

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	19/10/2020 15:37
Date Of Accident	18/10/2020 11:00
Exact Location Of Accident	LOYANG(JUNCTION OF DRIVE AND AVE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW999L
Insured/Policyholder	
Name Of Registered Owner	LIM JIN MIN
NRIC No	SXXXX309I
Email Address	RYC61@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98808578
Alternative Phone No	OFFICE-98808578

Vehicle Particulars

Manufacturer	AUDI
Model	A4 2.0 TFSI S TRONIC
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070111152
Cover Note Number	

Driver

Name of Driver	CHUA YEE CHIANG
NRIC No	SXXXX977J
Date Of Birth	07/12/1961
Occupation	INDOOR
Date Of Driving Pass	31/05/1983
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98808578
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 394 TAMPINES AVE 7 #06-265
Postcode	520394
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : YEO WEI CHONG GENDER: : MALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQX7117
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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: Lim Koo Seng
NRIC/FIN No.: GXXXX561M



Sketch Plan #2

SKETCH PLAN

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/10/2020

Reporting Centre Personnel's Signature

Name: Lyn Lee Spill

NRIC/FIN No.: GXX-X569M

GiARMC SketchPlanForm_V3

Accident Photo



CERTIFICATE OF INSURANCE / SIJIL INSURANS

ORIGINAL COPY /
SALINAN ASAL

AKTA PENGANGKUTAN JALAN 1987 (MALAYSIA)
PERATURAN KENDERAAN BERMOTOR (RISIKO KEATAS PIHAK KETIGA) 1989 (MALAYSIA)
PERATURAN KENDERAAN BERMOTOR (RISIKO KEATAS PIHAK KETIGA DAN PAMPASAN) (KAP 189) REPUBLIK SINGAPURA
PERATURAN KENDERAAN BERMOTOR (RISIKO KEATAS PIHAK KETIGA DAN PAMPASAN) 1990 (REPUBLIK SINGAPURA)
AKTA INSURANS KENDERAAN BERMOTOR (RISIKO KEATAS PIHAK KETIGA) (KAP 90) NEGARA BRUNEI DARUSSALAM

RTD Code 08

Certificate No. / No. Sijil JVD7681757 11-01	Excess : RM 1,000.00	Sum Insured : RM 50,000.00
1. Index Mark and Registration Number of Vehicle / Taraf Indeks dan No. Pendaftaran Kenderaan JQXT117	NCD : 25.00%	Wef : 08-11-2019
2. Name of Policyholder / Nama Pemegang Polisi CAHAYA BUM TRADING		
3. Period of Insurance / Tarikh Insurans From / Dari 00:00:01 AM 08-11-2019 To / Hingga 07-11-2020		
4. Persons or Classes of Persons entitled to drive / Orang atau kelas orang yang layak memandu: Any person who is driving on the Policyholder's order or with their permission. Sesapa yang memandu atas arahan Pemegang Polisi atau dengan sebarangnya. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the motor vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the motor vehicle. Dengan syarat orang yang dibenarkan memandu itu menurut perlesenan atau undang-undang atau peraturan lain bagi memandu kenderaan bermotor dan telah dibenarkan dan tidak sedang disqualify atau perintah Mahkamah Undang-undang atau atas sebab mana-mana enakmen atau peraturan berkenaan pemanduan kenderaan bermotor.		
5. Limitations as to use / Had Penggunaan Use in connection with the insured's business. Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business. Use for social domestic and pleasure purposes. The policy does not cover :- (a) Use for hire or reward or for racing pace-making reliability trial or speed-testing. (b) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle. Digunakan berkaitan dengan perniagaan Pemegang Polisi. Digunakan untuk membawa penumpang (selain dari untuk sewaan atau ganjaran) berkaitan perniagaan Pemegang Polisi. Digunakan untuk tujuan sosial, domestik dan keseronokan. Polisi ini tidak melindungi: (a) Kegunaan untuk sewaan atau ganjaran perkhidmatan, mengkendarai pelanggan, atau sebagai perkhidmatan atau sewaan keseronokan. (b) Kegunaan semasa menarik trailer kecuali untuk memandu apa-apa kenderaan yang digerakkan secara mekanikal yang rosak. "Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam are not included under this heading." Yad yang ditakwikan tidak berkuatkuasa oleh Seksyen 95 Akta Pengangkutan Jalan, 1987 (Malaysia), Akta Kenderaan Bermotor (Risiko Keatas Pihak Ketiga dan Pampasan) (Kap 189) Republik Singapura dan Seksyen 7 Akta Insurans Kenderaan Bermotor (Risiko Keatas Pihak Ketiga) (Kap 90) Negara Brunei Darussalam tidak termasuk dibawah tajuk ini.		

