SS17225N0002 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 23/05/2022 16:18 (SGT) SUBMITTED BY: SMBFG Admin VERSION: 1 (23/05/2022 16:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 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 Date of Accident Exact Location of Accident dditional Location Information	23/05/2022 16:18 (SGT) 21/05/2022 15:30 (SGT) Singapore CROSS JUNCTION OF NORTH BRIDGE RD & HIGH ST & PARLIAMENT PL
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS O	FOWN VEHICLE
Vehicle Registration Number	SML8661Y
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LIM KOK GIAP SXXXX408B rlite@singnet.com.sg (Phone) +65-97510659 +65-97510659
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission CC	Honda Shuttle - Private hire No - Claiming third party Private hire Auto 1496
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5109791492-02
Name of Driver	LIM KOK GIAP

NRIC No SXXXX408B Date Of Birth 25/06/1958 Occupation Outdoor Date Of Driving Pass 26/10/1977 Driving experience 44 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97510659 Alt. Phone Number +65-97510659 Email Address rlite@singnet.com.sq Address **BLK 889A TAMPINES STREET 81** Address complement #08-1030 Postcode 521889 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 load Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NA Gender Male DETAILS OF POLICE ACTION Vas the accident reported to the police? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE SEE ATTACHED SKETCH PLANS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE. Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category Priva	ate car
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	LIM KOK GIAP Male (Phone) +65-97510659 BLK 889A TAMPINES STREET 81 #08-1030 521889 - REFER POLICE REPORT SML8661Y Yes
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person Gender Phone No Address	N.A (PASSENGER) Male -
Address Complement Post Code Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Vas this injured conveyed to hospital by ambulance?	REFER POLICE REPORT SML8661Y Yes Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please seport correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorises Oriver.
- Information provided must be as trathful and accurate as possible. Any will of 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.
- 8. 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 ladgement 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.
- S. Consent under the Personal Oata Protection Act (POPA)

Landersland, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, maclose enidor process my personal data/personal information set out in this (form) and any other personal information provided by the or possessed by my insurer (collectively title 'Personal Information') and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be pollectively referred to as the "locurers"), the insurers law yersilaw firms, the Monetary Authority of Singapore and any relevant government apericy/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or deating with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my dates;
- (iii) carrying out and/or dealing with my instructions or responding to any enquines by me;
- (iv) administering my claims (including the mailing of correspondence, statements, involves, 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/habit packagest; and/or
- (v) complying with applicable law in administering, processing, nanoling and/or dealing with my claims.

ted lectively the "Purnoses")

