

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA10085422

|                          |  |                       |                |
|--------------------------|--|-----------------------|----------------|
| Date In: 11/12/04 09:04  | Job description                          | Date & Time Completed | Done by        |
| Ref No: NA/1462010512/24 | SAS e-filing                             |                       |                |
| Veh No: J3MA93X          | E-mail (within 3hrs, AIC 2hrs)           |                       |                |
| D.O.A: 30/9/20-11:00     | i-Motor Claim Form                       | 11/10/05 15:4-001     | 11/12/04 09:25 |
| 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: J3A7337  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars:- | Invoice Preparation Checklist                   | Ant (\$)<br>In Bill | Ant (\$)<br>Add Bill |
|--------------------------|---|---------------------|----------------------|
| Driver/Owner:            | 1) AR: Accident Reporting (\$30);               |                     |                      |
| Contact No:              | 2) DA: Damage Assessment (\$100); INC (\$80)    |                     |                      |
| Damaged Portion:         | 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: Idao DA + SMRT Survey \$160              |                     |                      |
|                          | 8) NTUC Additional Services:-                   |                     |                      |
|                          | OD:   |                     |                      |
|                          | *N5: Courtesy Car / Tpt Allowance \$5           |                     |                      |
|                          | *N6: Repair Co-ordination \$10                  |                     |                      |
|                          | *N7: Post Repair Inspection \$25                |                     |                      |
|                          | *N8: DV / Collect Excess Coordination \$5       |                     |                      |
|                          | TP (N11): TP (Non INC) against INC \$20         |                     |                      |
|                          | 9) N12: Idao 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             | 01/10/2020 09:09                  |
| Date Of Accident           | 30/09/2020 11:00                  |
| Exact Location Of Accident | SLIP RD PIE TWDS PIONEER RD NORTH |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJM9939X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | MOHD OMAR BIN ALI    |
| NRIC No                     | SXXXX549E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96698239 |
| Alternative Phone No        | OFFICE-96698239      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | TOYOTA        |
| Model  | ESTIMA 2.4X A |
| 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          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5115499436                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | MARIYANA BT TARMIN   |
| NRIC No              | SXXXX226E            |
| Date Of Birth        | 20/07/1963           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 16/08/1995           |
| Driving Experience   | 25 YEARS AND 1 MONTH |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-98737847 |
| Fax Number           |                      |
| Contact Number       | OFFICE-98737847      |
| Email Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | BLK 909 JURONG WEST STREET 91<br>#03-255 |
| Postcode  | 640909                                   |
| Was driver an employee of the Insured's Company     | NO                                       |
| If No, Relationship of the Driver with the Insured  | SPOUSE                                   |
| Vehicle Registration Number of Driver's Own Vehicle | -  |
|   | -  |
|   | -  |
| Insurance Company of Driver's Own Vehicle           | -  |
|   | -  |
|   | -  |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |                       |
|---|-----------------------|
| Was any foreign vehicle involved in this accident?  | YES                   |
| Foreign Vehicle Registration Number   | JLA7737 (PRIVATE CAR) |
| 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?  | 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)   | 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 - SINGAPORE CITY                   |
| 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

REFER TO POLICE REPORT - T/20200930/7012.

#### 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 | JLA7737       |
| Vehicle Make/Model/Colour   |               |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | LEE MENG KEAT |
| NRIC/Passport Number        | GXXXX986M     |
| Contact Number              |               |
| Address                     |               |
| Postcode                    |               |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MARIYANA BT TARMIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJM9939X

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**

PIE towards Pioneer Rd North



A: SDM9939X  
B: JLA7737

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - 7/20200930/7012.

**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  
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           | 30/09/2020                                     | (DD/MM/YY) |
| Time of accident           | 1100   | (HH:MM)    |
| Exact location of accident | Along slip road PIE towards Pioneer Road North |            |

## DETAILS OF VEHICLE

|  |   |  |  |
|--|---|--|--|
| Vehicle registration number                        | SJM 9939 X                                  |  |  |
| Vehicle make and model                             | Toyota Estima                               |  |  |
| Type of vehicle                                    | Saloon <input 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:<br>Third part claim <input 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                         | Mohd Omar Bin Ali                                   | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1405549E   |  |
| Contact                      | 9669 8239   |  |
| Address                      | Blk 909 Jurong West Street 91 #03-255<br>S(640 909) |  |

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | Mariyana Bt Tarmin  | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S2184226E   |  |
| Contact                      | 9873 7847   |  |
| Address                      | Blk 909 Jurong West Street 91 #03-255<br>S(640 909)                         |  |
| Email address                |   |  |
| Date of birth                | 20/07/1963  |  |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |  |
| Driving date pass            | 16/08/1995  |  |



| GENERAL INFORMATION OF THE ACCIDENT              |   |
|--|---|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If no, relationship of the driver and insured: <u>Spouse</u> |
| 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                                  | <u>01</u> (Inclusive of driver)   |

| PASSENGER 1 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input 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              |  |

| WITNESS 1 |  |
|-----------|--|
| Name      |  |

| WITNESS 2 |  |
|-----------|--|
| Name      |  |



| THIRD PARTY VEHICLE 1        |               |
|------------------------------|---------------|
| Vehicle registration number  | JLA7737       |
| Vehicle make model           |               |
| Name                         | Lee Meng Keat |
| NRIC / Fin / Passport number | G6808986 M    |
| Contact                      |               |

| THIRD PARTY VEHICLE 2        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 3        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| 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   | Mariyana Bt Tarmin  |
| Injuries sustained                             | Back & neck   |
| Which vehicle person in?                       | SJM9939X  |
| 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 2                               |  |
|--|--|
| 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 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/20200930/7012

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

1 of 3

Report No. T/20200930/7012

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>30/09/2020 13:35 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>MARIYANA BT TARMIN   |            |                              | Address:<br>909 JURONG WEST STREET 91 #03-255 SINGAPORE<br>640909 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S2184226E   |            |                              | Contact No.:<br>Home/Office: Mobile: 98737847                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>claims@teamworkgarage.com                               |                    |                            |
| Sex:<br>Female                             | Age:<br>57 | Date of Birth:<br>20/07/1963 | Type of Informant:<br>Driver                                      |                    |                            |
| Race:<br>Javanese                          |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>CLEANER                     |            |                              | Driving Licence Information:<br>Class:                            |                    | Date of Expiry:            |

|   |                  |                    |  |                                     |
|---|------------------|--------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                |                  |                    |  |                                     |
| Type of Accident:   | Injury<br>Others | Drink Drive:<br>No | Date/Time of Accident:<br>30/09/2020 11:00 | Type of Location:                   |
| Location:<br><br>SLIP ROAD PIE TOWARDS PIONEER ROAD NORTH |                  |                    |  |                                     |
| Weather:  |                  | Road Surface:      | Road Speed Limit:                          |                                     |
| Traffic Flow:   |                  | Traffic Control:   | Traffic Volume:                            |                                     |
| Type of Collision:  |                  |                    |  | Anyone conveyed by ambulance:<br>No |

|                                    |      |      |       |       |          |       |
|------------------------------------|------|------|-------|-------|----------|-------|
| <b>Details of Vehicle Involved</b> |      |      |       |       |          |       |
| Vehicle No.                        | Type | Make | Model | Color | Conditio | No of |
| JLA7737                            | Car  |      |       |       |          | 0     |
| SJM9939X                           | Car  |      |       |       |          | 0     |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20200930/7012

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

2 of 3

Report No. T/20200930/7012

**CONTINUATION OF REPORT**

|                                   |                    |                                   |                                   |
|-----------------------------------|--------------------|-----------------------------------|-----------------------------------|
| <b>Driver</b>                     |                    |                                   |                                   |
| Name                              | LEE MENG KEAT      | ID No.                            | G6808986M                         |
| Related Vehicle                   | JLA7737 (Car)      | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                | Degree of                         | NIL                               |
| <b>Driver</b>                     |                    |                                   |                                   |
| Name                              | MARIYANA BT TARMIN | ID No.                            | S2184226E                         |
| Related Vehicle                   | SJM9939X (Car)     | Contact No.                       | 98737847                          |
| Hospital/Clinic                   | NIL                | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                | Degree of                         | Slight                            |

**Brief Details.**

On the stated date and time, I was driving my vehicle (SJM9939X) along slip road PIE towards Pioneer Road North. I was stationary to check the oncoming vehicle before I proceeded to move off. Out of sudden, I felt an impact from my rear. When I went down and check, I realized that vehicle (JLA7737) collided onto the rear portion of my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20200930/7012

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200930/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
30/09/2020 13:35

Classification Of Case: