACHI CAPITAL ASIA FACIFIC PTE LTD AS HP OWNER
*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).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

Vitesse Solutions

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

IMPORTANT NOTICE If you sell your motor vehicle this NOTICE is IMPORTANT and MUST be complied with

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88), it shall be unlawful for any person to use or 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 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 offenceunder the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

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 agree to by the insurance company concerned. If the insurance company agreed 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.