

# NATIONAL Assessment Centre Services

Date In: 29/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21011099/13	SAS e-filing		
Veh No: SGX7586X	E-mail (Within Mon AM 2hrs)		
D.O.A: 28/10/21 2307	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SG29973M	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

## General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2104313

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice date/	Fee Charged	
Cat. 2 / 3:			

## 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	29/10/2021 18:04 (SGT)
Date of Accident	28/10/2021 23:07 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7586X
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMARJIT SINGH NARWAL S/O BANTA SINGH
NRIC No	SXXXX439I
Email Address	khushpreetkaur1994@gmail.com
Mobile Phone No	(Phone) +65-81862854
Alternative Phone No	+65-81862854

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00166032100
Cover Note Number	-

#### DRIVER

Name of Driver	KHUSHPREET KAUR NARWAL D/O AMARJIT SINGH NARWAL
NRIC No	SXXXX441J

Date Of Birth	09/11/1994
Occupation	Indoor
Date Of Driving Pass	12/09/2020
Driving experience	1 YEAR AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81139275
Alt. Phone Number	-
Email Address	khushpreetkaur1994@gmail.com
Address	BLK 373 TAMPINES STREET 34
Address complement	#02-38
Postcode	520373
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
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	NURSEHA BINTE ABDULLAH
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

PLS REFER TO THE POLICE REPORT: T/20211029/2053

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ9973M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEOW SWEE ZHI
NRIC No	SXXXX096B
Contact Number	(Phone) +65-87761368
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	KHUSHPREET KAUR NARWAL D/O AMARJIT SINGH NARWAL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGX7586X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	NURSEHA BINTE ABDULLAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGX7586X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### WITNESS DETAILS

##### WITNESS 1

Name	CHRIS
Phone	(Phone) +65-86066887
Email	-

## 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 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)**  
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.

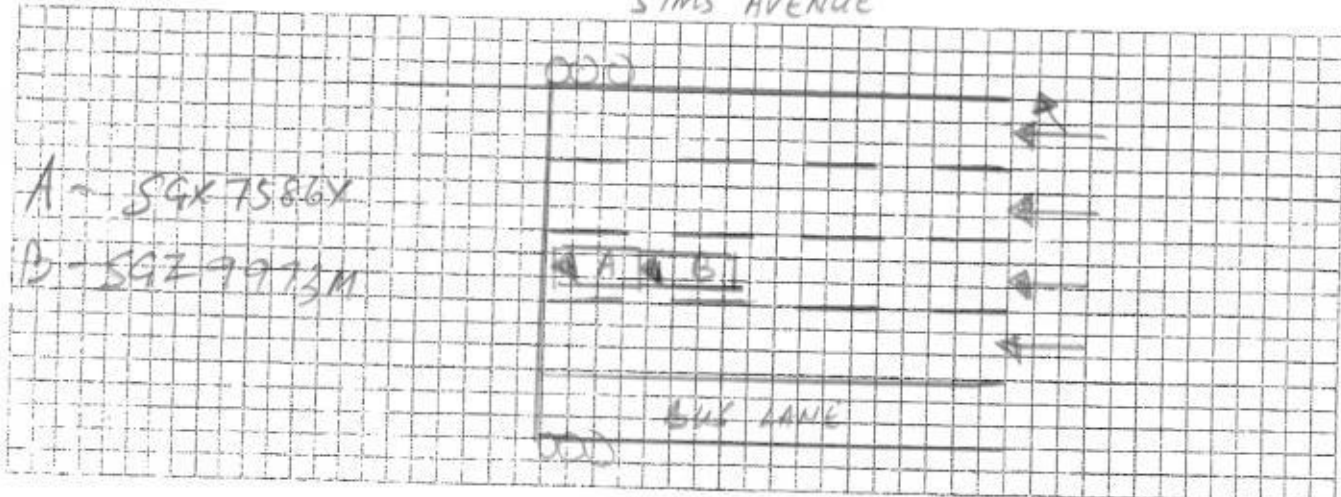
44 29/10/21  
Policyholder's Signature / Date & Time

K. Smt. 29 October 2021  
Driver's Signature (if driver is not the policyholder) / Date & Time

29/10/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan

SIMS AVENUE



**Describe Circumstances of the Accident**

*Pls refer to the police report: T/2021/029/2053*

**Declaration**

We declare the foregoing particulars are true in every respect.

*ST* 29/10/21  
Policyholder's Signature / Date &  
Time

*[Signature]* 29 October 2021  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

*shym* 29/10/21  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**

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



T/20211029/2053

1 of 1

Report No: T/20211029/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2021 15:12	Vide Report No.: T/20211029/2050	Station Diary No.:
--	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant KHUSHPREET KAUR			Address: APT BLK 373 TAMPINES STREET 34 #02-38 SINGAPORE 520373	
ID Type / ID No.: NRIC NO / S9442441J			Contact No.: Home/Office: Mobile: 81139275	
Nationality: SINGAPORE CITIZEN			Email	
Sex: Female	Age: 26	Date of Birth: 09/11/1994	Type of Informant: Driver	
Race: Sikh		Language: English	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 3A		Date of Expiry

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2021 23:00	Type of Location: Straight Road
Location:  SIMS AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7586X	Car	HONDA	STREAM SUNROOF 1.8L A	Blue		1
SGZ9973M	Car	HONDA	CIVIC 1.6L VTI AUTO	Black		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

