

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA119065751

Date In: 21/5/14 - 18:17	Job description	Date & Time Completed	Done by
Ref No: NA119065751	SAS e-filing		
Veh No: JBW555D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/5/14 - 1:45	i-Motor Claim Form	M-11645362-02V	21/5/14 18:45
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: JBW555D

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%. P: 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: (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA1903648 NA1903735

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat 1:

Pat 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*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 (N11) 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	21/05/2019 18:13
Date Of Accident	17/05/2019 21:45
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2014H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAHRIL BIN ISMAIL
NRIC No	S6945136E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90217515
Alternative Phone No	OFFICE-90217515

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109078369
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAHRIL BIN ISMAIL
NRIC No	S6945136E
Date Of Birth	21/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90217515
Fax Number	
Contact Number	OFFICE-90217515
Email Address	NOEMAIL

Address	BLK 144 PASIR RIS STREET 11 #08-93
Postcode	510144
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : NUR SHAFRIMA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190518/2042.

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	SBW5255D
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGG9757X
Vehicle Make/Model/Colour TOYOTA WISH
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 SKR801M
Vehicle Make/Model/Colour MERCEDES
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 INJURED PERSON 1

Name MUHAMMAD SHAHRIL BIN ISMAIL
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJW2014H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR SHAFRIMA
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJW2014H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN


A: SJW2014H
B: SBW52550
C: SGG9757X
D: SER8012M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20190518/2042

DECLARATION

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


Policy Holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
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 of accident	17/05/19	(DD/MM/YY)
Time of accident	2145	(HH:MM)
Exact location of accident	Along PIE towards Changi	

DETAILS OF VEHICLE

Vehicle registration number	S3W 2014H		
Vehicle make and model	Volkswagen Scirocco		
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			
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	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Muhammad Shahrel Bin Ismail	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S6945136E		
Contact	90217515		
Address	Blk 144 Pasir Ris Street 11 #08-93 S(510144)		

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	21/12/1969		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	28/03/2002		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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	2 (Inclusive of driver)

PASSENGER 1	
Name	Nur Shafrina
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Pasir N.P.C

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SBW 52550
Vehicle make model	Alto Honda
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	SGG 9757X
Vehicle make model	Toyota wish
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	SKR 8012M
Vehicle make model	Mercedes
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Muhammad Shahid Bin Ismail
Injuries sustained	Neck & Back
Which vehicle person in?	SJW 2014H
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Nur Shafiqah
Injuries sustained	Neck & Back
Which vehicle person in?	SJW 2014H
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 checked="" type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
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	
Injuries sustained	
Which vehicle person in?	
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 5	
Name	
Injuries sustained	
Which vehicle person in?	
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 6	
Name	
Injuries sustained	
Which vehicle person in?	
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"/>



**SINGAPORE
POLICE FORCE**



T/20190518/2042

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190518/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2019 11:33	Vide Report No.: G/20190517/0240	Station Diary No.: 55
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Informant's Particulars

Name of Informant: MUHAMMAD SHAHRIL BIN ISMAIL			Address: APT BLK 144 PASIR RIS STREET 11 #08-93 SINGAPORE 510144	
ID Type / ID No.: NRIC NO / S6945136E			Contact No.: Home/Office:	Mobile: 90217515
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 21/12/1969	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/05/2019 21:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS CHANGI, LAMPOST 437/3A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SBW5255D	Car					0
SGG9757X	Car					0
SJW2014H	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	Seriously Damaged	1
SKR8012M	Car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20190518/2042

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Report No. T/20190518/2042

CONTINUATION OF REPORT

Details of Vehicle Involved						No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	
SMA3934B	Car					0

Details of Vehicle Insurance					Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No				
SJW2014H	NTUC Income Insurance Co-Operative Limited	5109078369			29/04/2019	28/04/2020

