

ASS. REC. BY:

REF:

CS3/FWD/8019044/GVD3/

and Instruction:

Surveyor:

Munien

Guo Chang

ASSIGNMENT (Office)

From (Person):

Josey Foh

of

FWD

Date/Time:

25/11/2019

Estimated Cost:

Bill to:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV7CS

To Inspect Vehicle No:

SLW 108K

Insured:

SGF 4489H

at Workshop in/s

Twincell Automotive

Tel:

68420051

or

2 Keki Bet Ave 3 # 01-17/18

Policy No:

PNPV2018-00003401

Claim No:

1201800013452

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/10/18

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

11:57am @ 18/10/18

Person Contacted:

Melody

Vehicle:

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLW108K - NA/INC/18019000/h4

DOA: 18/10/18

SGF 4489H - NA/INC/18019000/h4

DOA: 18/10/2018

Dismantle: 22/10/2018

28/11/19

\$10750, 8 Days.
LS (Red 9550, 47%)

28/11/2019

URGENT

Nivitha (LKK Auto)

From: josey.loh@fwd.com
Sent: Monday, 25 November 2019 12:59 PM
To: admin-d@lkkauto.com; motorclaims.sg@fwd.com; assignments@lkkauto.com
Cc: sur@lkkauto.com; AsherSng@lkkauto.com
Subject: RE: SLW108K & SGF4489H - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
Attachments: TP Survey Report.pdf

Hi LKK team,

Please conduct a paper resurvey on an urgent basis.

Kindly let us have the paper resurvey report soonest possible via email.

Thank you.

Regards,
Josey

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 19 October 2018 12:05 PM
To: Motor Claims SG - SG Common; assignments
Cc: Josey Loh Kah Wai - SGUser; SUR; Asher Sng (LKKAuto)
Subject: RE: SLW108K & SGF4489H - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: motorclaims.sg@fwd.com [mailto:motorclaims.sg@fwd.com]
Sent: Friday, 19 October 2018 11:46 AM
To: assignments@lkkauto.com; sur@lkkauto.com
Cc: josey.loh@fwd.com
Subject: FW: SLW108K & SGF4489H - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Policy No. PNPV2018-00003401

Attn: LKK Team

Please attend to attached PRS notice.

Kindly create case in Merimen.

Best Regards,

Lionel Tan

ATTENTION:

The email and any attachments transmitted with it are private and confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender immediately and delete this email and any attachments from your system. You should not use, disclose, copy or store this email and any attachments.

Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.



This email has been checked for viruses by AVG antivirus software.
www.avg.com

ATTENTION:

The email and any attachments transmitted with it are private and confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender immediately and delete this email and any attachments from your system. You should not use, disclose, copy or store this email and any attachments.

Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

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	19/10/2018 09:41
Date Of Accident	18/10/2018 00:30
Exact Location Of Accident	ANG MO KIO AVE 1 TOWARD CTE BEFORE ANG MO KIO AVE6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW108K
Insured/Policyholder	
Name Of Registered Owner	SATHIVEL S/O ANGUDAN
NRIC No	S7803868C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87310999
Alternative Phone No	OTHERS-87310999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C230
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	5091124869-01
Cover Note Number	-
Driver	
Name of Driver	SHANITHA RUCHIRASHIL D/O N SUPPIAH
NRIC No	S7819406E
Date Of Birth	08/07/1978
Occupation	INDOOR
Date Of Driving Pass	25/07/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92297995
Fax Number	
Contact Number	OTHERS-92297995
Email Address	NOEMAIL

Address	BLK 9 MARSILING DRIVE #16-40
Postcode	730009
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 involved in the accident	
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)	2
Passenger 1	NAME: : SATHIVEL S/O ANGUDAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF4489H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IGNATINS YAM WEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