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



T/20211029/2053

3 of 3

Report No: T/20211029/2053

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	KHUSHPREET KAUR		ID No.	S9442441J
Related Vehicle	SGX7596X (Car)		Contact No.	81139275
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/10/2021		Date Discharge	29/10/2021
No. of Days granted Medical Leave	05		Degree of Injury	NIL
<b>Driver</b>				
Name	SEOW SWEE ZHI		ID No.	S6934096B
Related Vehicle	SGZ9973M (Car)		Contact No.	87761368
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 STATED DATE, TIME AND LOCATION**

On 28/10/2021 around 2300hrs I was driving along Sims Avenue as I was at stationary position at a T-Junctions. The traffic light was red and I start to slow down my vehicle till to the point at about 2307hrs got hit by bearing vehicle (SGZ9973M) on the rear left side of the my vehicle. Was stunned for few secs and alight from the vehicle and give a check on the party to see if he requires any ambulance, which after I called my dad and proceed to called the ambulance and police for assistance on scene. The next day I make way to TPHQ to lodge a police report accordingly. That's all.





**SINGAPORE  
POLICE FORCE**



T/2021/029/2053

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

Report No. T/2021/029/2053

3 of 3

**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 TP / SC ABU HURAIRAH BIN ABDUL TALIB
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415

Signature Of Informant: 
Date/Time: 29/10/2021 15:12 
Classification Of Case: 
Signature:

Authentication Stamp  
NP158

# ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 10 / 2021) (DD/MM/YYYY), TIME: (23 : 07) (HH:MM)

LOCATION: Sims Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SQX 7586 X  
 b) INSURANCE COMPANY: China Taiping Insurance  
 c) POLICY NUMBER: DMPCSNW00166032100  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / (THIRD PARTY FIRE & THEFT))  
 e) MAKE & MODEL: Honda Stream Stream Subcompact SLA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going home  
 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: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S17084371 CONTACT: 81862854  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: K (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 8139275  
 c) ADDRESS:

\* d) DATE OF BIRTH: (09 / 11 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/09/2020

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGZ9973M MODEL: Honda Civic 1.6  
 b) DRIVER'S NAME: Seow Swee Shi  
 c) NRIC/FIN/PASSPORT: S6934096B CONTACT: 87761368

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
 (2)

NURSEHA BINTE  
 ABDULLAH (F)

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )

Mr Chris (Witness)

8606 6887

Email = Khushpreetkaur994@gmail.com

fax =

video =

29/10/21

police report  
 and scene  
 photos



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1

N SN

AN0705A

Cov. Type: F

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNWD0166032100

Engine No.: R18A11700536

Chassis No.: JHMRN68407S200536

1. Index Mark and Registration  
Number of Vehicle

SGX7586X

2. Name of Policy Holder

AMARJIT SINGH NARWAL S/O BANTA SINGH

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

13/06/2021  
(14.23.26)

4. Date of Expiry of Insurance

12/08/2022

5. 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.

6. Limitations as to use\*

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

The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or 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 (Malaysia), 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 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: SEER INSURANCE AGENCY PTE. LTD.  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com



**SINGAPORE  
POLICE FORCE**



T/20211029/2057

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 40865  
Tel No: 65470000

Report No. T/20211029/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2021 15:33	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: NURSEHA BINTE ABDULLAH			Address: APT BLK 314 UBI AVENUE 1 #10-423 SINGAPORE 400314	
ID Type / ID No. NRIC NO / S9212635H			Contact No.: Home/Office: Mobile: 90479247	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 29	Date of Birth: 08/04/1992	Type of Informant: Passenger	
Race: Indian			Language: English	Institution / School Name:
Occupation: Registered nurse			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2021 23:00	Type of Location: Straight Road
Location:  SIMS AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7586X	Car	HONDA	STREAM SUNROOF 1.8L A	Blue		1
SGZ9673M	Car	HONDA	CIVIC 1.6L VTI AUTO	Black		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



3-48  
Report No: 1785110042021

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KHUSHPREET KAUR	ID No.	594424414
Related Vehicle	SGX7586X (Car)	Contact No.	91139275
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/10/2021	Date Discharge	29/10/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Passenger</b>			
Name	NURSEHA BINTE ABDULLAH	ID No.	98212535n
Related Vehicle	SGX7586X (Car)	Contact No.	96479647
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: S Date of Expiry: NIL
Date Treatment	29/10/2021	Date Discharge	29/10/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	SEOW SWEE ZHI	ID No.	55034096B
Related Vehicle	SGZ9973M (Car)	Contact No.	87761368
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 STATED DATE, TIME AND LOCATION**

On 29/10/2021 around 2300hrs I was a passenger to kushpreet kaur car, we were at arnis avenue T-junction and it was a red light, we were stationary at the T-junction waiting for the traffic light to turn green till to the point at about 2307hrs got hit by bearing vehicle (SGZ9973M) on the rear left side of the my vehicle. Was stunned for few secs and alight from the vehicle and give a check on the party to see if he requires any ambulance. The next day I make way to TPHQ to lodge a police report accordingly. That's all.



SINGAPORE  
POLICE FORCE



T2021100902051

4 of 4

Police Station Of Origin  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No: T202100902051

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  
TP /  
SC ABU HURAIRAH BIN ABDUL  
TALIB

Signature Of Informant

Signature Of Interpreter  
Not applicable

Date/Time  
29/10/2021 15:33

Officer In Charge Of Case  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No. 65476404

Classification Of Case