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia), Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam. /SAYA / KAMI DENGAN INI MENEGESAHKAN bahawa polisi yang selakunya sijil ini dikeluarkan adalah selaras dengan peruntukan Bahagian IV Akta Pengangkutan Jalan, 1987 (Malaysia), Akta Kenderaan Bermotor (Risiko Keatas Pihak Ketiga dan Pampasan) (Kap 189) Republik Singapura dan Akta Insurans Kenderaan Bermotor (Risiko Keatas Pihak Ketiga) (Kap 90) Negara Brunei Darussalam.

IMPORTANT NOTICE: Your duty as the Owner of the vehicle. Failure to comply to the below may result your claim to be declined.

- (1) The insured will have to take all reasonable care to secure the vehicle from loss or damage.
- (2) Report to the police for all incidents. For road accident, you have to report to the police within 24 hours.
- (3) Notify us in writing within 7 days after the incident and complete the claim form in full and return it to us with the related documents within 21 days from your notification date.
- (4) You must obtain our consent in writing before you repair your vehicle or incur any expenses.
- (5) For private car own damage claim - In the event of claim, repairs must be conducted by our approved repairer.
- (6) When incident happens, you need to collect these details:
 - (a) all drivers e.g. full name, residential address and contact number
 - (b) all vehicles e.g. make and model, registration number, and insurance details
 - (c) date, time and location of the incident
 - (d) description of the incident and
 - (e) report to us immediately
 - (f) report to us for any claims made by another person against you and send us the notices and letters within 14 days from the receipt of the documents.
- (7) Do not negotiate or settle any claims made against you, unless you have our consent in writing.
- (8) We will have full discretion in the conduct, defence and/or settlement of any claim.

- N.B.** (1) We have the right to cancel this policy by giving you 14 days' notice in writing by registered post to your last known address in our records.
- (2) **Bottomport** - In the event your vehicle is aged above 5 years, this policy is subject to rate of settlement.
- (3) You need to read this policy carefully, and if any error or incorrect description is found herein, or if the cover is not in accordance with your wishes, you should inform us immediately and return the policy to us for attention.

Important Notice / Keterangan Penting

For environmental consideration, we have adopted paper less printing concept. Please log on to our website to view the Bahasa Malaysia language policy writings, terms and conditions and exclusion. For further enquiries, please contact your insurance intermediary or our Customer Contact Centre. / Untuk pengetahuan semua pihak, kami telah menggunakan konsep tanpa percetakan. Sila log on ke laman web kami untuk melihat terjemahan polisi/terma terma, syarat-syarat dan pengecualian-pergecualian dalam Bahasa Melayu. Untuk pertanyaan lanjut, sila hubungi agensi insurans anda atau Pusat Hubungan Pelanggan kami.

You are advised to read and understand the summary of this product as contained in the Product Disclosure Sheet on our website. / Anda dinasihatkan supaya membaca dan memahami ringkasan produk ini dalam yang tertera di dalam Lembaran Pengungkapan Produk yang boleh didapati di laman web kami.

Policy Document No. /
No. Dokumen Polisi
IC: Code /
Kod Sijil Insurans

LAST MODIFIED DATE /
REV. 5
M.Z.000

for / untuk AmGeneral Insurance Berhad
(Incorporated in Malaysia / Ditubuhkan di Malaysia)
Approved Insurers / Penanggung Insurans Yang Dibenarkan

AmGeneral Insurance

Authorised Signature /Tandatangan Yang Diberi Kuasa

Agent Code / Kod Ejen: 001000-00

CERTIFIED TRUE COPY

0817

AmGeneral Insurance

Authorised Signatory
AmGeneral Insurance Berhad
If properly licensed, no further insurance licensing is required.
Jika sahkan dengan betul, tidak diperlukan lagi lesen insurans.

AmGeneral Insurance Berhad
A member of the AmGeneral Group
No 12, 12A, 12B
Jalan Padi Batu,
Ganderu Baru Uda,
81200 Johor Bahru, Johor
T: 607-236 3338 F: 607-236 3758

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



STAMP DUTY PAID
 (RM) PAID (MT)
 RM 10
 12 PENNY GOODS VEHICLE
 12.2.2020

COMMERCIAL VEHICLE SCHEDULE / JADUAL KENDERAAN PERDAGANGAN

The Insured / Pemegang Polisi CAHAYA BUMI TRADING			Policy No. / No. Polisi JVD7691757 11-01	
NO 48 JALAN ZAPIN 10 TAMAN SKUDAI BARU 81300 JOHOR BAHRU			Account No. / No. Akaun B91003-03	
			Type of Cover / Jenis Perlindungan COMPREHENSIVE	
			Period of Insurance / Tempoh Insurans From / Dari 09:00:01 AM 08-11-2019 To / Hingga 07-11-2020	
Occupation / Pekerjaan MANAGER	Bus Regn. No / No Pendaftaran Pemegangan JM6668410-K		Premium / Premium All Rider / Semua Penunggang	RM 2,197.29 0.00
I.C. No. / No. Kad Pengenalan -			NCD / Diskaun Tanpa Tuntutan 25.00%	549.32
			Wef / Berkuatkuasa dari 08-11-2019	1,647.97
Hire Purchase Owner / Pemilik Sewa Beli MALAYAN BANKING BERHAD			Optional Cover Compensation For Assessed Repair Time (CART) RM 100 per day up to 14 days / Penggantian untuk Masa Pembaikan Taksiran RM 100 sehari sehingga 14 hari	140.00
Make & Type of Body / Model & Jenis Badan TOYOTA HIACE / PANEL VAN			Windscreen Damage (Tempered/Laminated Glass Includes Labour Cost) / Kerosakan Cermin Kenderaan (Panggunaan Ceram / Cermin Berlapas Termasuk Kos Burai) RM 1,000.00	150.00
Registration No. / No. Pendaftaran JQX7117	Excess / Lebihan 1,000.00	Regn. Card No. / No. Kad Pendaftaran B9094505	Gross Premium / Premium Kasar	1,937.97
Carrying or Seating Capacity Incl. Driver / Muatan Tempai Duduk Termasuk Pemandu 2	Tonnage / C.C. / Watt Tan / Keupayaan Enjin 1500.00 KG	Sum Insured / Jumlah Dinsuransikan (RM) 50,000.00	Service Tax / Cukai Perkhidmatan 6%	116.28
	Year of Manufacture / Tahun Dibuat 2015		Stamp Duty / Duti Setem	10.00
Engine/Motor No. / No. Enjin/Motor 2KDU791201			CERTIFIED TRUE COPY Authorized Signatory AmGeneral Insurance Berhad <small>Member of the AmBank Group</small> AmGeneral Insurance Berhad <small>Member of the AmBank Group</small> No 12, 12A, 12B Jalan Padi Batu, Bandar Baru Uda, 81200 Johor Bahru, Johor T : 607-238 3328 F : 607-238 3730	
Chassis No. / No. Casis PNTHS02P004017113		Trailer / Trailer -		
Only The Extensions, Endorsement And / Or Warranties Indicated Below Apply To This Policy. / Hanya Lanjutan, Endorsemen dan / atau Waranti seperti mana yang dinyatakan di bawah ini boleh diguna pakai dalam polisi ini. 1, 30, 106, WARRANTY NO.1, 15, 89, 112				
Subject to IMPORTANT NOTICE: Your duty as the Owner of the vehicle as attached Named Driver / Pemandu Yang Dinamakan			Total Due / Jumlah Berbayar RM 2,064.25	
			Total Due (OTC) / Jumlah Berbayar Di Kaunter RM 2,064.25	
Geographical Area : Malaysia , Republic of Singapore and Negara Brunei Darussalam. / Kawasan Geografi : Malaysia, Republik Singapura dan Negara Brunei Darussalam. Limitations as to Use / Authorised Driver : As described in the Certificate of Insurance. / Had Penggunaan / Pemandu Yang Diberi Kuasa : Seperti yang tercatat dalam Sijil Insurans.				
Replacing Cover Note No. / Gantikan No. Nota Perlindungan Renewal of Policy No. / Pembaharuan No. Polisi Date of Proposal or Declaration / Tarikh Cadangan atau Pengisytiharan W1897993 28-08-2019	Issued By / Dikeluarkan Oleh : EX-DATE NETWORK (M) SDN BHD 14, JALAN BENDAHARA 12 TAMAN UNGKU TUN AMINAH Tel : 07-558 2929 Fax : 016 - 710 2929		For / untuk AmGeneral Insurance Berhad Authorised Signature / Tandatangan Yang Diberi Kuasa	
Date of Issue / Time Tarikh Dikeluarkan / Waktu 28-08-2019 12:49:43 PM 2102102808198739				

Note: / Nota: No refund of premium for any cancellation of policy if premium is charged on minimum premium / Tidak bayaran balik premium bagi sebarang pembatalan polisi insurans premium yang dikenakan adalah premium minima.
 12JVD691757-2

