

Surveyor: Steve ASSIGNMENT (Office)From (Person): Tan Koh Loong of CT1 Date/Time: 19.2.2020 13.22p.m

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBE 8904 Insured: _____at Workshop m/s Sng Ah Tee & Pami Tel: 62686183of Blk 3 Pioneer Road North #01-18Policy No: DMCVSN1932591900 Claim No: SNM2017200812/ GBE 8904 / TKLSum Insured: _____ Excess: \$350.00Make of Veh: _____ D.O.A. 9.2.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 19/1/2020 1.47p.m Person Contacted: Jaya Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GBE 8904 - (S)MSG 19015557/ U4f2n2</u> <u>D.O.A - 29/03/2019</u>
<u>24/2-</u>	<u>Pending repair cost from repairer offer</u>
<u>5/3 -</u>	<u>mandate request workshop agree L1S 17500/-</u>
<u>5/3 10.20am-</u>	<u>authorise repair via email to workshop not exceeding 817,500/-</u>

Signature

Steve

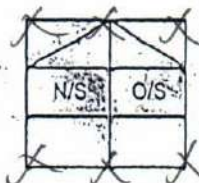
REF: CTI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBE 899Y Yr Regn: 2/9/15
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: NISSAN 11V350 c.c. 2488
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: N/A T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 CiNo: JNIM C2E262 000 4909
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD / R/Rim or
 Tyre Size: F: 195R15C
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Nexen
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 9/2/20 D.O.I. 19/2/20
 Survey held at Sng Ah Tee
 Des. of Damages (Frt) / Rear / O/S / NIS / UIC / Rooflop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV - 39,000
PV - 20,103
11V - 18,897

Confirm lump sum \$17500 before excess \$350
 (red: 14809.23;45%)

Date/Time, File Pass to?

☐ : Procl. Report
☐ : Final Report

Days Of Repair: 25

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Insp (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

1 S + RS, SI

1 P/B

1 Others

1

TOTAL

Report Format :

Lump Sum / I.B.I: (\$) 17500

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Feb 2020 Sendback Est	19 Feb 2020 09:54 S\$47,169.78	19 Feb 2020 13:22 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: EXPRESS TRANS PTE. LTD., Co. Reg. No.: 201803000C									
Vehicle Reg. No.: GBE890Y		Date of Loss: 09/02/2020 17:00 - :59 [53 Months and 7 Days From LTA Reg Date (Man Yr)]							
Claim Type: OD / SNM20D200812/GBE890Y/TKL		Policy/Cover Note No.: DMCVSN1932591900 (Comprehensive)							
		Excess: S\$350.00							
Repairer: Sng Ah Tee Motor & Panel Service Pte Ltd (Pioneer) Blk 3 Pioneer Road North, #01-18, 628457 Pioneer - Tel: 6268 6183									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Tan Kah Leong - 63896193]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 28/02/2020]									
Driver/Custodian: NOOR ZALI BIN MOHAMED TALIB (53 / Male) , NRIC: S1783243C, Tel: +6581109704 Email: NOEMAIL									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Thursday, 5 March 2020 10:27 AM
To: admin@sngahtee.com; 'Janice Chang'; 'SAMANTHA TAN'
Cc: 'Sharon Sng'
Subject: RE: GBE890Y / DOA: 09/02/2020

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle **GBE 890Y (Excess \$350/-). Not exceeding on lump sum \$17,500/- whichever lower.**

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their rights not to pay if there is no valid approval obtained before repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: admin@sngahtee.com <admin@sngahtee.com>
Sent: Wednesday, 4 March 2020 6:19 PM
To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>; 'Janice Chang' <janice@sngahtee.com>; 'SAMANTHA TAN' <sam@sngahtee.com>
Cc: 'Sharon Sng' <sharon@sngahtee.com>
Subject: RE: GBE890Y / DOA: 09/02/2020

Dear Denise

We accept lum sum repair at \$17,500.
Please advise for the authorise repair.

Thanks

Best Regards

Joyce Tan

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD | BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457
TEL: 62686183 (4LINES) | FAX: 62681429 | Find us at <http://www.sngahtee.com>

View Received Message

This mail is associated with :

GBE890Y (SNM20D200812/GBE890Y/TKL)

OD

Feb 9 2020 5:00PM

[EXPRESS TRANS PTE. LTD.]

Sng Ah Tee Motor & Panel Service Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From China Taiping Insurance (Singapore) Pte. Ltd. (HQ) (CHINA_TAIPING), sent on 05/03/2020 09:57 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$17500.00) - GBE890Y - Claim Handler: Tan Kah Leong

Approved:17500.00.

DOCUMENTS SUMMARY

There are no documents.

Note: This document has not been finalised.
LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Tan Kah Leong

Date: 20 Feb 2020

Preliminary Advice

Vehicle No : GBE890Y
Make : NISSAN NV350
Assignment Date : 19/02/2020
Date of Inspection : 19/02/2020
Inspection At : SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (PIONEER)
BLK 3 PIONEER ROAD NORTH, #01-18
SINGAPORE 628457

Accident Date : 09/02/2020
Policy No. : DMCVSN1932591900
Excess : S\$350.00
Est. Duration of Repair : 25.00

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front, rear, o/s, n/s portion and rooftop claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	47,169.78
Revised Amount	:S\$	32,309.23
Check Items (Estimated)	:S\$	8,380.00
Total	:S\$	40,689.23
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	39,000.00
COE / PARF Rebate	:S\$	20,103.00
Salvage Value	:S\$	
Margin for Repair	:S\$	18,897.00

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (x) Other comments : Pending repair cost from repairer.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	000C

Vehicle Details

Vehicle No.:	GBE890Y
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Feb 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5AT 5DR EURO V
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	YD25377653A
Chassis No.:	JN1MC2E26Z0004909
Maximum Power Output:	-
Open Market Value:	\$23,450.00
Original Registration Date:	02 Sep 2015
First Registration Date:	02 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$1,173.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	01 Sep 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$36,462.00
COE Rebate Amount:	\$20,103.00
Total Rebate Amount:	\$20,103.00

The information contained herein is correct as at 12 Feb 2020

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	11/02/2020 15:51
Date Of Accident	09/02/2020 17:30
Exact Location Of Accident	ALONG CTE TOWARDS OUTRAM PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE890Y
Insured/Policyholder	
Name Of Registered Owner	EXPRESS TRANS PTE. LTD.
Co Reg No	2XXXXX000C
Email Address	SBTAN@LIVE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98439028

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1932591900
Cover Note Number	

Driver

Name of Driver	NOOR ZALI BIN MOHAMED TALIB
NRIC No	SXXXX243C
Date Of Birth	07/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-81109704
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 196 PASIR RIS ST 12 #03-98
Postcode	510196
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	COLLIDED INTO PROPERTY
Weather Conditions	AFTER RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : MUHAMMAD FIZLY BIN NOORZALI GENDER: : FEMALE
Passenger 2	NAME: : FIDIANA INTI NOORZALI GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT T/20200211/2031

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 INJURED PERSON 1

Name	NOOR ZALI BIN MOHAMED TALIB
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE890Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD FIZLY BIN NOORZALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE890Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	FIDIANA BINTI NOORZALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE890Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLANIMPORTANT 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

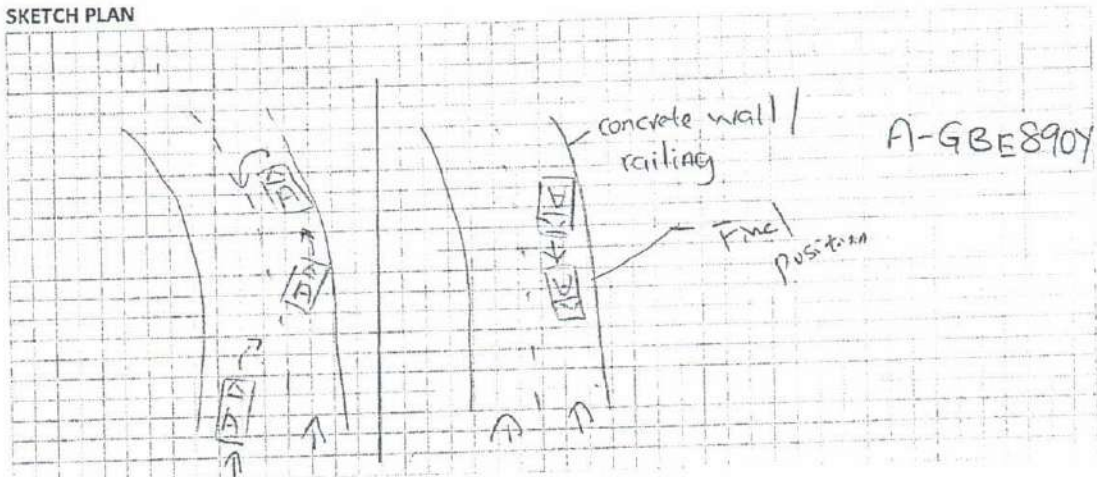
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

