

## 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 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.**
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 First Submission .....        | 27/08/2024 12:46 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 26/08/2024 17:30 (SGT)              |
| Exact Location of Accident .....      | CTE, Singapore                      |
| Additional Location Information ..... | TOWARDS AYE (EXIT AMK AVE 5 )       |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMK8159L |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | KOH SIEW KHIM DOREEN   |
| NRIC No .....                  | S7929420I              |
| Email Address .....            | DOREEN.KOH21@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-97453401   |
| Alternative Phone No .....     | -                      |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Suzuki                    |
| Model .....  | Swift                     |
| 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? ..... | No - Claiming third party |
| Vehicle Category .....   | Private car               |
| Transmission .....   | Auto                      |
| CC .....   | 1200                      |
| Vehicle Fuel .....   | -                         |
| First Registration Date .....  | -                         |
| Chassis no .....   | -                         |
| Effective Date/Time of Ownership .....   | -                         |

#### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5116898782-04            |

#### DRIVER

|  |                         |
|--|-------------------------|
| Name of Driver .....   | KOH SIEW KHIM DOREEN    |
| NRIC No .....  | S7929420I               |
| Date Of Birth .....  | 21/09/1979              |
| Occupation .....   | Indoor                  |
| Driving Pass Date .....  | 06/05/2000              |
| Driving License Pass Class .....                                   | 3                       |
| Driving License Validity .....                                     | Valid                   |
| Driving experience .....   | 24 YEARS AND 3 MONTHS   |
| Gender .....   | Female                  |
| Mobile Number .....  | (Phone) +65-97453401    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | DOREEN.KOH21@GMAIL.COM  |
| Address .....  | 83 HOUGANG AVE 2 #12-16 |
| Address complement .....   | -                       |
| Postcode .....   | 538860                  |
| 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             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| 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) .....   | 1   |
| 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 .....   | -   |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| 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? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT - T/20240827/7018

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | GBF4740R             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | TNG YAP HUAP         |
| Contact Number .....                          | (Phone) +65-91526664 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | GBK8836X             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | GUO XUE YUAN         |
| Contact Number .....                          | (Phone) +65-93752955 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

## DETAILS OF OTHER VEHICLE PROPERTY 3

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | YQ8030H              |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | LIM                  |
| Contact Number .....                          | (Phone) +65-88548067 |
| 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 ..... | KOH SIEW KHIM DOREEN |
| Gender .....                 | Female               |
| Phone No .....               | -                    |
| Address .....                | -                    |
| Address Complement .....     | -                    |
| Post Code .....              | -                    |

|   |          |
|---|----------|
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | SMK8159L |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | No       |

SKETCH PLAN

**IMPORTANT NOTICE**

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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:

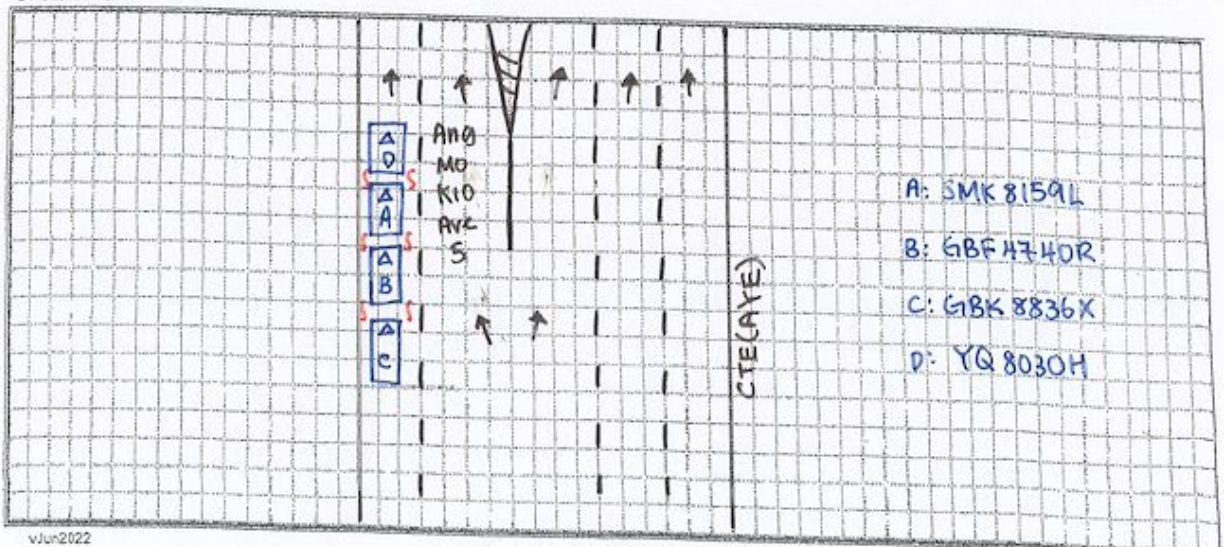
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



vJun2022



Describe Circumstance of the Accident


AS PER POLICE REPORT

Declaration

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



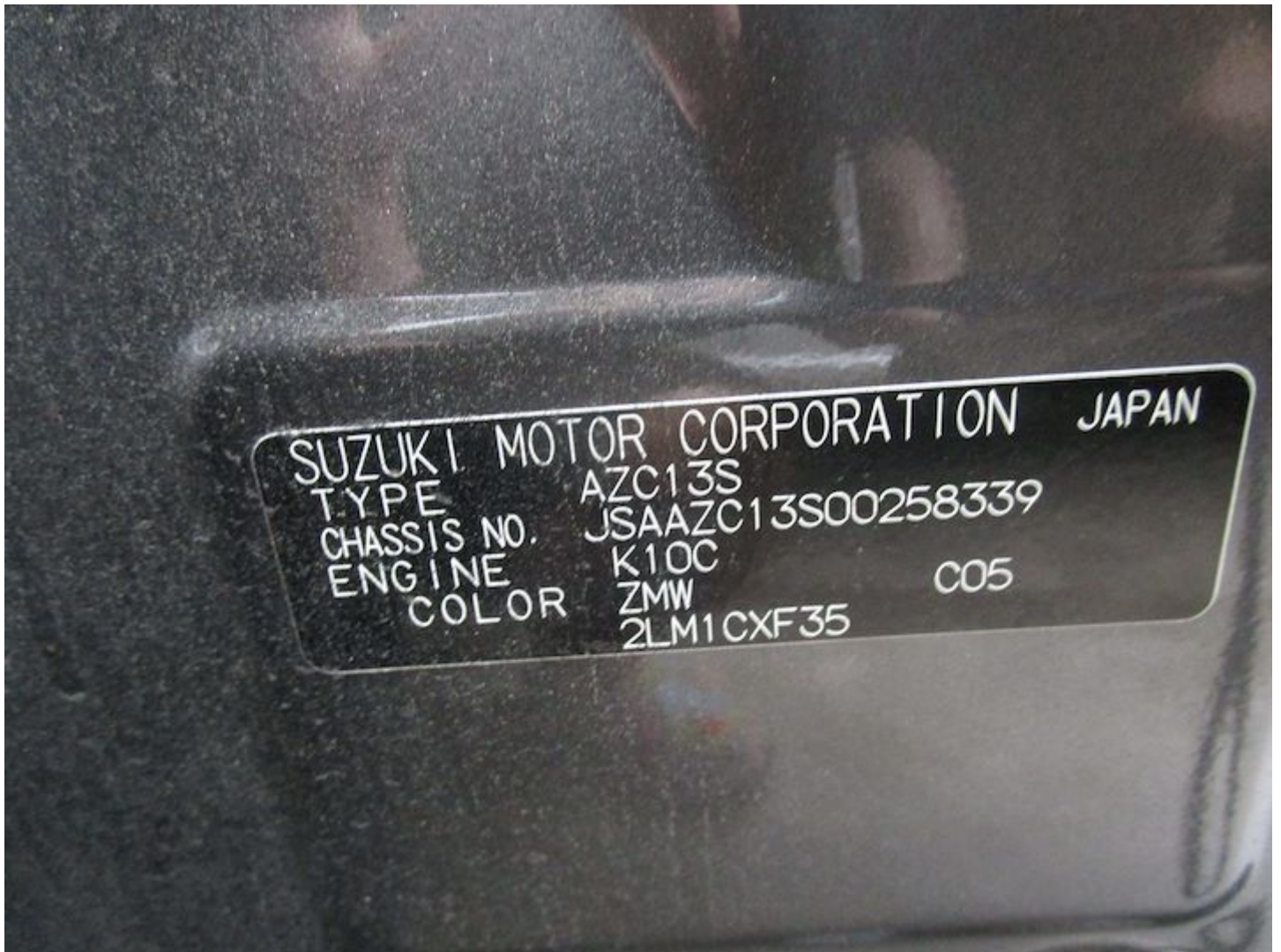
Policyholder's Signature / Date & Time



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/20240827/7018

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

1 of 3

Report No. T/20240827/7018

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |   |                              |                    |
|---|------------|---|------------------------------|--------------------|
| Date/Time Report Made:<br>27/08/2024 10:31  |            | Vide Report No.:  |                              | Station Diary No.: |
| <b>Informant's Particulars</b>              |            |   |                              |                    |
| Name of Informant:<br>KOH SIEW KHIM, DOREEN |            | Address:<br>83 HOUGANG AVENUE 2 #12-16 SINGAPORE 538860 |                              |                    |
| ID Type / ID No.:<br>NRIC NO / S79294201    |            | Contact No.:<br>Home/Office: Mobile: 97453401           |                              |                    |
| Nationality:<br>SINGAPORE CITIZEN           |            | Email:<br>DOREEN.KOH21@GMAIL.COM                        |                              |                    |
| Sex:<br>Female                              | Age:<br>44 | Date of Birth:<br>21/09/1979                            | Type of Informant:<br>Driver |                    |
| Race:<br>Chinese                            |            | Language:<br>English                                    |                              |                    |
| Occupation:<br>Secondary school teacher     |            | Driving Licence Information:<br>Class: Date of Expiry:  |                              |                    |

|  |                  |                                    |  |  |
|--|------------------|------------------------------------|--|--|
| <b>General Information of the Accident</b>                   |                  |                                    |  |  |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/08/2024 17:30 | Type of Location:<br>Straight Road     |
| Location:<br><br>ANG MO KIO DRIVE                            |                  |                                    |  |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  |  |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by<br>ambulance:<br>No |

| Details of Vehicle Involved |           |        |                      |       |           |                 |
|-----------------------------|-----------|--------|----------------------|-------|-----------|-----------------|
| Vehicle No.                 | Type      | Make   | Model                | Color | Condition | No of Passenger |
| GBF4740R                    | Lorry     |        |                      |       |           | 0               |
| GBK8836X                    | Lorry     |        |                      |       |           | 0               |
| SMK8159L                    | Motor car | SUZUKI | SWIFT 1.0T<br>GLX AT | Grey  |           | 0               |
| YQ8030H                     | Motor van |        |                      |       |           | 0               |

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



**SINGAPORE  
POLICE FORCE**



T/20240827/7018

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

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Report No. T/20240827/7018

CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |                |             |
|------------------------------|--|---------------|----------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective Date | Expiry Date |
| SMK8159L                     | NTUC Income Insurance Co-Operative Limited | 5116898782-04 | 25/04/2024     | 24/04/2025  |

| Details of Person Involved             |                       |  |                                   |
|--|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No            |                       |  |                                   |
| No. of Pedestrians Injured: NIL        |                       | Use of Pedestrian Crossing: NA         |                                   |
| Driver                                 |                       |  |                                   |
| Name                                   | KOH SIEW KHIM, DOREEN | ID No.                                 | S7929420I                         |
| Related Vehicle                        | SMK8159L (Motor car)  | Contact No.                            | 97453401                          |
| Hospital/Clinic                        | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | 26/08/2024            | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | 03                    | Degree of Injury                       | Slight                            |

**Brief Details.**

I was travelling along CTE(AYE) exiting Ang Mo Kio Avenue 5 on 26/08/2024 at about 5.30pm with my car bearing car plate number SMK8159L. I was travelling straight when the vehicle in front slow down and stopped, I follow suit and stopped. Suddenly I felt a huge impact from the rear and the impact caused my vehicle to be pushed forward. I alighted and realized that it was a chain collision consisting of 4 vehicles. We exchanged particulars and we left the scene.

1st Vehicle: YQ8030H  
2nd Vehicle: SMK8159L  
3rd Vehicle: GBF4740R  
4th Vehicle: GBK8836X

After the accident I felt pain on Neck and shoulder, I proceeded to consult a doctor and was given 3 days Mc.





**SINGAPORE  
POLICE FORCE**



T/20240827/7018

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

3 of 3

Report No. T/20240827/7018

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:  
27/08/2024 10:31

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

Classification Of Case:

NP168





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5116898782-04

**Cover :** Drivo Elite

1. Index mark and Registration Number of Vehicle : **SMK8159L**  
 Chassis Number : JSAAZC13S00258339
2. Name of Policyholder : KOH SIEW KHIM DOREEN (XU XIUQIN DOREEN)
3. Effective Date of Insurance : 25 Apr 2024
4. Expiry Date of Insurance : 24 Apr 2025
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

|  |   |
|--|---|
| EXCESS (SECTION 1)                     | : S\$600  |
| EXCESS (SECTION 2)                     | : N/A   |
| WINDSCREEN EXCESS                      | : S\$100  |
| ADDITIONAL EXCESS                      | : N/A   |
| UNNAMED DRIVER EXCESS                  | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP   | : NO  |
| INSURE WITH COE                        | : YES   |
| NCD PROTECTION                         | : YES (FREE)                                      |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : YES   |
| TRANSPORT ALLOWANCE                    | : NO  |
| EXCESS WAIVER                          | : NO  |
| PRIMARY DRIVER                         | : DOREEN KOH SIEW KHIM                            |
| NAMED DRIVER (1)                       | : N/A   |
| NAMED DRIVER (2)                       | : N/A   |
| HIRE PURCHASE COMPANY                  | : HONG LEONG FINANCE LIMITED                      |
| SUM INSURED                            | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : META AGENCY PTE. LTD. (00000573430)

Date of Issue : 28 Mar 2024 12:39 hrs

For INCOME INSURANCE LIMITED

Chief Executive