

Notification Letter

Date : 30/12/2020

To : **MS FIRST CAPITAL INSURANCE LIMITED**
BLK 36 ROBINSON ROAD
#16-01 CITYHOUSE
068877

Dear Sir / Madam,

We are instructed by **ETHOZ GROUP LTD** to notify you of a road traffic accident on **03/12/2020** at about **23:00** at **JUNCTION OF TAMPINES AVE 2 AND TAMPINES ST 23** involving our client's/ customer vehicle registration number **GBH-8542-J** and vehicle registration number **SHC621Y** driven by you at the material time. A copy of Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/ customer's vehicle has been damaged. Before our we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Cc (other insurance companies for chain collision accident)

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 30/12/2020

To : MS FIRST CAPITAL INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE001804 Accident Date : 03/12/2020

Vehicle No : GBH-8542-J Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	FRONT BUMPER	420.00	
2	FRONT BUMPER BRACKET RH/LH	298.00	
1	FRONT BUMPER REINFORCEMENT	320.00	
1	FRONT BUMPER LOWER GRILLE	160.00	
10	FRONT BUMPER CLIPS	50.00	
1	FRONT GRILLE ASSY	1,021.00	
2	HEADLAMP RH/LH	1,700.00	
2	FOGLAMP GARNISH COVER RH/LH	96.00	
1	BONNET	780.00	

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Certificate No : D20MTHCVE001804

Accident Date : 03/12/2020

Vehicle No : GBH-8542-J

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	BONNET LOGO	68.00	
2	BONNET HINGE RH/LH	96.00	
1	BONNET LOCK	80.00	
1	FRONT FENDER RH	193.00	
1	FRONT FENDER LH	193.00	
2	FRONT FENDER BRACKET RH/LH	96.00	
1	FRONT WINDSCREEN GLASS	1,500.00	
1	FRONT WINDSCREEN MOULDING	80.00	
1	FRONT SUPPORT PANEL ASSY	330.00	
1	FRONT SUPPORT LOWER PANEL	480.00	

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Vehicle No : GBH-8542-J Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
2	FRONT SUPPORT MEMBER REINFORCEMENT RH/LH	320.00	
1	BRACE PANEL	48.00	
1	FRONT PANEL C-MEMBER	180.00	
2	FRONT PANEL C-MEMBER BRACKET RH/LH	170.00	
2	FRONT CABLE CONNECTOR BLOCK RH/LH	150.00	
1	AIR CLEANER BOX ASSY	670.00	
1	WIPER WASHER TANK	120.00	
1	RELAY BOX COVER	85.00	
1	HORN UNIT	120.00	
1	RH FRONT CHASSIS MEMBER	1,500.00	

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Vehicle No : GBH-8542-J

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	LH FRONT CHASSIS MEMBER	RESTORE	
1	FRONT AIR CLEANER DUCT	95.00	
1	BRAKE MASTER PUMP ASSY	580.00	
1	BRAKE SERVO ASSY	1,700.00	
1	A PILLAR ASSY RH	420.00	
1	FIREWALL INSULATOR	280.00	
1	INTERIOR REAR VIEW MIRROR ASSY	750.00	
1	DASHBOARD ASSY	850.00	
1	DASHBOARD LOWER INSTRUMENT PANEL TRIM	280.00	
1	STEERING COLUMN COVER	120.00	

