

NATIONAL Assessment Centre Services.

Page 1 Jan 2003

MMA120094008

Date In: 26/10/2020 17:43	Job description	Date & Time Completed	Done by
Ref No: XBA/LIP200/1627/Y	SAS e-milling		
Veh No: SJV 5927 J	E-mail (to John, AIC 2hrs)		
D.O.A. 19/07/2020 10:15	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKhan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: PEDASTRIAN	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Dates:	Times:
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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: _____

NA2005639	1) AIL: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$60/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Author's Comments:	For claim against INC Only (over 10 Jan 2003)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC: Additional Service	
	ON:	
	• NI: Courtesy Car / Tpl Allowance \$3	
	• NI: Repairs Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$3	
	• NI: NIUC: TP (Non INC) against INC \$30	
	9) NI: Idas Mobile	
	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	26/10/2020 17:43
Date Of Accident	19/07/2020 10:15
Exact Location Of Accident	ALONG BOON LAY AVENUE TOWARDS BOON LAY INTERCHANGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5927J
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD NOOR BIN NOMAN
NRIC No	SXXXXX906C
Email Address	73MOHDNORNOMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88926579
Alternative Phone No	OTHERS-88926579

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA-1.6 AT (M-LINE) ABS D/AB 2WD 5DR (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V14479/VPE/R00
Cover Note Number	

Driver

Name of Driver	MOHAMAD NOOR BIN NOMAN
NRIC No	SXXXXX906C
Date Of Birth	01/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88926579
Fax Number	
Contact Number	OTHERS-88926579

Address	BLK 16 GHIM MOH ROAD #07-67
Postcode	270016
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	COLLIDED INTO PEDESTRIAN
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)	3
Passenger 1	NAME: : HAMDAN BIN YUSOF GENDER: : MALE
Passenger 2	NAME: : MAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST N.P.C
Police Station Address	ROAD: 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200719/2026

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Description

Name of Driver	NG YE KAI
NRIC/Passport Number	TXXXX889F
Contact Number	98969439
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

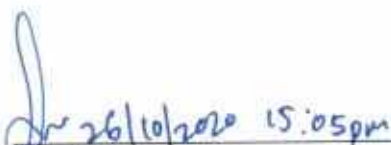
SKETCH PLAN

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:

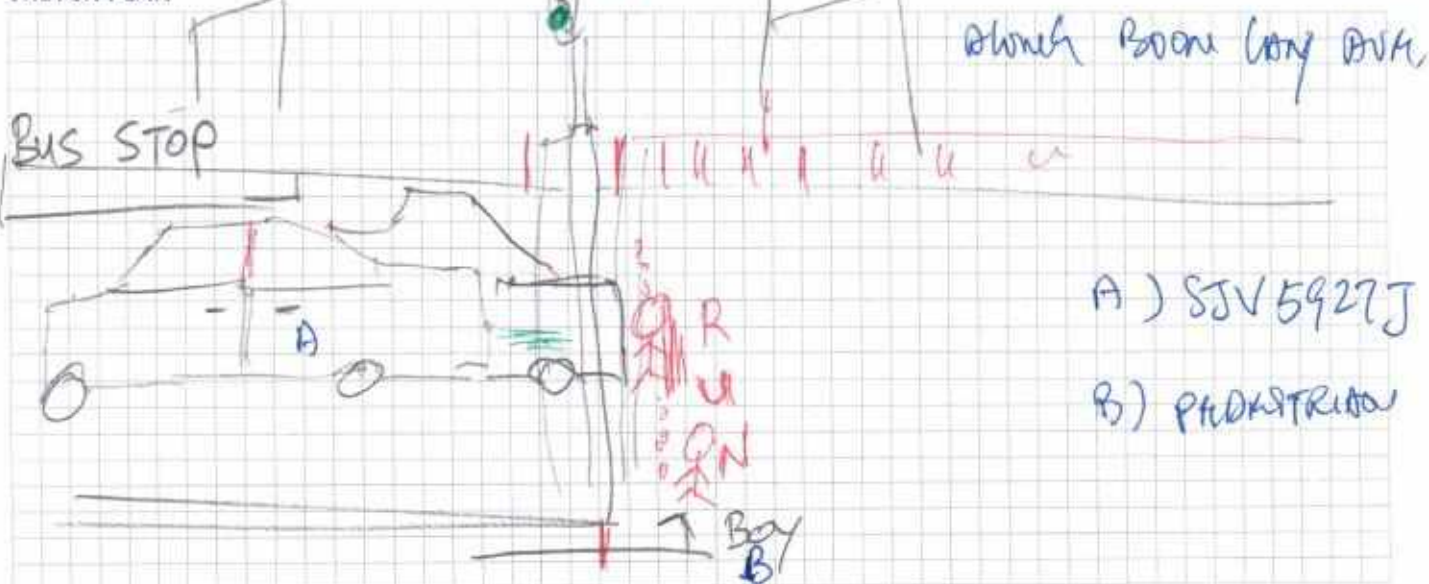
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 26/10/2020 15:05pm

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200719/2026

DECLARATION

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

26/10/2020 15:05pm

Policyholder's Signature
Date & Time:

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

26/10/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: 19/07/2008 (DD/MM/YYYY), TIME: 10:15 (HH:MM)

LOCATION: BOON LAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 5927 J
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: SI19114479/VPE/ROO
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PROTON EZORA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MOHAMAD NOR ^{NOMAN} (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7307906-C CONTACT: 82889227
 c) ADDRESS: GTHIM MOH ROAD BK16 #07-67
Sg 270016

