# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.	
Vehicle to be Exported:	SHC4764S
Intended Deregistration Date:	No No
Vehicle Make:	14 Sep 2021
Vehicle Model:	TOYOTA
Primary Colour:	PRIUS TAXI (SMRT)
Manufacturing Year:	Maroon
Engine No.:	2015
Chassis No.:	2ZR1673536
	JTDKN36U405767746
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	01 Apr 2016
First Registration Date:	01 Apr 2016
Transfer Count:	0
Actual ARF Pald:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date sed amount of S	2,750 / 4 days <b>36 Man202s</b> um repair is confirmed
PARF Rebate Amount:	\$3,500.00
RED: 11009.30	
COE Expiry Date:	31 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
PQP Paid:	\$36,862.00
COE Rebate Amount:	\$11,729.00
Total Rebate Amount:	\$15,229.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 14 Sep 2021

ASS. REC. BY: REF: NS/INC	C21009620/R1tc 349k
	SSIGNMENT
From: Date: Estimated Cost:	Veh No: SHZ 47648 Yr Regn: 766 / APR  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SHC 47643	Make: TOYOTA PRIMS TAKE C.C 1798
at Workshop m/s SMK	Colour MAROUN A/C: Insured / Std / NI / NA
or Go, humolows Ind PK EY	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: NTAL	Eng/No:
Policy No.	C/No: JTDKN 364405767746
Claims No. MT/1144164-002	Gen. Cond: Good (Fait / Poor / Burnt
Sum Insured: Excess:	Steering: Lorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STD A/Rim or
	Tyre Size: F: 195/65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or SAILUM
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L mm L/Bal. C mm
5.K.7.T.K. 555	D.O.A. 58/05/21 D.O.I. 13/05/21
Zour repaire.	Survey held at
Lum Sum: % 3 Val.: Yes or No	- w
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OL Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Finalised amount of \$ 2,750 / 4 o	days of lump sum repair is confirmed
RED: 11,009.30;80%	
	· · · · · · · · · · · · · · · · · · ·
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add F	The second secon
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$

TOTAL



# Case Details

Case Reference Number :

TAX/09/21/2016

Type of Repair : Accident Repair Vehicle Registration Number:

SHC4764S

Company Type: Strides Taxi Pte Ltd

Estimation ID: EST-15984-ID Assigned By: Taxi Claims Manager

Insurance Company Name : NTUC Income Insurance Co-operative

Ltd

Accident Date and Time: 08/09/2021 06:15 AM

Vehicle Age(In Months): -

# Documents / Photographs

View Documents / Photographs

Total Documents: 0

## **Estimation Details**

#### Spare Part's Cost Detail

				SMRT Reco	mmen	dation						Surv	reyor Approval	
ВОМ Турс		Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In				BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace 🗸	cul
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace V	m/
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check 🗸	7.
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check ✓	3
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give 🗸	xs.v.
One Time Key In	Main		vn	SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give ✓	Ksn
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace 🗸	pe/
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	1	54.15	Replace 🗸	cm/
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	1	171.68	Replace ~	vv/

Total Spare Part Cost 7,404.74

Surveyor Total 1,263.74

Lump Sum Dis (%)

Final Spare Part Cost 5,923.79

Lump Sum Discount (%) 20.00

Final Sur Total 1,010.99

					SMRT Reco	nmen	dation						Surv	veyor Approval	
4000	BOM Type	Costing Type	g Portion	Material Number	Part Name	Qty		List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
T K	One Time Cey	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give ➤	Xnn
Т	ne ime ey	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check ✓	7.
0	ne me ey	Main			UNDER COVER SUBASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give 💙	fore
Oi Tii Ke In	me	Main			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	1	0	Repair V	R
On Tin Keg In	ne	Main			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.67	Replace	0	0	Not Give ➤	xsu
One Tim Key In	е	Main			EMBLEM REAR	1	60.30	60.30	25.00	45.22	Replace	0	0	Not Give 💙	/Ain
One Time Key In		ain			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace ~	'per
One Time Key In	Ма	ain			NAME PLATE (PRIUS)	1	60.80	60.80	25.00	45.60	Replace	0	0	Not Give	xnn
One Time Key In	Ма	in			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.92	Replace	0	0	Not Give	xn
One Time Key In	Mai	n			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give	· ×11
One Time Key In	Mair	1			STICKER DECAL 5555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give	· kny
One Time Key In	Main			s	SPOILER REAR	1	953.70	953.70	25.00	715.28	Replace	0	0	Not Give	· Kun
	Main				RD BRAKE AMP	1	231.30	231.30	10.00	208.17	Replace	0	0	Not Give	. Xnn
One Time Key In	Main				ND PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check	, 7,
One Time Key In	Main	4 Ja			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	· trr

Total Spare Part Cost 7,404.74

Lump Sum Discount (%) 20.00

Surveyor Total 1,263.74

Lump Sum Dis (%)

