

Accident Sketch Plan Pg. 1

SKETCH PLAN

A = SMF 3495A

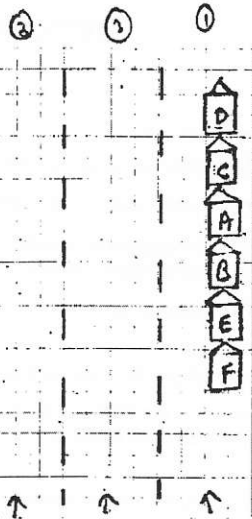
B = 5HC 7048 G

C = SCF 208 B

D = SLW 1553 R

E = SJF 4119 R

F = SEP 3218 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 13/08/2019 18.45 PM

Accident Location : ALONG SELETAR EXPRESSWAY SLE TOWARDS CTE

As per police report

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

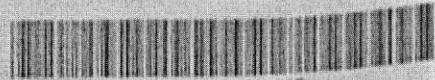
Name: Ne Kaly

NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190815/2119

1 of 5

Report No. T/20190815/2119

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2019 17:09	Vide Report No.: T/20190814/2069	Station Diary No.: 107
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Informant's Particulars

Name of Informant: HAJARIFFA SHERENE BINTE AB RAHMAN			Address: APT BLK 548B SEGAR ROAD #13-676 SINGAPORE 672548		
ID Type / ID No.: NRIC NO / S8615052B			Contact No.: Home/Office: Mobile: 93223554		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 13/06/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE TOWARDS CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Maks	Model	Color	Condition	No of Passenger
SCF208B	Car					0
SFP3218P	Car					0
SHC7048G	TAXI					3
SJF4119R	Car					0
SLW1553B	Car					0

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T/20190815/2119

2 of 5

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CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF3495A	Car	SUZUKI	SX4 HATCHBACK K 1.6 AT	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF3495A	NTUC Income Insurance Co-Operative Limited	5106858794	08/01/2019	07/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ERIC LIM	ID No.	NIL
Related Vehicle	SHC7048G (TAXI)	Contact No.	97633282
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	Unknown Driver	ID No.	NIL
Related Vehicle	SJF4119R (Car)	Contact No.	92266817
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

Accident Sketch Plan



**SINGAPORE
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T/20190815/2119

3 of 5

Report No. T/20190815/2119

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CONTINUATION OF REPORT

Passenger			
Name	SHARIFFAH ZAFLYNN BINTE SYED HAMID SHAHAB	ID No.	S8920390B
Related Vehicle	SMF3495A (Car)	Contact No.	91008490
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	HAJARIFFA SHERENE BINTE AB RAHMAN	ID No.	S8615052B
Related Vehicle	SMF3495A (Car)	Contact No.	93223554
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION

I WAS DRIVING ALONG SLE TOWARDS CTE. ALONG 9.5 KM MARK, I WAS AWARE THAT THE MERC IN FRONT WAS GIVING BRAKING LIGHT SIGNALS. HENCE, I SLOWED DOWN AND STOPPED AS PER NORMAL. MY CAR WAS IN A STATIONARY POSITION AND AS I LOOK UP AT MY REAR VIEW MIRROR, I SAW THE TAXI WAS MOVING VERY FAST TOWARDS ME AND THE TAXI HIT THE BACK OF MY VEHICLE. THE IMPACT FROM THE TAXI HITTING THE BACK OF MY VEHICLE HAD CAUSE MY VEHICLE TO MOVE FORWARD. THE MERCEDES CAR INFRONT WAS HIT DUE TO THE IMPACT FROM THE TAXI. ME AND MY FRIEND WAS CONVEYED TO KHOO TECK PUAT HOSPITAL. I SUFFERED CONTUSION ON MY FOREARMS AND HAD A BACK INJURY. MY FRIEND HAD AN INJURY OF CHEST WALL AND WHIPLASH INJURY TO THE NECK. I EXCHANGED PARTICULARS WITH THE TAXI DRIVER AND TOOK DOWN THE LICENSE PLATES OF THE VEHICLES. MY VEHICLE AND THE TAXI WAS SERIOUSLY DAMAGED. FOOTAGE FROM THE ACCIDENT WAS RECORDED FROM MY CAMERA.

I WAS GRANTED 3 DAYS OF MEDICAL LEAVE FROM 14/08/2019 - 16/08/2019

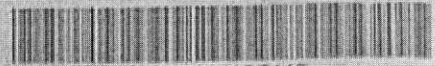
I WISH TO STATE THAT IT WAS A CHAIN COLLISION INVOLVING A TOTAL OF 6 VEHICLES. SD CARD WAS TAKEN AND GIVEN TO THE IO

ON 15/08/2019, I WENT TO NG TENG FONG GENERAL HOSPITAL FOR FURTHER TREATMENT AND WAS GRANTED 2 ADDITONAL DAYS OF MEDICAL LEAVE TILL 18/08/2019. THE DOCTOR COMMENTED THAT I SUFFERED NECK STRAIN INJURY AND MILD POST TRAUMATIC STRESS

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T/20190815/2119

4 of 5

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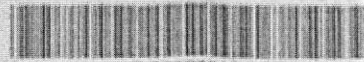
CONTINUATION OF REPORT

DISORDER.

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50
Report No: T/20190815/

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

J/

Sgt 3 YONG SENG HOCK

Signature Of Interpreter

Not applicable

Officer In Charge Of Case:

TP/GIT/

STONG CHEE HIEN

Contact No: 65476437

Signature Of Informant

Date/Time:

15/08/2019 17:09

Classification Of Case:

Authentication Stamp
NP165

Police Force