

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	09/05/2020 10:04
Date Of Accident	07/05/2020 16:10
Exact Location Of Accident	AYE TOWARDS CTE BEFORE MOULMEIN ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F8275P
Insured/Policyholder	
Name Of Registered Owner	SYARUL NIZAM BIN SALLEH
NRIC No	SXXXX892E
Email Address	SYARUL.NZMSLH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94501435
Alternative Phone No	OTHERS-94501435

Vehicle Particulars

Manufacturer	VESPA
Model	PX150-150CC
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5047907223-08
Cover Note Number	

Driver

Name of Driver	SYARUL NIZAM BIN SALLEH
NRIC No	SXXXX892E
Date Of Birth	25/11/1989
Occupation	INDOOR
Date Of Driving Pass	11/09/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94501435
Fax Number	
Contact Number	OTHERS-94501435
Email Address	SYARUL.NZMSLH@GMAIL.COM

Address	BLK 26B ST. GEORGE'S LANE #17-31
Postcode	322026
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	COLLISION - MAJOR/MINOR RD
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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200508/2021 AND T/20200508/2045 AND T/20200511/2073

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	SMG6745D
Vehicle Make/Model/Colour	
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	SYARUL NIZAM BIN SALLEH
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	F8275P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.
- (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: 8/5/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

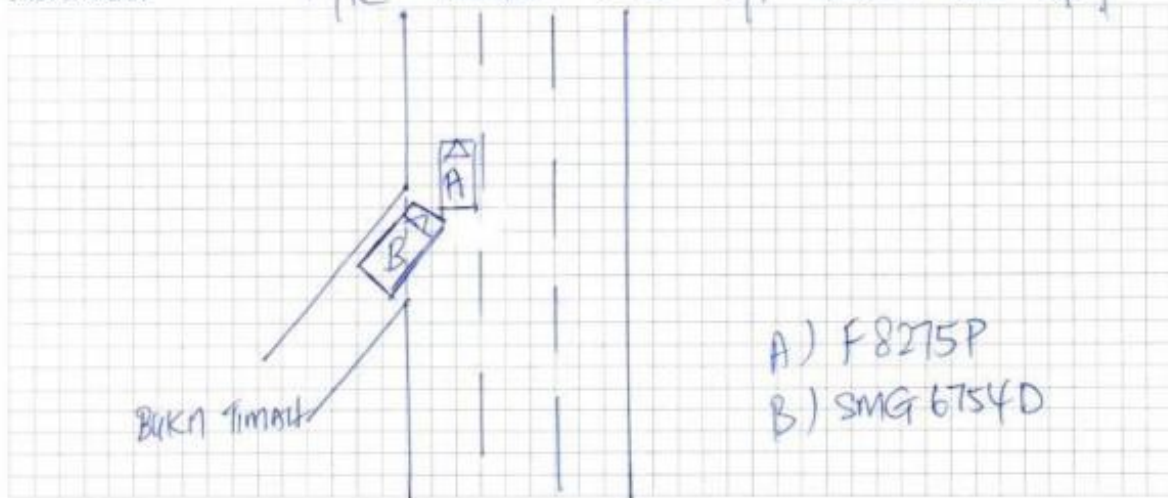
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200508/2021 & 7/20200508/2045

DECLARATION

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

Policyholder's Signature
Date & Time: 8/5/20

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

Reporting Centre Personnel's Signature
Name: Rob 2. WATKINS
NRIC/FIN No.: 09/05/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2021

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

1 of 3

Report No. T/20200508/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2020 12:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYARUL NIZAM BIN SALLEH			Address: APT BLK 26B ST. GEORGE'S LANE #17-31 ST GEORGE'S TOWERS SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S8941892E			Contact No.: Home/Office: Mobile: 94501435		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 25/11/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/05/2020 16:10	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F8275P	Motorcycle	VESPA	PX15	Green	Seriously Damaged	0
SMG6754D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F8275P	NTUC Income Insurance Co-Operative Limited	5047907223-08	08/10/2019	07/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2021