20

Final Sur Total 1,010.99

Final Spare Part Cost 5,923.79

					SMRT Red	comme	ndation						Surv	eyor Approval	
	вом Туре	Costing Type	Portion	Materia Number		Qi	Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
Т	One Time Cey	Main			FLOOR PANEL RR/LH	1	102.00	102.00	25.00	76.50	Replace	0	0	Not Give ✓	Xnn
O T	ne ime ley	Main			PANEL ASSY, DECK LH	1	307.00	307.00	25.00	230.25	Replace	0	0	Not Give 💙	Knn
Ti	ime ey	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	1	493.56	Replace v	sun/
Or Tir Ke In	ne l	Main			TAIL LAMP BRACKET, LH	1	30.70	30.70	25.00	23.02	Replace	0	0	Check ✓	7.
On Tim Key In	ne	Main			TROUGH, BACK DOOR LH	1	110.90	110.90	25.00	83.18	Replace	0	0	Not Give ➤	Xaa
One Time Key In	е	lain			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	1	0	Repair <b>∨</b>	R
One Time Key In		ain			FENDER LINER R/LH	1	141.30	141.30	25.00	105.98	Replace	0	0	Not Give ~	×۸۲
One Time Key In	Mai	in			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	1	7.80	Replace V	Nu
One Time Key	Maiı	n			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	1	21.60	Replace	M.
one ime ey	Main	1			DOOR RR/LH	1	954.50	954.50	25.00	715.88	Replace	1	0	Repair	R
	Main			A L	MOULDING BODY, H	1	673.60	673.60	25.00	505.20	Replace	1	0	Repair	L
ie l ne y	Main				UCT ASSY, UARTER	1	70.40	70.40	25.00	52.80	Replace	0	0	Not Give	yna
							÷			do la de					
								al Spare Pa Sum Disco		7,404.74 20.00			urveyor Tota  Sum Dis (%		
					en de monte de la companya del companya de la companya del companya de la company			esta esta e logolo				Cump	Julii Dis (%)	20	
							Fina	al Spare Pa	rt Cost	5,923.79		F	inal Sur Tota	1,010.99	

### Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH REAR PORTION	845.00	400	
Total:					

845.00

400.00

1			
AV	Cos	Deta	lie

3.N	o. Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	Xnn
3	Main	TO RESPRAY TAIL GATE	378.00	200	
4	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	xan
5	Main	TO RESPRAY REAR SPOILER	180.00	0	Xnn Xnn Xnn
6	Main	TO RESPRAY REAR PANEL	180.00	0	Knn
7	Main	TO RESPRAY TROUGH BACK DOOR LH	180.00	0	XAA
8	Main	TO RESPRAY REAR FENDER LH	378.00	200	
9	Main	TO RESRAY REAR DOOR LH	378.00	200	
0	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	100	
tal:			2,592.00	900.00	

#### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	Kun
3	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	742.20	742.20	
4	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	60	
5	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	<b>0</b>	Xvv
5	Main	TO INSPECT RR LIGHTING, MECHANISMS & WATER TEST RR LIGHTING FOR LEAKAGE	120.00	30	
7	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	FAN
8	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xnn Xnn
9	Main	TO WASH AND VACUUM	60.00	0	Knn
otal:			1,642.20	852.20	

# summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	5,923.79	1,010.99
Total Labour Cost	845.00	400.00
Total Spray Painting	2,592.00	900.00
Other	1,642.20	852.20
Overall Total	11,002.99	3,163.19
Lump Sum Repair Option	838	
Lump Sum Total	11,000.00	3,150.00
Surveyor Approved Amount		3,150.00
No of Repair Days*	<b>7</b>	4
Remarks		LUMP SUM REPAIR / RESUVEY AFTER PAINT .
Surveyor Name		Rasul
Signature	13759.3	A Company

Survey Date

13/09/2021

# <u>LKK Auto Consultants</u> hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

1990002 / Strides Automotive Services Pte Ltd Y DATE & TIME: 10/09/2021 09:40 (SGT) TITED BY: SHANTI B THAIYAL NAYAGI (SMRT05) CION: 1 (10/09/2021 09:40 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

- policy lability.
  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 10/09/2021 09:40 (SGT) **Date of Accident** 08/09/2021 14:15 (SGT) **Exact Location of Accident** CTE. Singapore Additional Location Information CTE TOWARDS AYE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC4764S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Strides Taxi Pte Ltd Company Reg No 1XXXXX369K AUTO-SVC-TARC@SMRT.COM.SG **Email Address** (Phone) +65-68662671 Mobile Phone No (Office) +65-68662672 Alternative Phone No.

VEHICLE PARTICULARS

Toyota Manufacturer Model Prius Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Taxi Transmission Auto CC 1800

**INSURANCE COMPANY** 

MS First Capital Insurance Ltd Name of Insurance Company Type of Coverage ThirdParty Fleet Policy Yes **Policy Number** D-21097466MFSH Cover Note Number

Name of Driver NRIC No

MUHAMMAD ALI BIN ABDUL KADIR SXXXX050A

15/02/1974 Outdoor of Driving Pass 01/09/2001 experience 20 YEARS Male ile Number (Phone) +65-68662672 Phone Number ail Address AUTO-SVC-TARC@SMRT.COM.SG Idress ddress complement Postcode 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 - Head to Rear 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name UNKNOWN Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Traffic Police** Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210908/7031 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

FBR7522X

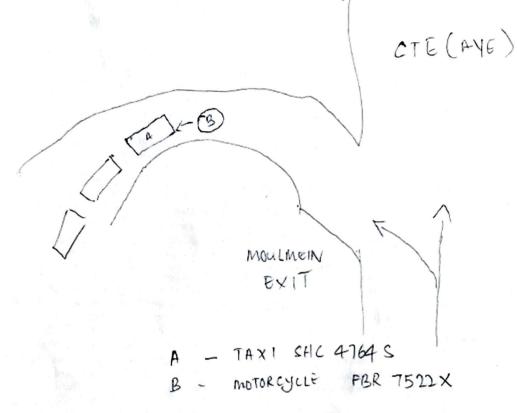
Vehicle Manufacturer

Model	
Variant	<u>-</u>
Colour	<b>-</b> ,
Le Category	-
ne of Driver	Motorcycle
ntact Number	NAZIRULA HARYADI BIN ISMAIL
Hress	-
ddress complement	- ·
Postcode	-
Insurance Company Name	<b>-</b>
Nature Of Damage	-
Details of property damaged in accident No. Of Passenger (Including Driver)	

#### **INJURED PERSONS DETAILS**

## INJURED 1

MUDULED	
Name of injured person	UNKNOWN
Gender	Female
Phone No	
Address	in The second second
Address Complement	- 15 n
Post Code	
Approximate Age Years Old	
Injuries Sustained	in <u>T</u> arangan ang manangan ang manangan
Injured person in which vehicle?	SHC4764S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	NAZIRULA HARYADI BIN ISMAIL
Gender	
Phone No	: <u>@</u>
Address	
Address Complement	
Post Code	
Approximate Age Years Old	tegration / W
Injuries Sustained	
Injured person in which vehicle?	FBR7522X
Were seat belts worn?	- 51170227
Was this injured conveyed to hospital by ambulance?	No



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	The state of the s		

#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

9/1/202

Driver's Signature (if driver is not the policyholder) / Date & Time

Min 9/9/2021

Witnessed by Reporting Centre Personnel

# SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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)

Lunderstand, 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' law yers/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/irrail
- (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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (d) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel



T/20210908/7031

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

1 of 3 Report No. T/20210908/7031

# REPORT OF A TRAFFIC ACCIDENT

08/09/20	e Report M 21 16:09	ade:	Vide Report No.: E/20210908/0097	Station Diary No.:
Informa	nt's Particu	lars		The second of the Country of the Cou
Name of	Informant:	N ABDUL KADIR	Address: 126A EDGEDALE PLAINS #0	02-348 SINGAPORE 821126
ID Type NRIC NO	/ ID No.: D / S740605	AOA	Contact No.: Home/Office:	Mobile: 87548529
National SINGAP	ity: ORE CITIZI	EN	Email: makadir38@gmail.com	
Sex: Male	Age: 47	Date of Birth: 15/02/1974	Type of Informant: Driver	
Race: Malay	The second s	and the second	Language: English	Institution / School Name:
Occupat	ion:	And a standard and a	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2021 14:1	Type of Location Roundabout
Location: CENTRAL EX	PRESSWAY			
		Road Surface: Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: One Way				

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBR7522X	Motorcycle	Pagi Transillator (A. Alia de e y c. de primitiva mendre procedencia escilenta de segui prima de procede proce	d Photography and the control of the	THE STATE OF THE S		0
SHC4764S	Car	And the second s				-

Details of Person involved	
Any Pedestrian Involved: No	waster water an alignment and the same and
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20210908/7031

#### **CONTINUATION OF REPORT**

Name	MUHAMMAD ALI BIN ABDUL KADIR		ID No.		S7406050A	
Related Vehicle	SHC4764S (Car)	Michigan account of the action		Conta	act No.	87548529
Hospital/Clinic	INTERNATIONAL MEDICAL CLINIC		CLINIC	Class Drivin Licer Expir	ng nce &	Class: 2B,2A,3 Date of Expiry: NIL
Date	08/09/2021		Date	And the second	08/09	9/2021
The state of the s	nted Medical Leave	03	Degree o	of	Sligh	I Committee of the Comm

#### Brief Details.

On the stated date and time, as I vehicle A (SHC4764S) was travelling on CTE towards AYE slip road moulmein Rd. I was slowing down as there is traffic hold up right ahead. And out of a sudden vehicle B (FBR 7522X) just collide into my rear.

As I alight my vehicle after the collision, I realise after checking with the rider that he couldn't stop in time and collided onto me. Hence my passenger was send to the hospital by the ambulance.

I wish to state that after the accident I was feeling soreness on my back, neck and right elbow.

After which I went to my family clinic (Intermedical Kovan) for consultation and was awarded with 3 days mc starting from 8/09/21 - 10/09/21.



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

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CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable Finalised amount of \$ 2,750 / 4 days

RED: 1111009.30

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 08/09/2021 16:09

Classification Of Case: