

VEHICLE NO: 5J28148A.

MAKE &amp; MODEL: merc B180.

AUTO/MANUAL

DATE OF ACCIDENT	26 / 07 / 23.	CC.
TIME OF ACCIDENT	1420.	AM/PM
LOCATION OF ACCIDENT	TAGEORE LANE. x TAGEORE INDUSTRIAL HVE.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	MOHAMMAD. KHAIRUL BIN KAMRANI.	
EMAIL	KHAIRUL.KAMRANI@rocketmail.com	OFFICE: MOBILE: 9967035.
NRIC	58735178F.	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES/NO	
INCURANCE CO.	RTUC.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5126745887-01.	
NAME OF DRIVER	AS ABOVE / IF NO: 4	
NRIC	4	
DATE OF BIRTH	21 / 10 / 87.	
ANY PASSENGER	YES/NO: DRIVER ONLY.	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE/FEMALE	
OCCUPATION	Outdoor/Indoor	
DATE OF DRIVING PASS	13 / 04 / 12.	
GENDER	MALE/FEMALE	
CONTACT NO.	Mobile: 9967035 Office: Home:	
EMAIL	KHAIRUL.KAMRANI@rocketmail.com	
ADDRESS	216A COMPASSUAL OR # 09-599 57541216	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No: SELF.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? P14UPT - VFA A - PPRIGUT.	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where? TP HQ.	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	5J76273R.	
NAME	Any Passenger:	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES/NO	
WAS THERE ANY AUDIO RECORDED?	YES/NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES/NO	
WHO IS REPORTING	DRIVER/ OWNER/ BOTH	
Original Language Used	English/ Mandarin/ Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES/NO	



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## 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.
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 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:

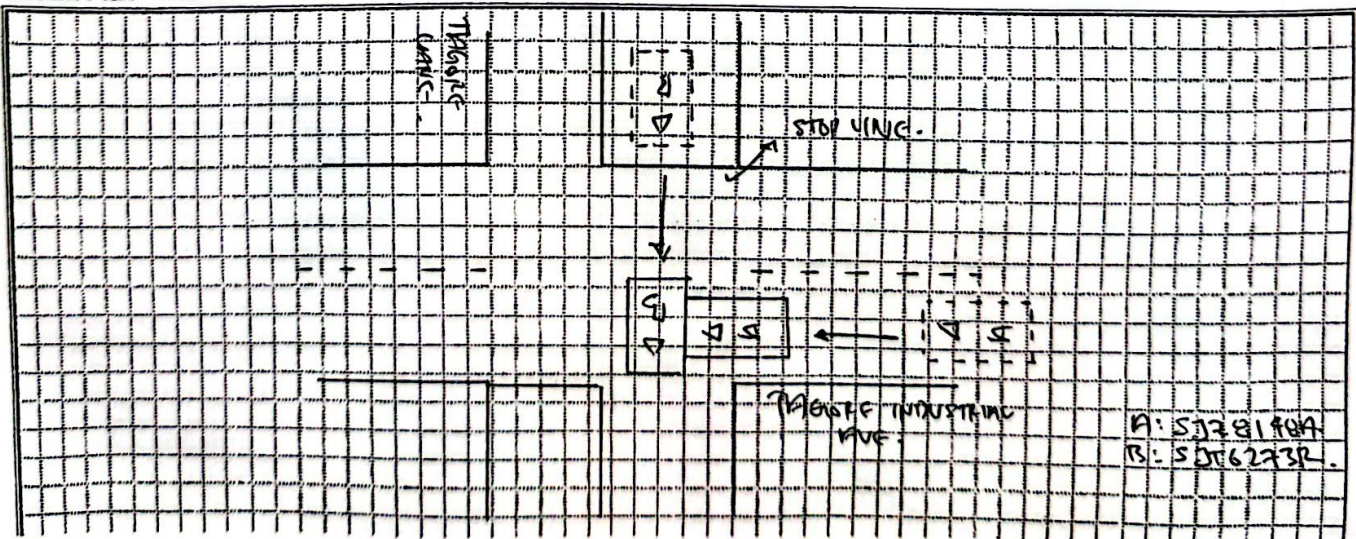
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.

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



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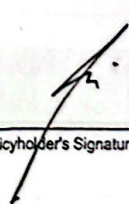


Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT . T/20230727/7023

Declaration

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

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



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# SINGAPORE POLICE FORCE



T/20230727/7023

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

1 of 3

Report No. T/20230727/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2023 14:43	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMMAD KHAIRUL BIN KAMSANI			Address: 216A COMPASSVALE DRIVE #04-544 SINGAPORE 541216		
ID Type / ID No.: NRIC NO / S8735138F			Contact No.: Home/Office: Mobile: 88167035		
Nationality: SINGAPORE CITIZEN			Email: KHAIRUL.KAMSANI@ROCKETMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 31/10/1987	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Safety officer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2023 02:20	Type of Location: X-Junction
Location:  TAGORE LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT6273R	Car					0
SJZ8148A	Car	MERCEDES BENZ	B180	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230727/7023

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

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Report No. T/20230727/7023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ8148A	NTUC Income Insurance Co-Operative Limited	5126745887-01	28/06/2023	27/06/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD KHAIRUL BIN KAMSANI	ID No.	S8735138F
Related Vehicle	SJZ8148A (Car)	Contact No.	88167035
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time i was travelling straight along the stated road when suddenly vehicle SJT 6273 R came out of nowhere and collided onto the front of my vehicle.

Shortly after the incident, i felt pain and decided to seek professional medical attention at Life Plus medical group and was given 3 days mc.



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**SINGAPORE  
POLICE FORCE**



T/20230727/7023

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

Report No. T/20230727/7023

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
27/07/2023 14:43

Classification Of Case:

NP168



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