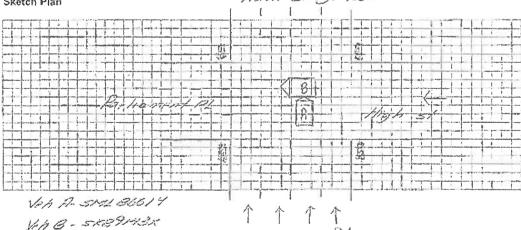
- (ii) all insurer(s) who have insured vehicle(s) avolved in this accident and the insurers law yershaw firms, may/are permitted to collect. use, disclose unulor process my Personal Information for one or more of the above Perposes; and
- (c) my Personal Information may/can be disclassed by any of the insurers and/or GIA to their third party service providers or agents (including their law yersitaw firms), which may be sized outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Claim OD © Claim Third Party & Claim OB/TP at other workshop © Reporting On asse forward a copy of my effle accident report to: **workshop* Mix lung Mohr Phat Mod **nail address* Inity and mohr of the Mohrman Corre **prefermil: Mix Oscignet for the Mohrman for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information. **claration** **a claration** **a clar	Please	worth 7	6 075	Entre	13/100	Beert.	
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.							***********
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.						*	
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.							
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.							
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.	er in Major e e galasina des esperante institute, esperidire a Major nadal, Medi	- Al-Mary Albani Darinaga dan And - Al-Albani and Andrew apida					
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.	A CARLON CONTRACTOR OF THE STATE OF THE STAT						
rease forward a copy of my effle accident report to: I workshop: His Yang Melos Pto 1101 Inail address: his yang motor chel most remainable mail: rhite & singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.	A STATE OF THE STA	and address,		produced by the state of the st			
rease forward a copy of my effle accident report to: I workshop: Her Yang Melor Pto 1101 I workshop: Her Yang Melor Pto				- 400-14000-			
rease forward a copy of my effile accident report to: I workshop: Hir Yang Melor Pto 1101 Inail address: her yang motor 6 hol most remainable mail: rhite 8 singuet rom .59 Ite: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. Claration I declare the foregoing parketion are true in every respect.			AND THE PERSON NAMED IN COLUMN TWO	M. Paragraphic accompany of the Control of the Cont			
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chel most remains all address: her yang motor chel most remains all email: riste consequent rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration declare the foregoing parkulars are true in every respect.		And the second second second second second	*************	Self-series			
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chel most remains all address: her yang motor chel most remains all email: riste consequent rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration declare the foregoing parkulars are true in every respect.	an der an eine eine der eine der eine der Andre de	may Citric Codes (1, 1). Bright had donormic or the september or an accordance, reposter yet	Contract Con		.99.000		
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chel most remains all address: her yang motor chel most remains all email: riste consequent rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration declare the foregoing parkulars are true in every respect.	Service of the servic						
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Ple 1101 mail address: her yang motor chel most remains all address: her yang motor chel most remains all email: rhite compared rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under arown policy. Kindly check with your own Insurer for more information. claration declare the toregoing parkulars are true in every respect.							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Ple 1101 ail address: her yang melor chel mert rem self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information. claration							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mil address: her yang motor chel most remainable mail: rhite C singuet rom: 59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under arrown policy. Kindly check with your own Insurer for more information. claration declare the taragoing particulars are true in every respect.							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Ple 1101 ail address: her yang melor chel mert rem self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information. claration							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Ple 1101 ail address: her yang melor chel most rem self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information. claration		Andreas and the second		Legislation designation and the legislation an			***************************************
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Ple 1101 ail address: her yang melor chel mert rem self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information. claration	+CHMAN		and the man of a district of the paintenance				- Maria Challe and American
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Ple 1101 ail address: her yang melor chel mert rem self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information. claration							LA-10-1 10-1 10-1 10-1 10-1 10-1 10-1 10-
ase forward a copy of my effle accident report to: workshop: Her Yang Maker Ple 1101 mil address: her yang meter chel most remainable mail address: her yang meter chel most remainable mail: rhite c singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own Insurer for more information.					***************************************		
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mil address: her yang motor chel most remainable mail: rhite C singuet rom: 59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under arrown policy. Kindly check with your own Insurer for more information. claration declare the taragoing particulars are true in every respect.							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chalmost remainstance: self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration seductare the foregoing parketing are true in every respect.							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chel most remains all address: her yang motor chel most remains all email: riste consequent rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration declare the foregoing parkulars are true in every respect.			·			wante or the state of the state	
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chel most remains all address: her yang motor chel most remains all email: riste consequent rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration declare the foregoing parkulars are true in every respect.							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chalmost remainstance: self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration seductare the foregoing parketing are true in every respect.							
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mil address: her yang motor chel most remainable mail: rhite C singuet rom: 59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under arrown policy. Kindly check with your own Insurer for more information. claration declare the taragoing particulars are true in every respect.	m)(4)V)				Gradinologichitz	# -	
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mil address: her yang motor chel mort rem self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own insurer for more information. claration declare the torogoing parkulars are true in every respect.				The place of the confidence and server	** *** *** ** ** ** ** ** ** ** ** ** *		****
ase forward a copy of my effle accident report to: workshop: Her Yang Melor Pto 1101 mail address: her yang motor chalmost remainstance: self email: rhite C singuet rom .59 te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ar own policy. Kindly check with your own insurer for more information. claration seductare the foregoing parketing are true in every respect.	and representative of the organization of the area.	TO SERVICE	May				**************************************
workshop: Hur Yang Maker 15th Mol north core half morth core self-email: rhite & single of tom 159 to: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own Insurer for more Information. claration	Claim OD	🖰 Claim Thi	rd Party	Æ Člaim	OD/TP at	other workshop	☐ Reporting On
workshop: Hur Yang Maker 15th Mol reven and address: her yang-motor chal mail. com self email: rhite c singuet form: 59 to: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ur own policy. Kindly check with your own Insurer for more Information. claration adeclare the foregoing particulars are true in every respect.	ase forward a co	py of my efile	accident r	eport to:			
te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under upon policy. Kindly check with your own insurer for more information. claration declare the torogoing particulars are true in every respect.	warkshoo - M	i Hana 1	Hofor 1	The Stol			
te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under ur own policy. Kindly check with your own insurer for more information. claration declare the foregoing particulars are true in every respect.	mil address :	i_yaraj_	motor e,	hot mail	POST		
te: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under own policy. Kindly check with your own Insurer for more information. claration declare the torogoing particulars are true in every respect.	self email : 🖊	to O Sing	not for	27.569			
over policy. Kindly check with your own Insurer for more information. claration declare the taragaing particulars are true in every respect.		1					
claration declare the foregoing particulars are true in every respect.							camage claim under
e declare the foregoing particulars are true in levery respect.	ir own poncy. K	mary check w	un your ov	m insurer fo	r more into	manon.	
	claration		200.00			**************************************	
	a declare the foregoin	ig particulars are	true in every	respect.			i)