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Vehicle No : GBH-8542-J

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	GLOVE BOX ASSY	380.00	
1	LOWER GEAR SHIFT COVER	135.00	
1	CENTRE INSTRUMENT PANEL COVER	720.00	
1	BLOWER HOUSING ASSY	1,200.00	
1	HEATER BLOWER HOUSING ASSY	3,070.00	
1	CENTRE VENTILATION HOUSING	85.00	
1	STEERING AIRBAG ASSY	2,350.00	
1	STEERING AIRBAG CLOCK SPRING	480.00	
1	PASSENGER AIRBAG ASSY.	3,600.00	
1	AIRBAG CONROL UNIT	850.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
2	FRONT AIRBAG IMPACT SENSOR	760.00	
2	SEAT BELT RH/LH	1,900.00	
1	AIRCON CONDENSER	1,200.00	
1	AIRCON EVAPORATOR PIPE	464.00	
1	REAR AIRCON EVAOPRATOR PIPE	464.00	
1	AIRCON COMPRESSOR EVAPORATOR PIPE	440.00	
1	CONDENSER TUBE PIPE	198.00	
1	RADIATOR	2,300.00	
1	INTER COOLER ASSY	1,358.00	
1	INTER COOLER OUTLET PIPE	195.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	INTER COOLER INLET PIPE	195.00	
1	RADIATOR EXPANSION TANK	509.00	
1	FAN COWLING	280.00	
1	FAN SHROUD	280.00	
2	FAN BLADE RH/LH	454.00	
2	FAN MOTOR RH/LH	2,600.00	
1	INTER COOLER COWLING	180.00	
1	WIPER WASHER TANK	120.00	
1	FRONT DOOR LH	1,800.00	
1	FRONT DOOR HINGE UPPER LH	78.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT DOOR HINGE LOWER LH	78.00	
1	FRONT DOOR CHECKER LH	140.00	
1	FRONT DOOR RH	1,800.00	
1	FRONT DOOR HINGE UPPER RH	78.00	
1	FRONT DOOR HINGE LOWER RH	78.00	
1	FRONT DOOR CHECKER RH	140.00	
2	HEADLAMP BRACKET RH/LH	56.00	
1	FRONT EXTENSION CROSSMEMBER RH T57181-26030	180.00	
1	SLIDING DOOR RH	1,800.00	
1	REAR FENDER RH	RESTORE	

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Accident Date : 03/12/2020

Vehicle No : GBH-8542-J

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FLOOR PANEL	RESTORE	
1	FIREWALL PANEL	RESTORE	
1	FRONT CHASSIS PANEL	RESTORE	
1	A PILLAR LH	RESTORE	
	Sub Total	49394.00	
	Discount 25% On Parts	(12348.50)	
	<u>Special Nett Item</u>		
1	FRONT NUMBER PLATE	35.00	
1	COOLANT	20.00	
1	FRONT WINDSCREEN SEALANT	50.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	IU BRACKET	20.00	
2	FRONT DOOR ROC STICKER	50.00	
1	ADVERTISEMENT STICKER PANELS	400.00	
	Sub Total	575.00	
<u>Labour & Misc</u>			
	LABOUR TO FACILITATE REPAIR	2,400.00	
	TO RESPRAY AFFECTED AREAS	2,000.00	
	TO REMOVE AND REFIT FRONT WINDSCREEN GLASS	150.00	
	TO REMOVE AND REFIT DASHBOARD ASSY	250.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE AND REFIT AIRBAG ASSY	200.00	
	TO RESET AIRBAG SYSTEM	200.00	
	TO PULL AND REPAIR CHASSIS PANEL	400.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	TOWING CHARGE	50.00	
	TO TOP UP AIRCON GAS	120.00	
	Sub Total	5820.00	

43,440.50

Remarks:

SUB TOTAL

GST 7.0 % 3,040.84

TOTAL 46,481.33

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey Date & Time: _____

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 Submission	07/12/2020 12:45 (SGT)
Date of Accident	03/12/2020 23:15 (SGT)
Exact Location of Accident	Near 301 Tampines Street 32, Singapore 520301
Additional Location Information	Junction of Tampines Ave 2 and Tampines St 23
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8542J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1XXXXX531H
Email Address	rakes.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Home) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTHCVE000218
Cover Note Number	10/10/2020-09/10/2021

DRIVER

Name of Driver	Khudaifah Bin Badrun
Passport No/FIN	GXXXX431T
Date Of Birth	07/04/1994
Occupation	Outdoor

Date Of Driving Pass	09/04/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84030141
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	Blk 11 Woodlands Close #05-40
Address complement	-
Postcode	737853
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Mohd Rafaie Bin Mohtar
Gender	Male

PASSENGER 2

Name	Norhamzah Bin Ab Karim
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC621Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Norhamzah Bln Ab Karim
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 days of medical leave
Injured person in which vehicle?	GBH8542J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Mohd Rafaie Bin Mohtar
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Slightly Injured
Injured person in which vehicle?	GBH8542J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Khudaifah Bin Badrun
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Slightly Injured
Injured person in which vehicle?	GBH8542J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

B. 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.



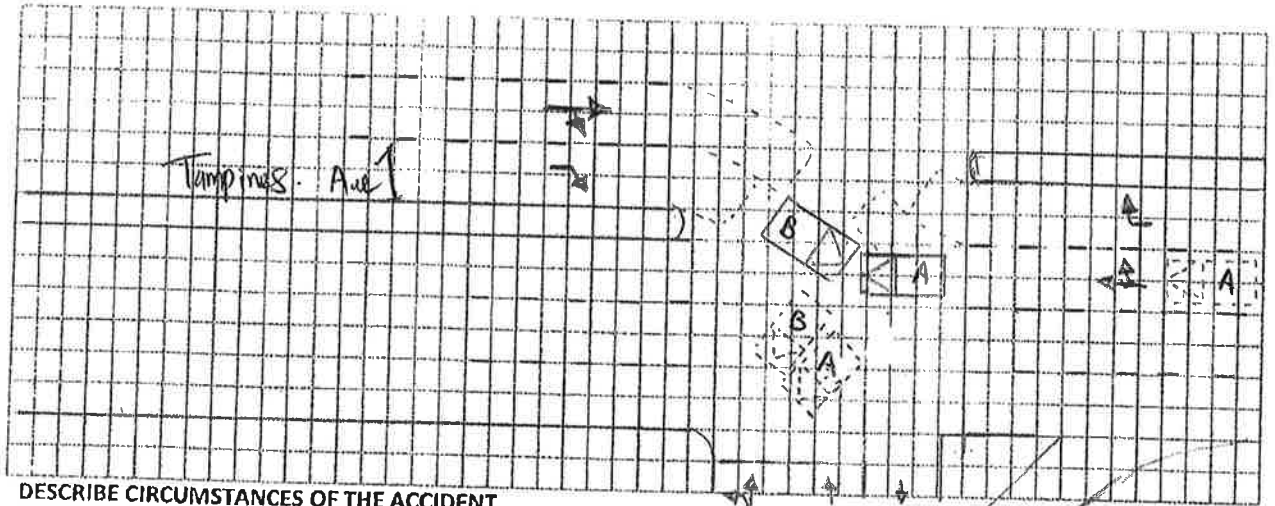
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/12/20

1710 hours

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time 4/12/20
17 17 hours.

Reporting Centre Personnel's Signature
Name Pakeswari. Arind
Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20201204/2009

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20201204/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2020 03:22	Vide Report No.: G/20201203/0274	Station Diary No.: 14
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Informant's Particulars

Name of Informant: KHUDAIFAH BIN BADRUN			Address: #05-40 11 Woodlands Close SINGAPORE		
ID Type / ID No.: FIN NO / G8743431T			Contact No.: Home/Office: Mobile: 84070141		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 07/04/1994	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 23:15	Type of Location: X-Junction
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8542J	Van	TOYOTA	HIACE	Black	Seriously Damaged	2

Details of Person Involved

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



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Passenger			
Name	MOHD RAFAIE BIN MOHTAR		ID No. G2770727R
Related Vehicle	GBH8542J (Van)		Contact No. 87589473
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KHUDAIFAH BIN BADRUN		ID No. G8743431T
Related Vehicle	GBH8542J (Van)		Contact No. 84030141
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	NORHAMZAH BIN AB KARIM		ID No. S8826516E
Related Vehicle	GBH8542J (Van)		Contact No. 87675125
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2020	Date Discharge	04/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 3rd December 2020 at about 2315hrs, I was driving my company van bearing GBH8542J along Tampines Avenue 2. The traffic was moderate at that point of time.

Subsequently, while I was travelling along the 2nd lane (from the right) of Tampines Avenue 2, I wanted to drive pass the cross junction of Tampines Avenue 2 and Tampines Street 23. When I passed the stop line of the said road, the traffic light changed from green to Amber. Unfortunately, there was a yellow colored taxi (I do not know the registration plate number), from the other side of the road inch forward and made a right turn.

My van then collided onto the left side of the said vehicle. Police and ambulance came to the accident scene reference report number G/20201203/0274. There is a in car camera in my van. The ambulance



**SINGAPORE
POLICE FORCE**



T/20201204/2009

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20201204/2009

CONTINUATION OF REPORT

treated myself and one of my passenger namely Mohd Rafaie at scene itself and we were not being conveyed. As for myself, I had bruises on my right wrist. As for Mohd Rafaie, his left knee suffered bruises. My second passenger namely Norhamzah was being conveyed to CGH as his right ring finger was fractured and bruises on his left shin.

Due to the accident, my van had the following damages:

- 1) Front portion of vehicle badly dented and dislodged
- 2) Front windscreen crack
- 3) Scratches and dents at right side of vehicle

That's all.



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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 /

Sgt 3 AHMAD BIN HASHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT

Contact No.: 65476066

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/12/2020 03:22

Classification Of Case: