

DATE OF ACCIDENT	12 / 06 / 2024	*C.C. 2400
TIME OF ACCIDENT	12:30 AM / (PM)	
LOCATION OF ACCIDENT	Canberra Crescent towards Canberra way	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
<b>NAME OF OWNER</b>		
EMAIL	kymkoh78@gmail.com	Office: MOBILE: 91778878
NRIC	S7818090J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO.	
NRIC	S7818090J	
DATE OF BIRTH	24 / 06 / 1978	
ANY PASSENGER	YES (NO)	
NAME OF PASSENGER	NIL	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	07 / 01 / 2011	
GENDER	Male / Female	
CONTACT NO.	Mobile: 91778878	Office:
EMAIL	kymkoh78@gmail.com	
ADDRESS	Bk 120D Canberra Crescent #02-403 (54120)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes: Who? Driver	
CONVEYED BY AMBULANCE	No / If yes: Who? Driver	
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	SHA 4285T Any Passenger: NIL	
NAME		
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	
<b>Person Reporting</b>	Driver / Owner / Both	
<b>Original Language Used</b>	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /	NO	
offering accident claims assistance?	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.
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

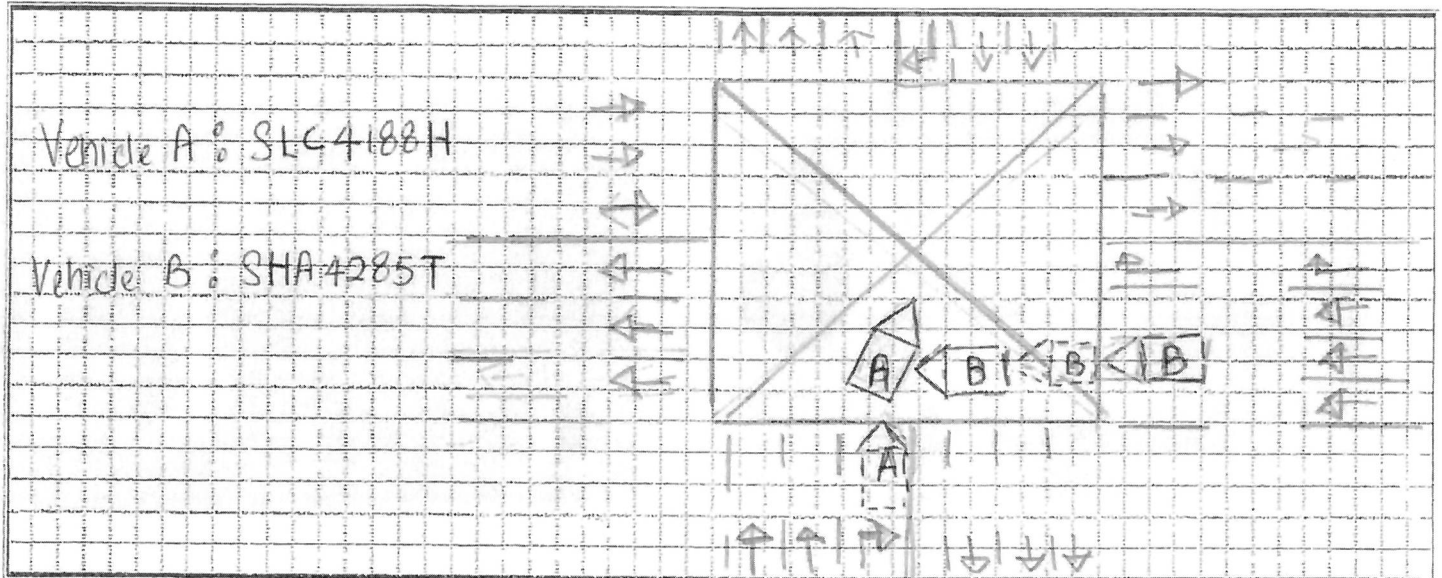
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

### Sketch Plan



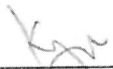
Describe Circumstance of the Accident

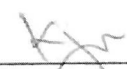
Please refer to police report attached

Report No : T/20240613/7050

Declaration

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

  
Policyholder's Signature / Date & Time

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

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



# SINGAPORE POLICE FORCE



T/20240613/7050

1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20240613/7050

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2024 15:05	Vide Report No.:	Station Diary No.:
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## Informant's Particulars

Name of Informant: Kym Koh			Address: 120D Canberra Crescent #02-403 SINGAPORE 754120		
ID Type / ID No.: NRIC NO / S7818090J			Contact No.: Home/Office:		Mobile: 91778878
Nationality: SINGAPORE CITIZEN			Email: kymkoh78@gmail.com		
Sex: Female	Age: 45	Date of Birth: 24/08/1978	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Business consultant			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: 12/06/2024 12:30	Type of Location: X-Junction
Location:  CANBERRA CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4285T	Comfort Delco Taxi	HYUNDAI	hyundai	Blue	Seriously Damaged	0
SLC4188H	Motor car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Silver		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLC4188H	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2007822344	28/09/2023	27/09/2024



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Kym Koh	ID No.	S7818090J
Related Vehicle	SLC4188H (Motor car)	Contact No.	91778878
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	12/06/2024	Date Discharge	12/06/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

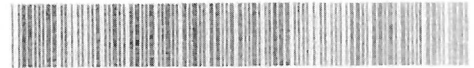
**Brief Details.**

On 12th June 2024 at around 12.30pm, I was travelling along Canberra Crescent going to Canberra way. The traffic light arrow was in Red so I stopped at the traffic light junction as I wanted to make a right turn towards Canberra Way. When the Traffic light arrow turned Green, I proceeded to drive and suddenly I felt a very hard impact from my right side and the impact causes great pain to me. I could not moved and I could not opened my door. A passer-by assisted me to call the ambulance. I was conveyed to the hospital. I was given 3 days Mc.  
Reference Case Number :20240612/0060 along Canberra.

I had in-car camera and i had difficulty in Uploading the video hence i had send my video to IO Mendel Koh 97338459



**SINGAPORE  
POLICE FORCE**



T/20240613/7050

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20240613/7050

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

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

Date/Time:  
13/06/2024 15:05

Classification Of Case:

NP168