





# SINGAPORE POLICE FORCE



T/20240727/7044

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

1 of 3

Report No. T/20240727/7044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2024 15:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: BEH HOOI MENG			Address: 1 Kaki Bukit Ave 6 (Blk D) #02-34 SINGAPORE 417883		
ID Type / ID No.: FIN NO / G2089615P			Contact No.: Home/Office: Mobile: 87704688		
Nationality: MALAYSIAN			Email: windmill0320@gmail.com		
Sex: Male	Age: 34	Date of Birth: 13/09/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Automotive mechanic			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/07/2024 20:45	Type of Location: Straight Road
Location:  WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BNV6018	Motor car	KIA	SPORTAGE	White		2
SNG2105R	Motor car	TOYOTA	CAMRY	Silver		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
BNV6018	ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD	AETP0927288	30/05/2024	29/05/2025





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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BEH HOOI MENG	ID No.	G2089615P
Related Vehicle	BNV6018 (Motor car)	Contact No.	87704688
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	MR. LEE	ID No.	NIL
Related Vehicle	SNG2105R (Motor car)	Contact No.	87595668
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/07/2024 at about 2044hrs, i was driving my vehicle (BNV 6018) along Woodlands Check Point after checked out from the counter. Traffic congested ahead, all vehicles are moving slowly.

Abruptly, i felt an impact come with a bang sound from behind and i saw from my rear view mirror and realized that a silver color car (Veh. B: SNG 2105R) tried to squeeze into my lane without check and give way to the oncoming traffic from his right side, as such the Vehicle B (SNG 2105R) graze and brush over onto rear left portion of my car. After accident collision, both vehicles are parked to a side and check on the vehicles damages. Vehicle B's driver wanted to leave directly after saw both car and only mentioned send our vehicle to his workshop without leave any info. Luckily my wife able to asked contact number from him.

On 27/07/2024, my wife sent text to vehicle B's driver with private settlement pricing for our car damages. However, vehicle B's driver trying to argue and skip away his responsibility even through my wife had explained to him we just wanna get our car accident damages done. Thus we have no choice to file a report to claim against the Vehicle B (SNG 2105R)'s insurance for m accident damages.



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CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

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

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

Date/Time:  
27/07/2024 15:08

Classification Of Case:



## 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

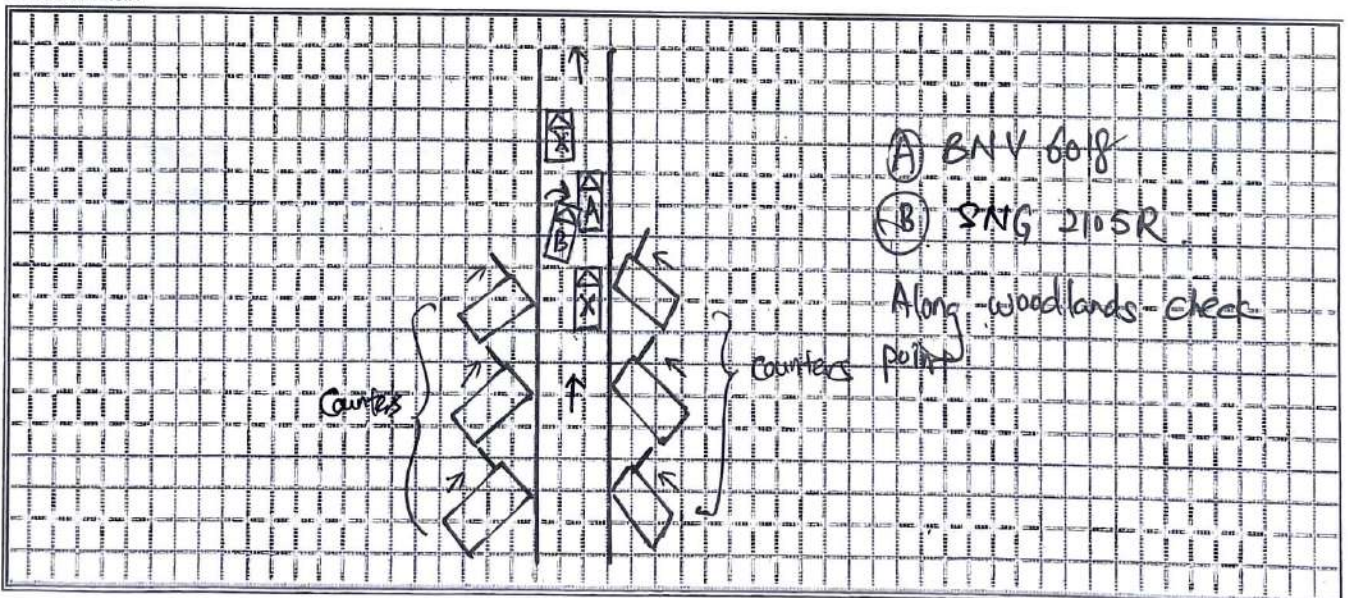
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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