DETAILS OF INJURED PERSON 1

Name SATHIVEL S/O ANGUDAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLW108K
Were seat belts worn? YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SHANITHA RUCHIRASHIL D/O N SUPPIAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLW108K
Were seat belts worn? YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurance company to reassess policy liability.
4. The above and enclosed forms form an insurance document and not an admission of liability. Liability is the purview 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 G.A. 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 submission of a report to the G.A. Records Management Centre, you hereby consent to the recording of the report in the G.A. Records Management Centre and the report being made available as stated.
8. Consent under the Personal Data Protection Act (PDPA)

I understand and acknowledge, agree and consent to:

- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 purchased by me or use (collectively the "Personal Information") and disclose and transfer such Personal Information to third parties (who have insured vehicles) involved in this accident for work in which I am insured.
- (b) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my Personal Information for the purposes of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any associated 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, incident 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 to the external mail of envelope/mail packages); and/or
- (v) complying with applicable law in accordance with processing, handling and/or dealing with my claims collectively the "Purposes".
- (c) My insurer and my workshop and third parties involved in this accident and their insurers/lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (d) My Personal Information may also be collected by any of the insurers and/or GIA to their third party service providers or agents including their insurers/law firms, which may be based outside of Singapore, for one or more of the above Purposes.
- (e) 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.
- (f) The information so collected under (d) above may be shared or 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 regulation, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
of driver (and the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NAC ID No.:

Accident Sketch Plan

(A) SLW 108K

(B) 3GF 4484H

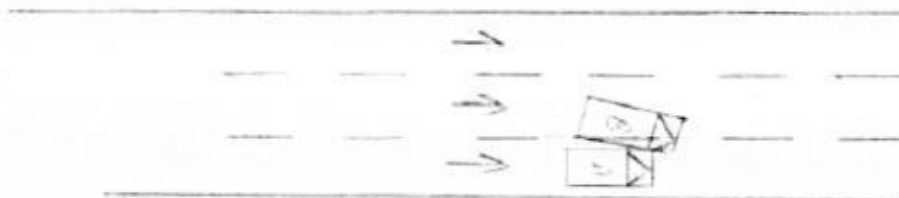


Fig No 410 A21 (marks CTS
before Fig No 410 A21 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/13 at 08:00 hrs. I was travelling in my vehicle (SLW 108K) along my own lane towards the junction of CTS before Fig No 410 A21 on the extreme right lane travelling straight. Suddenly a vehicle (3GF 4484H) at the centre lane cut into my lane and collided onto the left portion of my vehicle.

DECLARATION

I hereby declare that the above information is true and correct.

Signed _____

Date _____

[Signature]

[Signature]

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 3868C

Vehicle Details

Vehicle No.: SLW108K
Vehicle to be Exported: No
Intended Deregistration Date: 22 Oct 2018
Vehicle Make: MERCEDES BENZ
Vehicle Model: C230 A
Primary Colour: Silver
Manufacturing Year: 2008
Engine No.: 27292130901687
Chassis No.: WDD2040522A140047
Maximum Power Output: 150.0 kW (201 bhp)
Open Market Value: \$34,978.00
Original Registration Date: 12 Jun 2009
First Registration Date: 12 Jun 2009
Transfer Count: 5
Actual ARF Paid: \$34,978.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 11 Jun 2019
PARF Rebate Amount: \$17,489.00

Intended COE Rebate Details

COE Expiry Date: 11 Jun 2019
COE Category: E - Open Category
COE Period(Years): 10
QP Paid: \$7,789.00
COE Rebate Amount: \$477.00
Total Rebate Amount: \$17,966.00

The information contained herein is correct as at 22 Oct 2018

OK

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	18/10/2018 15:32
Date Of Accident	18/10/2018 00:50
Exact Location Of Accident	ALONG ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF4489H
Insured/Policyholder	
Name Of Registered Owner	YAM BOO TECK
NRIC No	S1607369E
Email Address	VINCENO63@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96369301
Alternative Phone No	OFFICE-96369301

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00003401
Cover Note Number	11/04/2018-10/04/2019

Driver

Name of Driver	IGNATIUS YAM WEI
NRIC No	S9436299G
Date Of Birth	03/10/1994
Occupation	INDOOR
Date Of Driving Pass	07/01/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96319625
Fax Number	
Contact Number	

Address	217 PASIR RIS ST 21 04-146
Postcode	510217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : DURGA 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

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	SLW108K
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANITHA RUCHIRASHIL D/O N SUPPIAN
NRIC/Passport Number	S7819406E
Contact Number	92297995

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN


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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.

