	Veh No: SJZ 9868Z Yr Regn: ,2012
From: Date: 13/4/2021	Type: Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD / TO / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: SJZ 9868 Z	Make: Doysta Vellfre C.C 2493  School Plant A/C: Insured/Std/NI/NA
at Workshop m/s T & S Buolan Gervice	Colour BUCK
of Blk 5035 AMK Ind PKZ # 01-357	Sp.Reading 371030 T/Radio: Insured / Std / N1 / NA
Insured: SMV 9852D	Eng/No:
Policy No. D21MFL0000447	C/No: ANF1208192047
Claims No. MFL2021D0001676	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
· ·	Tyre Size: F: <u>35/55/18</u>
(Policy Condition)	R: 235/55/18
Remark: The veh had commenced its N/S O/S	PS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm
SILL LA COOK	D.O.A. 9/4/2021 D.O.I. 13/4(202)
No No No.	Survey held at T&S knoton & envio
Lum Sum: % 3 val.: Yes or No	Des. of Damages : Frt / Rear / O/S ) N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS WP	Des. of Damages . Fit / Real / Ols / No / Roottop of
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	
8/7/21   Submit LS \$3750 (Red 3500,48%	)
***	Totim hu
	13/4/2021
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 5
1): Final Report	Resurvey No. of Trip: Survey Fee:
Date/Fine, File Return to?	Transportation:
2) 8/7/21-Typist Add Fee	e:: Site Insp (\$)s+Rssi
	: Interview (\$ ) Photos
Report Format : TP	:Tech. Invs (\$ ) Others
Lump Sum /+.B.I: (\$ 3750	:Weekend (\$ ) ,-
	TOTAL





2 of 3

Report No. T/20210410/2077

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

## CONTINUATION OF REPORT

Nama	LIADI CUEVAN BINI MULIANTO		ID No		S8800609G
Name	HADI SUFYAN BIN MULIANTO		ID NO		30000003
Related Vehicle	SJZ9868Z (Car)	Marin California	Conta	ct No.	96436851
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	09/04/2021	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave 05	Degree of	Injury	Slight	
Driver 1 1 1 1 1 1 1					例的特殊主任任何是
Name	TAN HOCK LENG PAUL		ID No		S1242209A
Related Vehicle	SMV9852D (Car)		Conta	ct No.	91888243
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl	harge	NIL	
No of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

## Brief Details.

On 10/04/21 at about 1545hrs, I was driving (SJZ9868Z) along Bedok Road towards Upper Changi East. I was on my lane about to turn right towards Upper Changi East. While I was turning, this vehicle (SMV9852D) did not keep to his lane and as such, he collided on to the right side of my vehicle.

Upon collision, both parties came out of the vehicles to take photos and also to exchange particulars. No police or ambulance assistance were needed. We then proceeded on with our journey. I wish to state that my car camera has captured the accident scene.

On 09/04/21, I felt pain at my neck and the left side of my back. As such, I went to Mount Alvernia Hospital and was given 5 days of MC.

I am lodging this report for police investigation purposes .





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

3 of 3 Report No. T/20210410/2077

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: E / Sgt 2 HO BOON KIAT, DARON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2021 15:00
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
uther scatron Stamp	





1 of 3

Report No. T/20210410/2077

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

## REPORT OF A TRAFFIC ACCIDENT

10/04/20	e Report M 21 15:00	lade:	Vide Report No.:	Station Diary No.: 20
in the same	MODE NO.			
	Informant: IFYAN BIN	MULIANTO	Address: APT BLK 944 TAMPINES AV 520944	ENUE 5 #04-279 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S880060	09G	Contact No.: Home/Office:	Mobile: 96436851
National	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 08/01/1988	Type of Informant:	
Race: Malay			Language:	Institution / School Name:
Occupat	ion: E HIRED D	RIVER	Driving Licence Information: Class: 3	Date of Expiry:

Seneral Infor	nation of the Ace	dente de la companione de	4.400克瓜片第二支基	是主要的人的主义
Type of Accident: Injury Others		Drink Drive: No	Date/Time of Accident: 09/04/2021 15:45	Type of Location Bend
Location:	market and the state of the state of			
BEDOK ROA	D	Road Surface:		Road Speed Limit:
Clear		Dry		rtodd Opeca Eirint.
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head	d To Side	V <sub>P</sub> iloniana en la	Anyone conveyed by ambulance:

Vehicle No	Type	Make 2	Model	Color	"Condition	No of Passenge
SJZ9868Z	Car				Slightly Damaged	1
SMV9852D	Car	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Slightly Damaged	0

Details of Person Involved	THE REPORT OF THE PARTY OF THE
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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CEFTIFICATE OF INSURANCE

cident report SV0S214C0002

10800 SEM INC! F. C.

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