ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642. Tel: 6453 8686 (3 Lines) Fax: 6459 6550

> Company Reg. No.: 201113667N GST Reg. No.: 201113667N

> > No.: 06827

Vehicle Insured : SHB1273S

Accident Date : 06-May-2023 Date : 10-May-2023

Our Ref: 023100 (FIRST) / CHAN PAGE: 1

ROSALINA BINTI ABU SAMAH BLK 242 YISHUN RING ROAD

#07-1120

Singapore 760242

ESTIMATED COST OF REPAIR FOR HONDA FREED SJQ4074C

	pc	Tail gate	1,129.00
	pc	Tail gate glass mounding(set)	120.00
	pc	Tail gate rubber	134.80
	pc	Tail gate inner lock	221.50
	pc	Tail gate inner trim	237.00
	pc	Tail gate "FREED" emblem	53.50
	pc	Tail gate logo	37.00
1	pc	Tail gate outer garnish	28.00
1	pc	Rear end panel	520.00
1	pc	End panel top garnish	80.00
1	pc	Spare tyre panel	1,419.00
1	pc	Rear n/s chassis extension	180.00
1	pc	N/s taillamp	458.00
1	pc	N/s taillamp lower bracket	56.50
1	pc	N/s taillamp inner panel	288.50
1	pc	Rear n/s fender	1,248.50
1	pc	Rear n/s fender air vent	36.00
1	pc	Rear n/s fender inner trim	327.00
1	pc	Rr n/s quater glass inner seal	37.20
	pc	Rear bumper fascia	885.00
	pc	Rear n/s bumper side retainer	28.00
	pc	N/s sliding door	2,800.00
	pc	Rear axle	1,418.00
1		Rear n/s shock absorber	313.00
	pc	Rear n/s wheel hub	277.30
	pc	Front grille base	265.00
	рc	Front grille top chrome	98.60
	pc	Front grille lower chrome	89.70
		The state of the s	

Con't Page 2 ...

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550 Company Reg. No.: 201113667N GST Reg. No.: 201113667N

Venicle insuled . Shbiz/Jb	Vehicle	Insured	: SHB1273S	Page	:	2
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1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc	Front grille centre chrome Front grille logo N/s headlamp N/s headlamp lower bracket Front bumper fascia Front bumper tow cover Front n/s bumper side retainer Front bumper reinforcement Front support panel Front n/s side guide	@ S\$	55.00	110.00 46.50 1,285.00 47.00 988.00 22.50 25.00 268.00 663.00 45.00		
		Less	20% :	16,286.10 3,257.22		
1 pc 1 pc	Tail gate glass sealant Rear n/s quater glass sealant Rear bumper reverse sensor Radiator coolant				13,028.88 60.00 40.00 300.00 30.00	sn sn sn
To to	wing				60.00	
	wire damaged parts and refocus amp beam.				20.00	
The second secon	move & refix rear windscreen and conduct water leak test.				150.00	
	move roof lining, front and seats, trim board and carpet				180.00	
	move air con condenser, pipes rier, vacuum and to recharge				120.00	
To ap	ply undersealing				150.00	

Con't Page 3 ...

ALAN'S UNITED AUTO PTE. LTD.

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Company Reg. No.: 201113667N GST Reg. No.: 201113667N

Vehicle Insured: SHB1273S Page: 3

To dismantle and lower rear 200.00 undercarriage 65.00 To check and adjust wheel alignment

To remove and renew exhaust 60.00

1,600.00 To putty and spray replaced parts

To remove, cut-out damaged parts, panel beating, welding, align, 1,800.00 refix and to renew above parts

_____ S\$17,863.88 Total:

Singapore Dollars Seventeen Thousand Eight Hundred and Sixty Three and Cents Eighty Eight Only

silencer box

SA1E235A0001 / ALAN'S UNITED AUTO PTE LTD ENTRY DATE & TIME: 10/05/2023 16:03 (SGT) SUBMITTED BY: KHONG SHI JIE VERSION: 1 (10/05/2023 16:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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 Reported by Date of Accident Et Location of Accident Additional Location Information Country/State of Loss	10/05/2023 16:03 (SGT) Both Policyholder and Actual Driver 06/05/2023 14:00 (SGT) Sembawang Rd, Singapore - Singapore					
DETAILS OF	OWN VEHICLE					
Vehicle Registration Number	SJQ4074C					
INSURED/POLICYHOLDER						
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ROSALINA BINTI ABU SAMAH SXXXX265B					
VEHICLE PARTICULARS						
Manufacturer Model Variant	Honda Freed					
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use					
your vehicle? Vehicle Category Transmission CC	No - Claiming third party Private car Auto 1500					
INSURANCE COMPANY						
Name of Insurance Company Policy Number / Cover Note Number	ECICS Limited					
DRIVER						
Name of Driver NRIC No Date Of Birth	ROSALINA BINTI ABU SAMAH SXXXX265B					