© TRANSIT SUBSCRIPTION U.S. 92

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200211/2031

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

GIARMC SkeletonPlatform_V3

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

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☐ For record purpose

☐ For record purpose
Policy No. DMCVSN1932591900
Insurer China Veh. No. GBE890

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200211/2031

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200211/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 12:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NOOR ZALI BIN MOHAMED TALIB			Address: APT BLK 196 PASIR RIS STREET 12 #03-98 SINGAPORE 510196		
ID Type / ID No.: NRIC NO / S1783243C			Contact No.: Home/Office: Mobile: 81109704		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 07/12/1966	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/02/2020 17:30	Type of Location:
Location: Along Road 1 OUTRAM PARK				
TOWARDS CTE				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE890Y	Van					3



**SINGAPORE
POLICE FORCE**



T/20200211/2031

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200211/2031

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location I was traveling along outtram park towards CTE on the left lane when i suddenly lose control of my vehicle causing it to skid and collided into a wall due to the wet surface on the road subsequently i was being conveyed to CGH A&E.



**SINGAPORE
POLICE FORCE**



T/20200211/2031

3 of 3

Report No. T/20200211/2031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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: TP / BERNARD KOH REN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2020 12:17
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168	Signature:

POLICE REPORT Pg. 4



**SINGAPORE
POLICE FORCE**



T/20200213/2055

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20200213/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2020 13:53	Vide Report No.:	Station Diary No.: 53
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: NOOR ZALI BIN MOHAMED TALIB		Address: APT BLK 196 PASIR RIS STREET 12 #03-98 SINGAPORE 510196	
ID Type / ID No.: NRIC NO / S1783243C		Contact No.: Home/Office: Mobile: 81109704	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 07/12/1966	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/02/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY AYE Toward CTE near Outram Exit				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE890Y	Car				Seriously Damaged	2

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

 SINGAPORE POLICE FORCE SIGNATURE
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POLICE REPORT Pg. 5



**SINGAPORE
POLICE FORCE**



T/20200213/2055

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20200213/2055

CONTINUATION OF REPORT

Driver			
Name	NOOR ZALI BIN MOHAMED TALIB	ID No.	S1783243C
Related Vehicle	GBE890Y (Car)	Contact No.	81109704
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	Slight

Brief Details.

On 09/02/2020 at 1730hrs, I was travelling on my van bearing registration plate no GBE 890Y along AYE toward CTE near the Outram Park Exit. The road was slippery as it had just rained. As I was making a turn, I suddenly lose control of my vehicle and subsequent collided on the concrete wall on the right side. The collision caused my van to spin anticlockwise. I managed to get out of the van and subsequent helped my kids out of the vehicle. Some passerby stopped to help and subsequently called for the ambulance for assistance. My vehicle was badly damage due to the collision. I was conveyed to SGH hospital by paramedics. Traffic Police was at scene and they towed my vehicle away. I was given 4 days MC from 09/02 to 12/02. This is the first time such incident had happened. I am unsure if there is any CCTV at the surrounding. I am lodging this report for insurance purpose. I had previously lodge a police report T/20200211/2031 regarding the incident.





**SINGAPORE
POLICE FORCE**



T/20200213/2055

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3
Report No. T/20200213/2055

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 /
SC2 NICHOLAS TAN CHIN HUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/02/2020 13:53

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168