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

2 of 3

Report No. T/20200508/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SYARULNIZAM BIN SALLEH	ID No.	S8941892E
Related Vehicle	F8275P (Motorcycle)	Contact No.	94501435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING AT THE EXTREME LEFT OF 3 LANES. I FELT AN IMPACT FROM THE LEFT OF MY MOTORBIKE. I DROPPED OFF MY BIKE AND IT WENT FORWARD QUITE A DISTANCE. TWO MOTORISTS WERE THERE AS WELL. SOMEONE CALLED THE AMBULANCE AND I WAS BROUGHT TO SGH AND WAS PLACED AT THE OBSERVATION WARD. I WAS PLACED ON MC FOR 7 DAYS.

THAT IS ALL.

Police Report



SINGAPORE
POLICE FORCE



T/20200508/2021

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

3 of 3

Report No. T/20200508/2021

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 /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/05/2020 12:51

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2045

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

1 of 3

Report No. T/20200508/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2020 16:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYARUL NIZAM BIN SALLEH			Address: APT BLK 26B ST. GEORGE'S LANE #17-31 ST GEORGE'S TOWERS SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S8941892E			Contact No.: Home/Office: Mobile: 94501435		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 25/11/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/05/2020 16:10	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F8275P	Motorcycle	VESPA	PX15	Green	Seriously Damaged	0
SMG6754D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F8275P	NTUC Income Insurance Co-Operative Limited	5047907223-08	08/10/2019	07/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2045

2 of 3

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

Report No. T/20200508/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYARUL NIZAM BIN SALLEH	ID No.	S8941892E
Related Vehicle	F8275P (Motorcycle)	Contact No.	94501435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING AT THE EXTREME LEFT OF 3 LANES. I FELT AN IMPACT FROM THE LEFT OF MY MOTORBIKE. I DROPPED OFF MY BIKE AND IT WENT FORWARD QUITE A DISTANCE. TWO MOTORISTS WERE THERE AS WELL. SOMEONE CALLED THE AMBULANCE AND I WAS BROUGHT TO SGH AND WAS PLACED AT THE OBSERVATION WARD. I WAS PLACED ON MC FOR 7 DAYS. I WISH TO INCLUDE THAT DURING THE ACCIDENT MY IC AND HANDPHONE WAS DAMAGED AND I LOST MY DRIVER'S LICENCE.

THAT IS ALL.

Police Report



SINGAPORE
POLICE FORCE



T/20200508/2045

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

3 of 3

Report No. T/20200508/2045

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 /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/05/2020 16:04

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

MC

ORIGINAL

MEDICAL CERTIFICATE

EMD2020139691

Name SYARUL NIZAM BIN SALLEH		NRIC No. S8941692E
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>07-May-2020</u> to <u>13-May-2020</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 07-May-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  RYAN YUAN GUO RONG , 65953C

MC

MC BILL

Medical BILL

DEM Billing Form

6720913106Z (E) 07.05.2020 16:29
SYARUL NIZAM BIN SALLEH (M)
25.11.1989
26B ST. GEORGE'S LANE
#17-31 Singapore 322028

S8941892E

SGH



Please circle appropriately

- Residential Status : SC / PR / FR / NR
- MCPS / WAPA / LOG / HIC / WAREF / POL / SPL / OTHERS (Specify):

KEEP AWAY FROM CHILDREN

S8941892E (SUB, MT-)<GPASYH>
SYARUL NIZAM BIN SALLEH

07/05/2020

	Items	4
Payment: CASH	\$	10.12
Standard Drugs	\$	0.00
Non Standard Drugs	\$	0.00
Non Formulary Drugs	\$	0.00
Total Subsidy	\$	9.12
Total Cost (Less subsidy)	\$	1.00
Other payer (s)	\$	0.00
Payable amount	\$	1.00
PG \$ 0		

SINGAPORE GENERAL HOSPITAL DEM PHARMACY
OUTRAM ROAD S(169008) TEL: 6321 4455

*Please staple this form to the prescription
*If no prescription required, please return this form to the Cashier

Registered by: 05302
Admitting Services @DEM

Attendance Fee: \$121

Total Charges: _____

Final billing done by: _____

BREAKfixNOW

Professional. Reliable. Affordable.

62 Queen Street,
Little Red Dot Building,
#06/15, Singapore 188541
Tel : 6337 2739
www.breakfixnow.com.sg

BUGIS REPAIR
Served by: Jo Breakfixnow at BREAKFIXNOW
REGISTER

Receipt / Tax Invoice #3303/
8 May 2020, 2:40PM

IPXS / LCD
1 @ \$320.00 \$320.00

TOTAL (1 item) \$320.00

NETS \$320.00
Fri, 8 May 20, 2:40PM

TO PAY \$0.00

Term & Condition

Limited Warranty: All repair and parts have a warranty will be stated on the receipt. Any 3rd party or service attempt not authorised by Breakfixnow will void all warranties.

Accidental damage by user will not be covered: Any cracks or physical damage or mishandling of it will void the warranty instantly.

(No warranty for water damage.)

Receipt must be provided for warranty purposes. No claims can be made by any staff without valid proof of repair.

Warranty 3 Months for parts replaced.

ID:

Pin:

Redeem:

• Signature: _____

Customer Copy

Handwritten signature: Henry P. H. E.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200511/2073

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

1 of 3

Report No. T/20200511/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2020 21:02		Vide Report No.: E/20200507/0092		Station Diary No.:
Informant's Particulars				
Name of Informant: Syarul Nizam Bin Salleh		Address: APT BLK 26B ST. GEORGE'S LANE #17-31 ST GEORGE'S TOWERS SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S8941892E		Contact No.: Home/Office: Mobile: 90621550		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 25/11/1989	Type of Informant: Rider	
Race: Malay		Language: English		Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/05/2020 16:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F8275P	Motorcycle	VESPA	PX15	Green	Slightly Damaged	0
SMG6745D	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F8275P	NTUC Income Insurance Co-Operative Limited	5047907223-08	08/10/2019	07/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200511/2073

2 of 3

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

Report No. T/20200511/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Syarul Nizam Bin Salleh	ID No.	S8941892E
Related Vehicle	F8275P (Motorcycle)	Contact No.	90621550
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	07/05/2020	Date Discharge	07/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS RIDING MY MOTORCYCLE, F8275P ON THE EXTREME LEFT OF 3 LANES ALONG CTE(SLE) 3.5KM. AS I WAS RIDING, SUDDENLY I FELT AN IMPACT FROM THE LEFT OF MY MOTORBIKE. THE IMPACT CAUSED ME TO I DROPPED OFF MY MOTORCYCLE AND IT WENT FORWARD QUITE A DISTANCE. TWO MOTORISTS WERE THERE AS WELL. SOMEONE CALLED THE AMBULANCE AND I WAS BROUGHT TO SINGAPORE GENERAL HOSPITAL AND WAS PLACED AT THE OBSERVATION WARD. I WAS DISCHARGED AND WAS GIVEN 7 DAYS OF MEDICAL LEAVE. I WISH TO INCLUDE THAT DURING THE ACCIDENT MY IC AND HANDPHONE WAS DAMAGED AND I LOST MY DRIVER'S LICENCE.

THAT IS ALL.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200511/2073

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

3 of 3

Report No. T/20200511/2073

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 /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/05/2020 21:02

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA 120045395 Vehicle Registration No: F 8275P
Name (as shown in NRIC) : Syazul Nizam Bin ^{Salleh} NRIC/FIN/Passport No : 5XXXX 892E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 94501435
Email Address : _____
Date of Accident : 7/5/20 Time of Accident : 16:10
Place of Accident : AYE twos CTE B4 Moulmein Rd Exit
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend third Party Veh number to SMG 6745D


Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 12/5/20