 1807/19

Policyholder's Signature

Date & Time: 1545



Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/10/18 1545



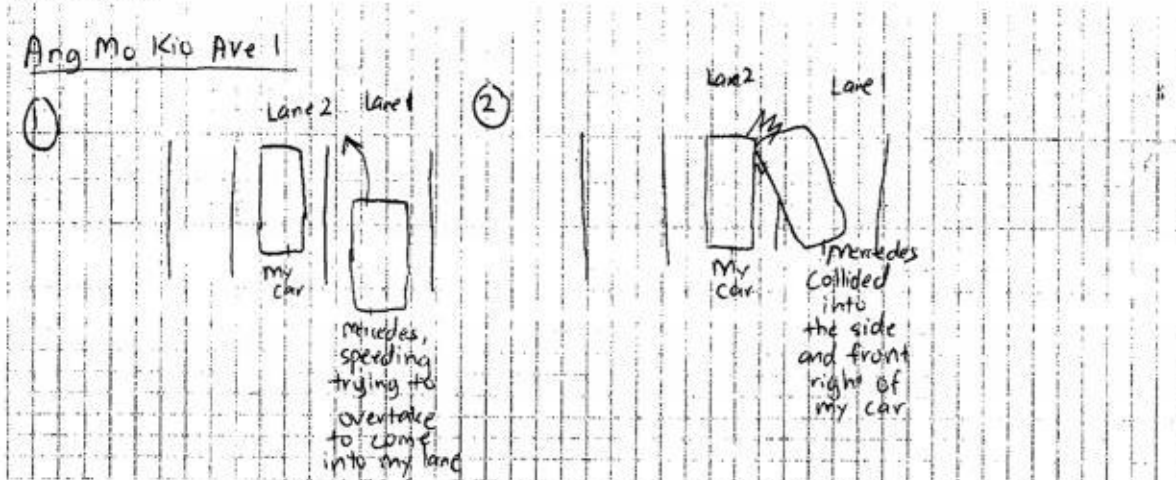
Reporting Centre Personnel's Signature

Name: *Seah Han*

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN






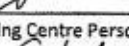
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

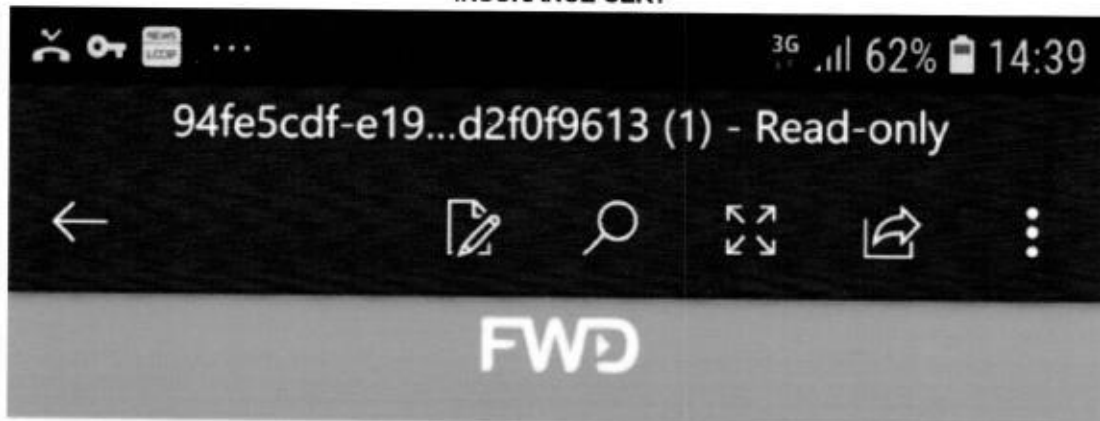
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	<input checked="" type="checkbox"/> Claim OD
	Claim TP
	Claim OD / TP at other workshop