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMAD NOR ^{NOMAN} (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7307906-C CONTACT: 82889227
 c) ADDRESS: GTHIM MOH RD BK16 #07-67 Sg 270016

*d) DATE OF BIRTH: 01/03/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 AUG 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TUPONG FIRM

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PK087RIAM MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(3)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email: 73molidnotnomar@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200719/2026

1 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20200719/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2020 13:20	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: MOHAMAD NOR BIN NOMAN			Address: APT BLK 16 GHIM MOH ROAD #07-67 SINGAPORE 270016	
ID Type / ID No.: NRIC NO / S7307906C			Contact No.: Home/Office:	Mobile: 88926579
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 01/03/1973	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 19/07/2020 10:15	Type of Location: Straight Road
Location: Along Road 1 BOON LAY AVENUE				
Towards Boon Lay Interchange, Pedestrian Crossing near to Bustop no. 21429				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV5927J	Car	PROTON	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR	White	Slightly Damaged	2

Details of Person Involved

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



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD NOR BIN NOMAN		ID No. S7307906C
Related Vehicle	SJV5927J (Car)		Contact No. 88926579
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	NG YE KAI		ID No. T0323889F
Related Vehicle	NIL		Contact No. 98969439
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	19/07/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 19/07/2020 at 1015hrs, I was driving my family car, one white Proton Exora, bearing registration plate number: SJV5927J along Boon Lay Avenue towards Boon Lay Interchange direction. I was with another 2 friends of mine namely Hamdan Bin Yusof, Hp: 96606463 and Man, Hp: 84084827. We were actually on our way to the Muslim Cemetery. I was driving pass bustop no. 21429, ahead of me was a pedestrian crossing. The traffic light were in working order (green) and was in my favour. I was driving in the left lane when suddenly a pedestrian ran across the opposite traffic light pedestrian crossing and in front of my vehicle. I immediately hit my brakes however could not stop in time. As a result, the front left side of my vehicle hit onto the pedestrian. The pedestrian, one male Chinese in his teens, fell down onto the grass patch.

The 3 of us Immediately alighted out from my vehicle to check on the boy, who kept apologizing on his act. I told him not to worry as I am more concerned on his well being. He stated that he was late for his tuition lesson and had ran across the pedestrian crossing, knowingly that the "red man" were still on and not in his favour. I then made a check on him; he had minor abrasions on his right temple and also on his outer right fingers. I then asked him if he could stand up which he stated yes. I then told him that I would sent him to the nearest hospital for further medical assistance which he agreed. While on the way to the hospital, I then told him to Inform his family members. He then called both his mother and brother to update on the accident. I then sent the boy to Ng Teng Fong General Hospital A&E and waited for his family members to arrive. They then arrived and asked what happened; I told them about the incident and they acknowledged. Casualty's brother then asked if I got an in-built camera in my vehicle which I stated yes however I told him that I do not know how to operate the system. His brother asked if he could retrieve it to view earlier today and returned the memory card to me within an hour; to which I agreed. However his brother had mentioned that there was no video recording thus there was nothing else for us



**SINGAPORE
POLICE FORCE**



T/20200719/2026

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Police Station Of Origin:

Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

Report No. T/20200719/2026

CONTINUATION OF REPORT

to do at the moment. I then told him that I will make my move and will lodge a Traffic Accident Report and he acknowledged. I also advised his brother to lodge a report on their part to which he said ok.

His brother mentioned that he will update on his brother condition, to which I acknowledged. My car had some minor damaged: A slight dent with minor scratches on the front left part of the bonnet. That is all.



**SINGAPORE
POLICE FORCE**



T/20200719/2026

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20200719/2026

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: D / Staff Sgt SAZALI BIN SAFIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2020 13:20
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

MOHAMAD NOR BIN NOMAN

Date of Issue:

29 Nov 2019

Registration No.:

SJV5927J

Effective Date of Commencement:

30 Nov 2019 00:00

Chassis No.:

PL1FZ6YRRAF024979

Certificate No.:

SI19V14479/ VPE / R00

Date of Expiry:

29 Nov 2020 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his permission.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.



For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

KENSO LEASING PTE LTD

Name of Producer:

INSURANCE MARKET PTE LTD (B9147-3)

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: S7307906C

Owner ID Type: Singapore NRIC

Owner Name: MOHAMAD NOR BIN NOMAN

Registered Address: APT BLK 16 GHIM MOH ROAD #07-67 SINGAPORE 270016

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: SJV5927J

Previous Vehicle No.: -

Effective Date of Ownership: 30 Nov 2019

Original Regn Date: 30 Jan 2010

Registration Date: 30 Jan 2010

Year of Manufacture: 2010

Vehicle Type: Passenger Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: PROTON

Vehicle Model: EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 6

Chassis No.: PL1FZ6YRRAF024979

Engine No.: S4PHQE9976

Engine Capacity /Power Rating: 1597 cc / -

Maximum Power Output: 93.0 kW (124 bhp)

Propellant: Petrol



**SINGAPORE
POLICE FORCE**

Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 23 Jul 2020

Your Ref :
Our Ref : TP/IP/30723/2020

000002

MOHAMAD NOR BIN NOMAN
APT BLK 16 GHIM MOH ROAD
#07-67
SINGAPORE 270016



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING SJV5927J ALONG BOON LAY AVENUE ON 19 JUL 2020
@ 9.50 AM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer SHARIFAH NOR FARIZAN at his / her office number: 65476172 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.