Details of Person Involved					
Any Pedestrian Involved: No			Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL					
Driver		ID No.		S6945136E	
Name	MUHAMMAD SHARIL BIN ISMAIL	Contact No.		NIL	
Related Vehicle	SBW5255D (Car)	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Treatment		NIL	
Date Treatment		Date Discharge		NIL	
No. of Days granted Medical Leave		Degree of Injury		NIL	
Driver		ID No.		S6945136E	
Name	MUHAMMAD SHAHRIL BIN ISMAIL	Contact No.		90217515	
Related Vehicle	SJW2014H (Car)	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Date Treatment		17/05/2019	
Date Treatment		Date Discharge		17/05/2019	
No. of Days granted Medical Leave		Degree of Injury		Slight	



**SINGAPORE
POLICE FORCE**



T/20190518/2042

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190518/2042

CONTINUATION OF REPORT

Passenger			
Name	NUR SHAFRINA	ID No.	S9319006H
Related Vehicle	SJW2014H (Car)	Contact No.	88585411
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	HO POL LIM EUGENE	ID No.	NIL
Related Vehicle	SKR8012M (Car)	Contact No.	NIL
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 17/05/2019 at about 9:45pm, I was driving in my vehicle bearing the registration number, SJW2014H with a passenger. I was driving along PIE towards Changi, on the extreme right lane.

Suddenly, the vehicle ahead of mine had applied its brakes and I also applied mine to try avoid a collision however to no avail. Subsequently, I felt an impact from the rear of my vehicle.

I then came out of my vehicle and saw that I was involved in a chain collision involving 4 other vehicles. There was another separate accident involving a motorcycle on the left of the lane that I was travelling on.

The first vehicle is SMA3934B. Second vehicle is SGG9757X. Third vehicle is SKR8012M. Fourth vehicle was mine. Last vehicle is SBW5255D.

I then took photos of the accident at scene and exchanged particulars. Someone then call traffic police for assistance which came shortly along with ambulance. As I felt pain around my back of my neck area and my chest, I was then conveyed to Changi General Hospital by ambulance. I was given 3 days medical leave.

My passenger was not injured during the accident however she may seek medical attention later.

My vehicle then was towed away. I do not have any in-vehicle camera installed.



**SINGAPORE
POLICE FORCE**



T/20190518/2042

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Tel No: 1800-5852999

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Report No. T/20190518/2042

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190518/2042

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190518/2042

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:

G /
Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/05/2019 11:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6945136E



Name
MUHAMMAD SHAHRIL BIN ISMAIL

Race
MALAY

Date of Birth
21-12-1969 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S6945136E**

Name
MUHAMMAD SHAHRIL BIN ISMAIL

Birth Date **21 Dec 1969**
Issue Date **16 Oct 2003**



MRIC No. **S6945136E**



Blood Group: **A+** Date of issue: **18-05-1994**

**APT BLK 144 PASIR RIS STREET 11 #08-93
SINGAPORE 510144**

MRIC No. **S6945136E** Date: **17-04-2007** No. **5670610**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

PASS DATE

**21 Nov 1996
26 Mar 2002**



Licence No: **S6945136E**

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S109078369		MUHAMMAD SHAHRIL BIN ISMAIL	S6945136E	GPC	drive CLASSIC	SJW2014H	SJW2014H	29/04/2019	28/04/2020

Claim Handling

Exit

Accident MT/1045360

Policy No.	S109078369	Vehicle No.	SJW2014H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD SHAHRIL BIN ISMAIL	Cover Type	drive CLASSIC	Policyholder NRIC	S6945136E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available

Accident Details

Report Date	21/05/2019 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	17/05/2019	Time of Accident hh:mm	21:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE TWDS CHANGI BEFORE EUNOS EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00		
YIED DD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 144 #08-93	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510144
Address 4		Address Type	Singapore address	Post Code	510144
Unit No.		Related Policy Number	S109078369		

OT Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	DD-MX	Insured Name	MUHAMMAD SHAHRIL BIN ISMAIL	Insured NRIC	S6945136E
Contact No. (Mobile)	90217515	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	SJW2014H	TP Vehicle Number	SBW5255D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW2014H / SBW5255D ON 17 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2019 18:45	Claim Close Date		Date Received	21/05/2019 00:00
Report Taken By	Jackson				

☒ Print Aik letter

Save Submit

Attachment

Accident No.	MT/1045360	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/05/2019 18:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment List

[illegible]

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<div>Display in new Window</div> <div>Scan and uploading</div>			