DECLARATION

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

<p>Policyholder's Signature  18/07/19</p> <p>Date & Time: 1545</p>	<p>Driver's Signature </p> <p>(If driver is not the policyholder)</p> <p>Date & Time: 18/10/18 1545</p>	<p>Reporting Centre Personnel's Signature </p> <p>Name: </p> <p>NRIC/FIN No.:</p>
---	--	---

INSURANCE CERT



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00003401 (Comprehensive - Classic Plan)

Car plate number: SGF4489H

Your name (As the policyholder): Yam Boo Teck

Coverage start date: 11/04/2018

Coverage end date: 10/04/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

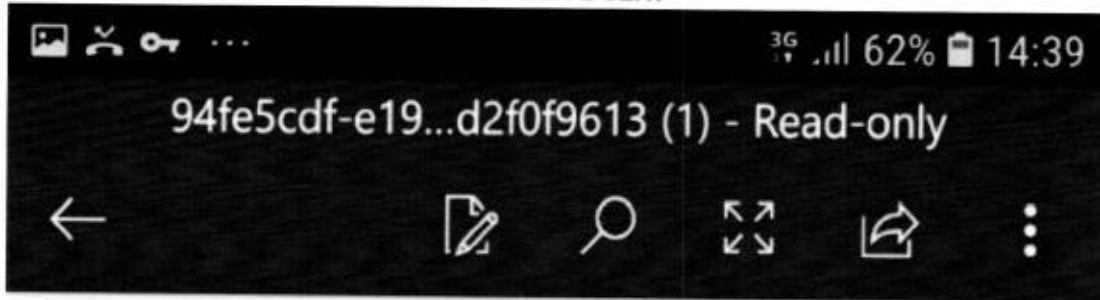
We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 05/03/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

INSURANCE CERT



FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower A, Singapore 038986. T: (65) 6820 8888. Company Registration No. 200501737H | www.fwd.com.sg
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YOUR CLASSIC CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.
All accidents must be reported within 24 hours or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00003401

About this policy

Premium paid	: S\$458.88	Coverage start date	: 11/04/2018
(Inclusive of GST)		Coverage end date	: 10/04/2019
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: Yam Boo Teck		
Address	: 217 Pasir Ris Street 21 #04-146 Singapore 510217		
Email	: Vinceno101@gmail.com		
NRIC/FIN	: S1607369E	Date of birth	: 23/01/1963
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 96369301
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: TOYOTA COROLLA ALTIS 1.6
Year of first registration	: 2006
Car plate number	: SGF4489H
Issued on:	: 05/03/2018

A. Bhatia

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181018/2042

1 of 3

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/20181018/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2018 13:09		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: IGNATIUS YAM WEI			Address: APT BLK 217 PASIR RIS STREET 21 #04-146 SINGAPORE 510217		
ID Type / ID No.: NRIC NO / S9436299G			Contact No.: Home/Office: Mobile: 96319625		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 03/10/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name: SUSS
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2018 00:50	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1				
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 Passenger
SGF4489H	Car	TOYOTA	COROLLA 1.6	Gold	Seriously Damaged	1
SLW108K	Car	MERCEDES BENZ	C230 A	Silver	Slightly Damaged	1

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

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20181018/2042

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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/20181018/2042

CONTINUATION OF REPORT

Driver			
Name	IGNATIUS YAM WEI		ID No. S9436299G
Related Vehicle	NIL		Contact No. 96319625
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	Shanitha Ruchirashil D/O N Suppian		ID No. S7819406E
Related Vehicle	NIL		Contact No. 92297995
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 18/10/2018 at about 0050hrs, I was sending my passenger home to Ang Mo Kio. As I was driving at the middle lane along Ang Mo Kio Ave 1, a Mercedes vehicle was driving at a very fast speed from the back and the driver wanted to cut into my lane. During the process of overtaking, the Mercedes swiped passed my car and cut into my lane. Both of us then immediately stop at the side of the road and I made a checked on both my passenger and the other party.

During that point of time, both me and the other vehicle have 1 passenger with us, subsequently, the friends of the passenger who was in the Mercedes came over to check as well. We then exchanged particulars and thereafter we called for the tow truck to tow away the vehicles

Upon arrival of the Traffic Police, the driver of Mercedes told her friend that she wasn't feeling well and left the scene before the Traffic Police could speak to her. They had a in car CCTV installed in the Mercedes however they refused to view and show it to me.

I wished to state that no one was injured during that point of time and there was no visible injuries as I made a check on both the Mercedes driver and her passenger before the arrival of Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20181018/2042

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

3 of 3

Report No. T/20181018/2042

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:

G1 / *[Signature]*

Staff Sgt **MOHAMED HAZWAN BIN MOHAMED YASIN** *Sgt (2) Joel Zai*

Signature Of Interpreter:

Not applicable

Signature Of Informant:

[Signature]

Date/Time:

18/10/2018 13:09

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

[Signature]
SIGNATURE

Accident Photo



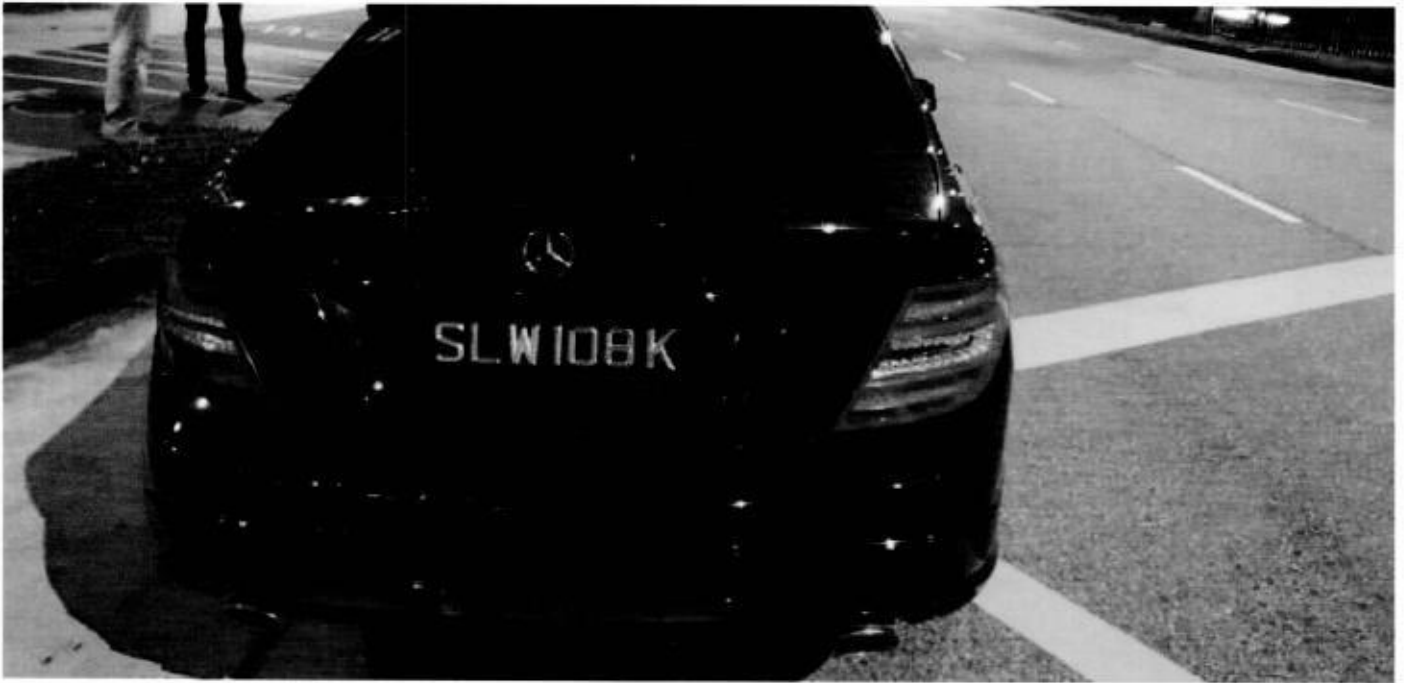
Accident Photo



Accident Photo



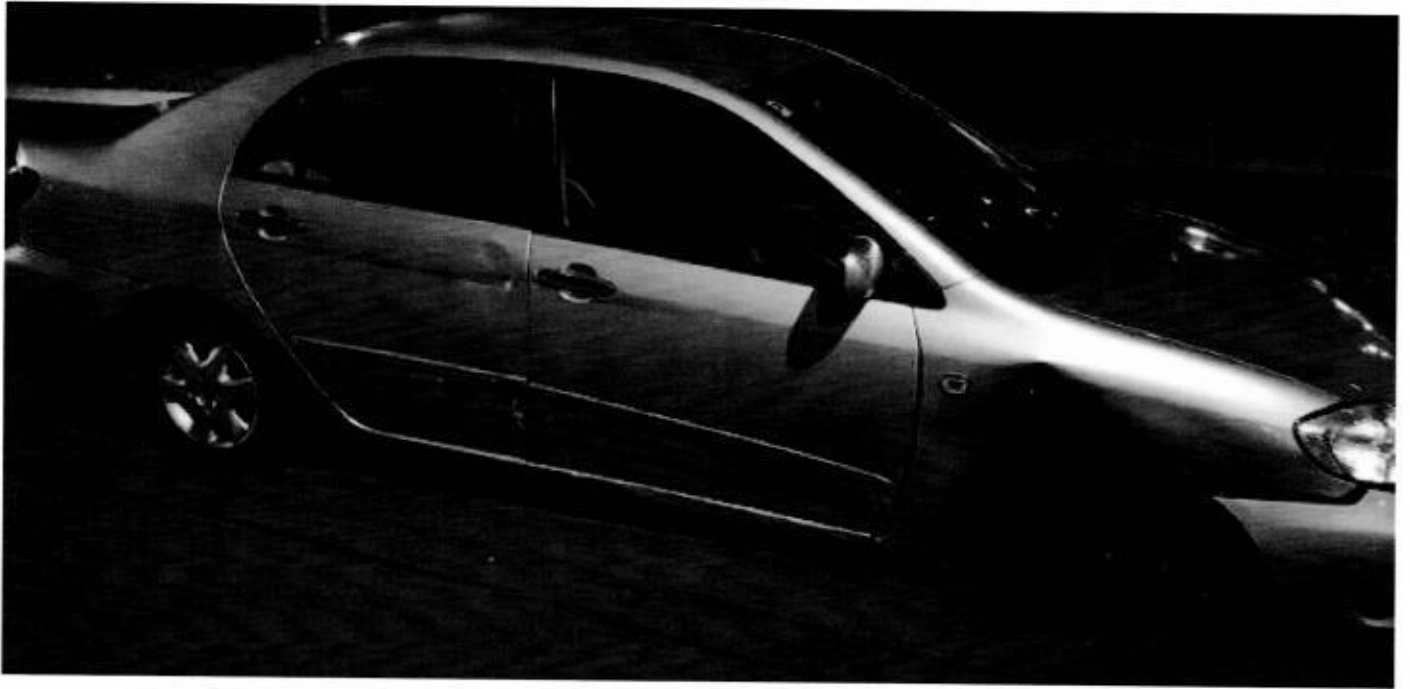
Accident Photo



Accident Photo



Accident Photo



Accident Photo