Oriver's Signature (if driver it not the pelicyholder) / Onte & Time

Policyholder's dignature / Date & Time

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 i of 3 Report No. T/20220522/2016

REPORT O	F A TRAFFI	CACCIDENT				
Date/Tim 22/05/202	e Report f 22 10:44	Made:	Vide Report No.: Station Di A/20220521/0079			
informati	t's Partic	ulars.				
Name of LIM KOK	Informant: GIAP		Address; APT BLK 889A TAMPINI GROVE SINGAPORE 52	ES STREET 81 #08-1030 TAMPINES		
ID Type / NRIC NO	1D No.: / \$13044	08B	Contact No.: Home/Office:	Mobile: 97510659		
Nationalit SINGAPO	ly: DRE CITIZ	'EN	Email:	Amphalana and an		
Sex; Male	Age: 53	Date of Birth: 25/06/1958	Type of Informant: Driver	t and the track the department of the shape		
Race: Chinese	, and the second se	And the second s	Language:	Institution / School Name:		
Occupation OTHERS			Driving Licence Informati	on: Date of Expiry		

Type of Accident:	Injury Attended by Police	Drink Drive: Yes	Oate/Time of Accident: 21/05/2922 15:	30	Type of Location X-Junction
Location: NORTH BRID Lamp Post N					
<u>Camp Fosciv</u> Weather: Clear	COS ANTON	Road Surface: Dry		Road 50 K	d Speed Limit: m/h
Traffic Flow: Two Way		Traffic Controt: Traffic Light - Working		Traffic Volume: Moderate	
	sion:	ALL CONTRACTOR OF THE PARTY OF	MAKETULET FOR MAKETUREN CO. CT.		one conveyed by

Vehicle No.	Type	Make -	Mödel	Color	Condition	No of Passenger
SKB9143X	Car		a-1-a-2/2777			0
SML8661Y	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue		0

Details of Vehicle Insurance		
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

2 of 3 Report No. T/20220522/2016

Tel No: 65470000

CONTINUATION OF REPORT

Details of Vo	shicle Insurance		E	
Venicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5109791492-02	07/06/2021	06/06/2022
	Limited			

Any Pedestrian Ir	volved: No		2			
No. of Pedestrian	s Injured: Nil.	and the second second	Use of Pe	destrian	Cross	ing: NA
Oriver			×**			
Name	LIM KOK GIAP			ID No.		\$1304408B
Related Vehicle	SML8661Y (Car)		Conta	ct No.	97510659	
Hospital/Clinic	RAFFLES HOSPITAL		organiska militar för untid träping ocu a sygen	Class Drivin Licend Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: Nfl.
Date Treatment	21/05/2022	· · · · · · · · · · · · · · · · · · ·	Date Disc	charge	21/05	72022
No. of Days gran				f Injury	Sligh	Andrew secure to the principal of the pr

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING ON THE SECOND LANE OF THE FOUR LANE ROAD ALONG NORTH BRIDGE ROAD TOWARDS SOUTH BRIDGE ROAD AS I APPROCHED THE SIGNALLISED JUNCTION OF HIGH STREET. THE LIGHT WAS GREEN IN MY FAVOUR AND I THEREFORE PROCEEDED. AS I WAS CROSSING THE SAID JUNCTION, I SUDDENLY SAW A BLACK SUV APPEAR FROM MY RIGHT TO LEFT AND I WAS UNABLE TO STOP IN TIME. A COLLISION THEREFORE OCCURRED BETWEEN THE FRONT PORTION CAME INTO CONTACT WITH THE LEFT CENTRE PORTION OF THE BLACK CAR. I THINK THE BLACK CAR HAD BEATEN THE RED LIGHT AS THE LIGHT WAS DEFINITELY GREEN IN MY FAVOUR. AFTER THE ACCIDENT, I WAS CONVEYED TO RAFFLES HOSPITAL, TOGETHER WITH MY PASSENGER AND I WAS DISCHARGED ON THE SAME DAY AND GIVEN FIVE DAYS OF OUTPATIENT MEDICAL LEAVE. I SUFFERRED BODILY PAIN AND SUSTAINED NO FRACTURE OF ANY SORT AS A RESULT OF THE ACCIDENT.



SINGAPORE POLICE FORCE

7/20/20522/2016

Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tet No: 65470000 3 of 3 Report No. T/20226522/2016

CONTINUATION OF REPORT

Sketch I	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 65474886 stating the report number as reference.

Signature of Officer Recording The Report:	Signature Of Informant:
Other ARSHATH	7
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2022 10:44
Officer in Charge Of Case: 10 SHWASURIA TP / GIT / 6541 6356 SR STAFF SGT ABDUL RAHIM BIN SALIM Contact No.: 65476433 4155 418 \	Classification Of Case:
NP168	