Indoor

Occupation

Date Of Driving Pass 09/01/2013 Driving experience 10 YEARS AND 4 MONTHS Gender Male Mobile Number Alt. Phone Number Email Address Address Address complement Postcode 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 Chain Collision Weather Conditions Clear Road Surface Dry **HER INFORMATION** Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 3 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) 5 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 FOREIGN VEHICLE 1 Vehicle Registration Number .IWR6912 Vehicle Category Private car BENGER 1 SUWARIYAH BINTI SARKAWI Name Gender Female PASSENGER 2 Name JULIANA BINTE ABU SAMAH Gender Female PASSENGER 3 MOHAMMAD HAFIZ BIN MUSTAFA Name Gender Male PASSENGER 4 ADELIA RAISYA BTE MOHD NAZIR Name Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

Alt. Police Station Phone No

Police Station Phone No

Police Station Address Was notice of intended Prosecution given? If yes, against whom?	10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN & POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHB1273S
Vehicle Manufacturer	3/15/2/33
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	-
Vehicle Category	- Taxi
re of Driver	LIM BUCK NAM
No.C No.	SXXXX790F
Contact Number	5AAA790F
Address	
Address complement	
Postcode	
Insurance Company Name	•
Nature Of Damage	- C
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	2
DETAILS OF OTHER	R VEHICLE PROPERTY 2
Vehicle Registration Number	JWB6912
Vehicle Manufacturer	*
Vehicle Model	450
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Private car
ne of Driver	TOH KIM HOCK
Cuitact Number	
Address	
Address complement	, - ,
Postcode	page
Insurance Company Name	150
Nature Of Damage Details of property damaged in accident	<i>1</i> ₹
No. Of Passenger (Including Driver)	1
INJURED PE	ERSONS DETAILS
INJURED 1	
Name of injured person Gender	ROSALINA BINTI ABU SAMAH Female
Phone No	NAME OF THE STATE
Address	
Address Complement	2
Post Code	-
Approximate Age Years Old	2
Injuries Sustained	NECK & BACK PAIN
Injured person in which vehicle?	SJQ4074C

NAME OF THE PARTY	
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
National Contract Program of	
Name of injured person	SUWARIYAH BINTI SARKAWI
Gender	Female
Phone No	•
Address	=
Address Complement	-
Post Code	=
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK PAIN
Injured person in which vehicle?	SJQ4074C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	JULIANA BINTE ABU SAMAH
Gender	Female
Phone No	<u> </u>
Address	2
Address Complement	<u> -</u>
Post Code	
roximate Age Years Old	
Injuries Sustained	NECK & BACK PAIN
Injured person in which vehicle?	SJQ4074C
Were seat belts worn?	
Were seat beits worm?	Yes
Was this injured conveyed to beental by ambulance?	No
Was this injured conveyed to hospital by ambulance?	No
Was this injured conveyed to hospital by ambulance? INJURED 4	No
INJURED 4	
Name of injured person	MOHAMMAD HAFIZ BIN MUSTAFA
Name of injured person Gender	
Name of injured person Gender Phone No	MOHAMMAD HAFIZ BIN MUSTAFA
Name of injured person Gender Phone No Address	MOHAMMAD HAFIZ BIN MUSTAFA
Name of injured person Gender Phone No Address Address Complement	MOHAMMAD HAFIZ BIN MUSTAFA
Name of injured person Gender Phone No Address Address Complement Post Code	MOHAMMAD HAFIZ BIN MUSTAFA Male - - -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	MOHAMMAD HAFIZ BIN MUSTAFA Male - - - -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C
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?	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C
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?	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes
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?	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes
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 5	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No
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 5 Isaane of injured person	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR
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 5 Is an e of injured person Gender	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR
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 5 Is an e of injured person Gender Phone No Address	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR
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 5 Is an e of injured person Gender Phone No Address Address Complement	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR
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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 5 Is an e of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR Female
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 5 Isological Person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR Female SJQ4074C
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 5 Is an e of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	MOHAMMAD HAFIZ BIN MUSTAFA Male NECK & BACK PAIN SJQ4074C Yes No ADELIA RAISYA BTE MOHD NAZIR Female

SKETCH PLAN

IMPORTANT NOTICE

- 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 touthful and accurate as possible. Any wirful misrepresentation or withholding of material facts may allow insurance companies to repudiate oxilox 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.
- 6. 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.
- 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 daims;
- (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 ansior dealing with my claims.

- (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 storve 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.

10/5/2023

Policyholder's Signature i Date & Time

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

Witnessed by Reporting Co. (Name as in NRIC40 card) ting Centre Personnin

Sketch Plan YISHUN AVE I A : 3304074C B : SHB12735 SEWIBAWANG ROAD CI: JWB 69114 MANDAI AVE

1

Refer	to	the Accid	HANNET	7/20730507/7010.	
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la como de la Contractica del Contractica de la	papara ang ang ang ang ang ang	n et et klysje terlehenere errene	and the second second second second		- The State of the

I/We declare the foregoing particulars are true in every respect.

Following Signature / Date & Fine

Oriver's Signature (if driver is not the policyholder). Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD dard)





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20230507/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2023 12:47			Vide Report No.: L/20230506/0107	Station Diary No.:			
Informant	's Particu	ılars	100 (100 (100 (100 (100 (100 (100 (100				
Name of I	and the second s	BU SAMAH	Address: 242 YISHUN RING ROAD #07-1120 SINGAPORE 760242				
ID Type / NRIC NO	선생님 회사 지도 기소의		Contact No.: Home/Office:	Mobile:			
Nationality SINGAPC		EN	Email:				
Sex: Female	Age:	Date of Birth:	Type of Informant: Driver				
Race: Malay			Language: English				
Occupation Other adm		n professionals	Driving Licence Information: Class: 3	Date of Expiry:			

General Informati	on of the Accident		100000000000000000000000000000000000000			
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 06/05/2023 14:00)	Type of Location: X-Junction
Location:						
CHENCHARU LII	NK					
Weather:		Road	Surface:			
Sunny		Dry				
Traffic Flow: One Way			Control: Light - Work	ing	20000000000	ic Volume: erate
Type of Collision: Chain collision at					The second second second	one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JWB6912	Car	ТОУОТА	Alphard	White	Slightly Damaged	0
SHB1273S	Car			Brown	Seriously Damaged	1
SJQ4074C	Car	HONDA	FREED 1.5G	Blue		0





2 of 4

Report No. T/20230507/7010

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

CONTINUATION OF REPORT

17. E. T. B.L.	1. 6	1		T
venicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ4074C	ECICS LIMITED	MPC22P00268400	08/11/2022	07/11/2023

Details of Perso	n Involved						
Any Pedestrian Ir							
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA				
Driver			Contract Continues of Contract				
Name	TOH KIM HOCK			ID No.			
Related Vehicle	JWB6912 (Car)			Conta	ct No.		
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		
Driver							
Name	LIM BUCK NAM			ID No.			
Related Vehicle	SHB1273S (Car)		Contact No.		N		
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	t	
Driver			<u> </u>		Ü		
Name	ROSALINA BINTI AB	U SAMAH		ID No			
Related Vehicle	SJQ4074C (Car)			Conta	ct No.		
Hospital/Clinic 24 HOUR WALK-IN CLINIC				Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	06/05/2023		Date		06/05	5/2023	
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t	





3 of 4

Report No. T/20230507/7010

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

CONTINUATION OF REPORT

Brief Details.

On Saturday, 6th May 2023 at about 2.00pm, I was driving my car SJQ 4074C along Sembawang Road when the traffic light turned red. I stopped and was already stationary for about 30 seconds when suddenly there was loud bang at the rear of my car. My car moved forward from the impact and it hit the car in front of me, JWB 6912.

I was in shock and stayed seated for a few more seconds when the driver of the taxi SHB 1273S that had hit our rear, came to our window to check on us. I then saw him gave chase to a motorbike on foot to no avail.

He then approached my vehicle again to check on us.

He claimed the motorbike had 'hit and run' his taxi and decided to chase with his taxi but unfortunately hit our car instead.

Driver of taxi SHB 1273S was apologetic and admitted his fault.

Motorbike that allegedly had 'hit and run' his taxi had sped away.

I noticed a motorbike speeding away from the scene.

I had 4 passengers with me in the car.

My mother, front passenger seat - Suwariyah Binti Sarkawi

My sister, back seat - Juliana Binte Abu Samah

My fiance, back seat - Mohammad Hafiz Bin Mustafa I



My niece, most back seat - Adelia Raisya Bte Mohd Nazir



We felt we did not require ambulance assistance at the scene, however we felt pain, strain and aches in our bodies developing after the adrenaline wore off.

We had seeked medical assistance at which we were all given 3 days medical leave and a A&E referral letter in case our pain does not subside or intensify within these 3 days.

Driver of taxi SHB 1273S that hit my rear - Lim Buck Nam S1255790F

Driver of car in front of me JWB 6912 - Toh Kim Hock 730922015925

Police came and took our statements and photos. They provided us with a case card with a report number: L/20230506/0107

IO for the case is: IO Raime

Report made by driver SJQ 4074C Rosalina Binti Abu Samah S8800265B





4 of 4

Report No. T/20230507/7010

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

CONTINUATION OF REPORT

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: 07/05/2023 12:47
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case: