	-
REF. C4/11/27	7.127 17.27
S. RECBY: TOWN REF. C4/11/22	20.12210 17 073
ASSIC	GNMENT
om Date:	Veh No: SUB 2899 H. Yr Regn: 2016, Merch
Dii	Type: M-Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
stimated lost:	
D / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect/Vehicle No:	Make: flunda Vezel. c.c. 1496.
t Workship m/s	Colour Warge A/C: Insured / Std / Ni / NA
	Sp.Reading 12/39 T/Radio; Insured / Std / NI / NA
nsured:	Eng/No:
	C/No: RUIII0585 *
Policy No.	Gen. Cond: Good/ Fair / Poor / Burnt
elaims No.	
Sum Instilled: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Clienf'sRecord)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / Sibim / STD A/Rim or
, k.,	Tyre Size: F: 215/55K13-
(Policy Condition)	R: n
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 DT Falleen
Bal. or Market Value:	Front Rear.
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. G. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 07/17/22
Lum Sum: % 3 Val.: Yes or No	Survey held at APALA
	Des. of Damages Frt Reary O/S N/S U/C Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/OU	
Date: Person Contacted: N/C	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	1
	·
Date/Time, File Pass 10? : Preli. Report	Days Of Repair:
Final Favoré	
Date/Time, File Return to?	
	Transportation:
T I. I. A	5004 J. O. 150 J. O. 150 S. J.
Add F	
	: Interview (\$) Photos
Repart Formet:	: Interview (\$) Photos : Tech. Invs (\$) Others
	: Interview (\$) Photos



AP AUTOMOTIVE SERVICES PTE LTD ROC / GST REG NO : 202022890H BLOCK 9006 TAMPINES STREET 93 #01-202 SINGAPORE 528840 TEL: 6784 4465 FAX: 6787 4886

Estimation

Date

6/12/2022

Vehicle

SLB 2899H

Make/Model HONDA VEZEL 1.5X CVT

Chassis No.

RU11110585

No.	Description	Unit	Unit Price			Amour	nt
	Parts Replacment		T				
1	REAR BUMPER	1	\$	895.50	\$	de	895.50
2	REAR BUMPER REFLECTOR	2	\$	161.10	\$		322.20
3	REAR BUMPER SIDE	2	\$	RHxK235.00	-	24 m/	470.00
4	REAR BUMPER SIDE RETAINER	2	\$	65.00	\$		130.00
5	REAR BUMPER REINFORCEMENT	1	\$	310.00	\$.,	310.00
6	TAILGATE	1	\$	1,430.00	\$		1,430.00
7	TAILGATE LAMP IN	1	\$	295.00	\$		590.00
8	TAILGATE OUTER GARNISH	1	\$	220.00	\$		220.00
9	TAILGATE LOGO	1	\$	68.00	\$		68.00
10	TAILGATE EMBLEM 'VEZEL'	1	\$	58.00	\$		58.00
11	TAILGATE DAMPER	2	\$	196.00	\$		392.00
12	TAILGATE INNER HOLDER	1	\$	55.00	\$		55.00
13	TAILGATE STOPPER	2	\$	23.00	\$		46.00
14	TAILGATE TOP LOCK	1	\$	180.00	\$		180.00
15	TAILGATE LOWER LOCK	1	\$	27.90	\$		27.90
16	TAILGATE OUTER LOCK HANDLE SWITCH	1	\$	335.20	\$	×	335.20
	TAILGATE INNER TRIM	1	\$	398.60	\$	×	398.60
18	TAILGATE WEATHERSTRIP	1	\$	169.50	\$	art	169.50
19	TAILGATE DETECTOR	1	\$	399.50	\$	×	399.50
20	TAILGATE WINDSCREEN MOULDING	1	\$	168.00	\$	MI	168.00
	BUZZER	1	\$	109.50	\$	cong/	109.50
22	TAIL LAMP	2	\$	495.00	\$	ent	990.00
23	REAR FENDER	2	\$	% 946.40	\$	14 Rx	1,892.80
24	REAR FENDER INNER TRIM	2	\$	399.10	\$	X	399.10
25	REAR FENDER COWLING	2	\$	150.20	\$	×	300.40
26	REAR FENDER ARCED GARNISH	2	\$	184.70	\$	K	369.40
27	REAR END PANEL	1	\$	530.00	\$	bt	530.00
28	REAR END PANEL TOP GARNISH	1 '	\$	146.30	\$	de	146.30
29	REAR FLOOR PANEL	1	\$	1,130.00	\$	MMXK	100
30	REAR FLOOR TOWING PANEL		\$	545.00	\$	X	545.00
	REAR ABS SENSOR	1	\$	430.00		×	
32	REAR AXLE	1	\$	1,670.00	_	N	430.00
33	REAR SHOCK ABSORBER LH	1	\$	395.00	_	Κ	1,670.00
	REAR WHEEL HUP WITH BEARING LH	1	\$	435.00	_	R	395.00
	REAR SPARE TYRE PANEL	1	\$	689.80	\$	1	435.00
	REAR CHASSIS MEMBER LH	1	\$	797.40	\$	me/	689.80
-	REAR FLOOR SIDE PANEL	2	\$	297.60	\$	X R	797.40 595.20

38	REAR FLOOR PANEL BOTTOM GARNISH	1	\$	269.00	\$ de	269.00
39	REAR FLOOR PANEL TOP BOARD	1	\$	300.40	\$ ×	300.40
40	REAR TOOLS SPONGE	1	\$	215.30	\$ our	215.30
41	CENTER EXHAUST GASKET (SET)	1	\$	80.00	\$ X	80.00
42	CENTER EXHAUST	1	\$	1,448.00	\$ ×	1,448.00
43	CENTER EXHAUST INSULATOR	1	\$	89.00	\$ X	89.00
44	REAR EXHAUST INSULATOR	1	\$	55.00	\$ ×	55.00
45	REAR EXHAUST MOUNTING	4	\$	18.00	\$ <	72.00
46	REAR EXHAUST GASKET (SET)	1	\$	80.00	\$ x	80.00
					\$	20,699.00
			L	ess 20%	\$	4,139.80
				Total	\$	16,559.20

	S/Nett Items					
1	REAR NUMBER PLATE	1	\$ 80.00	\$	×	80.00
2	REAR BUMPER CLIP (SET)	1	\$ 80.00	\$		80.00
3	TAILGATE SEALANT	1	\$ 150.00	\$	×	150.00
4	TAILGATE OUTER GARNISH CLIP (SET)	1	\$ 50.00	\$	X	50.00
5	TAILGATE INNER TRIM CLIP (SET)	1	\$ 50.00	\$	3aci-	50.00
6	TAILGATE WINDSCREEN SEALANT	1	\$ 80.00	\$	40 ver	80.00
7	TAILGATE WINDSCREEN INNER SEAL	1	\$ 60.00	\$	3001	60.00
8	TAIL LAMP CLIP (SET)	1	\$ 60.00	\$	20 ne/	60.00
9	REAR FENDER COWLING CLIPS (SET)	1	\$ 60.00	\$	X	60.00
10	REAR FENDER INNER TRIM CLIPS (SET)	1	\$ 60.00	_	V	80.00
11	REAR FENDER ARCED GARNISH CLIP (SET)	1	\$ 60.00	\$		60.00
12	REAR END PANEL TOP GARNISH CLIPS (SET)	1	\$ 60.00	\$	20ner	60.00
13	REAR END PANEL INSULATION SEAL	1	\$ 150.00	\$	4 one	150.00
14	BOOT LID INSULATOR CLIP (SET)	1	\$ 80.00	\$	×	80.00
15	REAR FLOOR PANEL SEALANT	1	\$ 350.00	\$	×	350.00
16	REAR FLOOR PANEL BOTTOM GARNISH CLIP (SET) 1	\$ 40.00	\$	×	40.00
17	REAR FLOOR TOWING PANEL SEALANT	1	\$ 80.00	\$	×	80.00
18	REAR FLOOR SIDE PANEL SEALANT	1	\$ 80.00	\$	×	80.00
19	REVERSE SENSOR (SET)	1	\$ 250.00	\$	200nn	(2) FANE(8)
			Total	\$		1,900.00

	LABOUR				
1	SPRAY PAINT ON AFFECTED AREAS	1	\$ 1,800.00	\$ 1200	1,800.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,600.00	\$ 1000	1,600.00
3	TO CHECK WIRING	1	\$ 80.00	\$ 30	80.00
4	TO CHECK WATER LEAK	1	\$ 80.00	\$ 20	80.00
5	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	\$ 280.00	\$ ×	280.00
6	TO RNR REAR UNDERCARRIAGE & WHEEL ALIGNMENT	1	\$ 400.00	\$ X	400.00
7	TO CHECK 4 WHEEL ALIGNMENT	1	\$ 300.00	\$ X	300.00
8	TO PERFORM RUST PROOFING	1	\$ 250.00	\$ 40.	250.00
9	TO RNR CUSHION SEAT/UPHOLSTRY & ROOF LINING FACILITATE REPAIR	1	\$ 250.00	\$ 60	250.00
10	TO RNR REVERSE CAMERA & DISTANCE SETTING	1	\$ 80.00	\$ 30	80.00
11	TRANSFER TAILGATE MECHANISM	1	\$ 80.00	\$ 60	80.00

	Total	\$	5,200.00
Parts Replac	ement Amoun	t \$	18,459.20
Total Amo	unt For Labou	r \$	5,200.00
To	tal Amount	Ś	23.659.20

Tanfilm 97495749

Wy of 12/27 e 4 pm

L/4 Resum affer repoir

tenflin c/bhandonon

But Boleys.

KK Auto Consultants hence notify

he 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 and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	istered verificie
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	944B
Vehicle No.:	SLB2899H
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jan 2023
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	Orange
Manufacturing Year:	2015
Engine No.:	L15B4030588
Chassis No.:	RU11110585
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,880.00
Original Registration Date:	31 Mar 2016
First Registration Date:	31 Mar 2016
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$9,880.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2 026
PARF Rebate Amount: Intended COE Rebate Details	\$6,422.00
COE Expiry Date:	30 Mar 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,504,00
COE Rebate Amount:	\$14,739,00
Total Rebate Amount:	\$21,161,00

The information contained herein is correct as at 06 Dec 2022



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 Actual 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

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.

4. The issue and acceptance or this Form by insurance companies is not an admission of policy flability 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

06/12/2022 10:07 (SGT)

Both

04/12/2022 12:30 (SGT)

CTE, Singapore

CTE TOWARDS CITY BEFORE BALESTIER EXIT 7D

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB2899H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

IZMAN HADDY BIN JUFRI

S9134944B

Izmanhaddy@gmail.com (Phone) +65-98294640

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

Vezel

HONDA / VEZEL 1.5X CVT

Private use

No - Claiming third party

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report S00022C60002

Auto & General Insurance (Singapore) Pte. Limited.

P10519100R0h

IZMAN HADDY BIN JUFRI

S9134944B

30/09/1991 Indoor

Date Of Driving Pass 08/04/2013 Driving experience 9 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-\$8294640 Alt. Phone Number **Email Address** Izmanhaddy@gmail.com Address BLK 605A TAMPINES STREET 61 08-312 SINGAPORE 521605 Address complement Postcode 521605 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 - 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name ELANA BINTE IZMAN HADDY Gender Female PASSENGER 2 Name ALYSSA NADYA BINTE IZMAN HADDY Gender Female PASSENGER 3 Name SITI MAISARAH BINTI OSMAN Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG8624L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver WANG QING HUA NRIC No S2656711D Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

No. Of Passenger (Including Driver)

Gender

Phone No Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

INJURED 2

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?

Was this injured conveyed to hospital by ambulance?

INJURED 3

Name of injured person

Gender

Phone No Address

Address Complement

Post Code

Approximate Age Years Old

IZMAN HADDY BIN JUFRI

Male

(Phone) +65-98294640

605A TAMPINES STREET 61 #08-312 SINGAPORE 521605

521605

SLB2899H

Yes

No

ELANA BINTE IZMAN HADDY

Female

605A TAMPINES STREET 61 #08-312 SINGAPORE 521605

521605

SLB2899H

Yes No

ALYSSA NADYA BINTE IZMAN HADDY

Female

605A TAMPINES STREET 61 #08-312 SINGAPORE 521605

521605

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

INJURED 4

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?

Was this injured conveyed to hospital by ambulance?

SLB2899H

Yes

No

SITI MAISARAH BINTI OSMAN

Female

605A TAMPINES STREET 61 #08-312 SINGAPORE 521605

521605

SLB2899H

Yes

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 Actual Driver
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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, involces, 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 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 Purposets

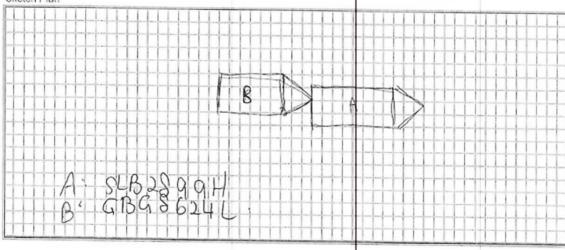
agli

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident						
	-					
				-		
REFER	TO	POLICE	QE	para.		
NC OT		100,00	100	10101		
					-	
-						
		-				
Declaration						
I/We declare the foregoing particulars are	true in every re	spect				
If you wish to claim against your own police must be made within the stipulated timefra	y, please be acome from the da	tvised that your insi by of occurence. Kir	urer may have ndly check with	a fourteen (14) day: your insurer for mg	s clause where re details.	by the claim
Salle					^^	7 .
Policyholder's Signature / Date & Time D	river's Signature	(if driver is not the polic	cyholder) / Date	Witnessed by	y Reporting Centr	e Personnel
6	Time			(Name as in	NRIC/ID card)	
						2



. 1 of 4 Report No. T/20221205/7064

REPORT OF A											
Date/Time Report Made: Vide Report No.: 05/12/2022 17:59							S	tatio	n Diary No.:		
Informant's	Particu	lars			770	(2.0)	Tale of		100000	100	
Name of Inf			Add	ress:						100	
IZMAN HAD		JUFRI	605/	A TAMPIN	IES S	STRE	ET 61 #0	8-312	2 SING	APC	RE 521605
ID Type / ID NRIC NO / :		4B	12	tact No.: ne/Office:			,	Anhile	: 9829	1611	,
Nationality:			Ema			-		MODILE	. 9029	4040	,
SINGAPOR	E CITIZI	ΞN	10001000	anhaddy@	gma	il.cor	h				
Sex: Male	Age: 31	Date of Birth: 30/09/1991		e of Inform							
Race: Javanese			Lang	guage: lish			Ir	nstitut	ion / S	choc	Name:
Occupation:			-	ing Licenc	e Inf	orma	tion:			-	
Analyst			Clas			Oillia		ate o	f Expir	y:	
General Info		of the Accident								81	468888
Type of		ijury thers		Drink			te/Time	of		Тур	e of Location
Accident:	10	uleis		Drive:		04	cident: /12/2022	12.30	,		
TOWNER R	ROAD										
Weather:			Roa	d Surface	;	-			Road	Spe	ed Limit;
Traffic Flow		14.00	Traffic Control;					Traffi	c Vo	lume:	
Type of Coll	ision:								Anyo ambu No	ne c	onveyed by e:
Details of V	ehicle I	nvolved			Sec. 1						
Vehicle No.	Туре	Make		Model		Cole	ar.	Too	nditio	IN-	-4
SLB2899H	Car	HONDA		VEZEL 1	1.5X	Ora		00	IIIIIIO	No 3	Of
Details of V	ehicle li	nsurance									
Vehicle No.		nce Company			Insi	urang	e No	TE	ffective		Evoir Det
SLB2899H	AUTO	& GENERAL INS APORE) PTE. LIN			Total Million Street, Co.	The second second	00R01	_	1/04/20	-	31/03/2023





T/20221205/7064

, 2 of 4 Report No. T/20221205/7064

CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved					
No. of Pedestrian			Hop of Dog	natria	- C	In an ALA
Driver	3 Injured. IVIL		Use of Pec	esma	n Cross	ang: NA
Name	IZMAN HADDY BIN	JUFRI		ID No).	S9134944B
Related Vehicle	SLB2899H (Car)			Conta	act No.	98294640
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	04	Degree of		Serio	us
Passenger		BO TO LO	E CANADA	NAME OF	20.10	
Name	ELANA BINTE IZMA	AN HADDY	1	ID No	0.	T1933801G
Related Vehicle	SLB2899H (Car)			Cont	act No.	NIL
Hospital/Clinic	NIL			Class Drivir Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	- April	NIL	
No. of Days gran	ted Medical Leave	04	Degree of		Sligh	
Passenger		di Series	209,000	- A	Oligit	
Name	ALYSSA NADYA B	INTE IZMA	N HADDY	ID No	0.	T1735354Z
Related Vehicle	SLB2899H (Car)			Cont	act No.	NIL
Hospital/Clinic	NIL			Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	04	Degree of		Sligh	t





Report No. T/20221205/7064

CONTINUATION OF REPORT

Passenger		1			DATE OF A SOCIETY
Name	SITI MAISARAH BII	NTI OSMA	AN	ID No.	S9103772F
Related Vehicle	SLB2899H (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	04	Degree of		ous

Brief Details.

On the stated date and time I was ferrying my family.

- 1. Wife Siti Maisarah Binti Osman
- 2. Eldest daughter Alyssa Nadya Binte Izman Haddy.
- 3. Youngest daughter- Elana binte izman haddy

All of us were belted and my daughters were in their child seat seated behind.

We were travelling straight along CTE towards City.

As the vehicle in front stopped I gradually follow suit.

Suddenly vehicle GBG8624L came from behind and hit onto my vehicle's rear portion.

The impact was great and I held my steering wheel tightly.

I quickly check on my family and realised that my elder daughter hit her right arm onto her child seat. My younger daughter hit her head onto her headrest. My wife was complaining of neck and back pain.

After a while I also felt pain on my neck and lower back areas.

The next day I brought all of them to Oasis Family Clinic to seek treatment and all of us were given 4 days MC.



Sketch Plan Informant is not able to provide sketch



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Report No. T/20221205/7064

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 17:59
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

CONTINUATION OF REPORT

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