AmGeneral Insurance Berhad (11100-01)

Member of the AmBank Group
 Menara Shell, No. 711, Jalan Tan Sri Raudzah, 50470, Kuala Lumpur, Malaysia. PO Box 11129, GPO Kuala Lumpur, 50742 W.P. Kuala Lumpur, Malaysia.
 Tel : 1-800-884333, Fax: 603-20708000, Email: amgeneral@amgeneral.com, Web: amgeneral.com

(Insurance Policy No. 001-0000-11100-01)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo



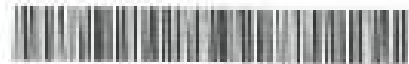
Accident Photo



Accident Photo



**SINGAPORE
POLICE FORCE**



T/20201018/2040

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

1 of 5
Report No. T/20201018/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2020 14:11		Vide Report No : G/20201018/0144		Station Diary No : 45
Informant's Particulars				
Name of Informant: CHUA YEE CHIANG		Address: APT BLK 394 TAMPINES AVENUE 7 #06-265 SINGAPORE 520394		
ID Type / ID No : NRIC NO / S1458977J		Contact No : Home/Office: Mobile: 98808578		
Nationality: SINGAPORE CITIZEN		Email: ryc81@hotmail.com		
Sex: Male	Age: 58	Date of Birth: 07/12/1961	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SENIOR MANAGER		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 18/10/2020 11:00	Type of Location: T-Junction
Location: LOYANG LANE				
Lamp Post Number: 150				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQX7117 (Not Accurate)	Van	TOYOTA	HIACE	White	Slightly Damaged	1
SCW999L	Car	AUDI	A4 2.0 TFSI S TRONIC	White	Slightly Damaged	1
SMT707K	Car	HYUNDAI	QX VENUE 1.8 CVT	Blue	Slightly Damaged	2

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20201018/2040

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

2 of 5

Report No: T/20201018/2040

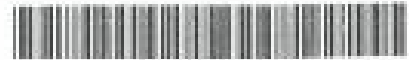
CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANBALAGAN A/L KARUPIAH	ID No.	NIL
Related Vehicle	JQX7117 (Van)	Contact No.	NIL
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
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	JQX7117 (Van)	Contact No.	+60167658787
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	CHUA YEE CHIANG	ID No.	S1458977J
Related Vehicle	SCW999L (Car)	Contact No.	96808578
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20201018/2040

5 of 5

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852989

Report No: T/20201018/2040

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:

G /

Staff Sgt MUHAMMAD AMINULLAH BIN MOHD
YUSOF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/10/2020 14:11

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

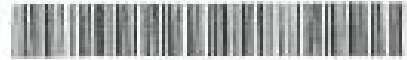
NP168

Classification Of Case:

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20201018/2040

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

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Report No. T/20201018/2040

CONTINUATION OF REPORT

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20201016/2040

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852899

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Report No: T/20201016/2040

CONTINUATION OF REPORT

Passenger			
Name	YEO WEI CHONG		ID No. S8829821G
Related Vehicle	SCW999L (Car)		Contact No. 82686899
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SMT707K (Car)		Contact No. NIL
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 the 18/10/2020 at about 1100hrs, I was driving along Loyang avenue towards Changi Village in vehicle SCW999L on the 1st lane with a passenger seated on the front left seat. I was the first vehicle that reached the junction of T junction of Loyang Lane and Loyang Avenue and I came to a stop when the traffic light was red. Subsequently, vehicle SMT707K had came to a stop on the second lane on my left at the traffic light. As I was waiting for the traffic light to turn green, I suddenly felt a slight impact from left rear of my vehicle. I took a glance on the mirror and both me and my passenger alighted the vehicle.

We noticed that there was foreign white van, JQX7117 had collided with the left rear side of my vehicle. I then approached the driver of the van as he alighted from his van as well. As the traffic light turned green, we then decided to move to the side of as no one was injured. As we reached the bus stop. We alighted and noticed that a driver in SMT707K was also involved. No one was injured and I discussed with the driver of the foreign vehicle and subsequently my passenger helped to call for the Police. While waiting for the Police arrival, we took photos of the damages on our vehicles.

As the Traffic Police arrived and interviewed us, we exchanged particulars and we were advised to lodge a traffic accident report. My vehicle had in car camera and the police seized the memory card. My vehicle SCW999L left rear bumper had a slight dent and scratch. No one was injured at the scene.

The van had a crack right headlight and slight scratches at the right front.