RTD CODE : 13

**CERTIFICATE OF INSURANCE**  
**SIJIL INSURANS**

ORIGINAL COPY  
SAJUAN ASAL

M.X.1

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS & COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD PARTY RISKS) ACT (CAP 90) NEGARA BRUNEI DARUSSALAM

CERTIFICATE NO.

AETP0927268

NCD

25.00%

No. Sijil

Diskaun Tanpa Tertutan

1. **Index Mark and Registration Number of Vehicle** : BNV6018 1999 00 CC KIA SPORTAGE KX 6 SP AUTOMATIC -  
*Tanda Indeks Dan Nombor Pendaftaran Kenderaan*
2. **Name of Policyholder :** : AOU CHOY LOO  
*Nama Pemegang Polisi*
3. **Effective date of the Commencement of Insurance for the purposes for the Regulations, Ordinance or Enactment** : 30-05-2024  
*Tarikh efektif permulaan insuran untuk kegunaan Ordinan*
4. **Date of Expiry of the Insurance** : 29-05-2025  
*Tarikh Luput Insuran*
5. **Persons or Classes of Persons entitled to drive**  
*Orang atau Kelas Pihak Yang Dibenarkan Memandu*  
a) THE POLICYHOLDER b) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON 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 OF REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. **Limitations as to use\*** *Had Penggunaan*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the motor trade.

Digunakan hanya untuk tujuan sosial, domestik dan persiaran dan untuk perniagaan Pemegang Polisi.

Polisi ini tidak melindungi kegunaan untuk sewaan atau ganjaran, perlumbaan, mengkadar kelajuan, ujian kebolehpelaksanaan, ujian kelajuan, membawa barangan selain daripada sampel yang berkaitan dengan apa-apa pekerjaan atau perniagaan.

This Certificate is not transferable to a new owner of the Vehicle.

If for any reason the Insurance is terminated during its currency this Certificate must be returned to the Company or if this Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.

This Certificate must be returned if the Insurance is suspended during its currency.

**IMPORTANT**

If you are involved in an accident causing injury to any person or damage to any property or other vehicle you must :

- (a) Try to obtain names and address of any witness to the accident.
- (b) Report to the Company immediately.
- (c) Refer to the Company immediately all communications received from the Police Authorities.
- (d) Send to the Company immediately all letters from Third Parties unanswered.
- (e) Not pay money to any Party involved in the accident without the Company's written permission.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act, 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam are not included under this heading.

Had yang tidak beroperasi oleh Seksyen 95 Akta Pengangkutan Jalan 1987 (Malaysia) atau Seksyen 8 Akta Kenderaan Bermotor (Ganti rugi dan Risiko Pihak Ketiga) (Cap 189) Republik Singapura atau Seksyen 7 Akta Singapura atau Seksyen 7 Akta Insurans Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam adalah tidak termasuk di bawah tajuk ini.

We certify that the Policy to which the Certificate is issued in accordance with the provisions of Part IV of the Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.

Saya kami bersumpah bahawa Polisi di mana Sijil ini dikeluarkan terakut di bawah proviso Bahagian IV Akta Pengangkutan Jalan 1987 (Malaysia) Akta Kenderaan Bermotor (Risiko Pihak Ketiga & Ganti rugi) (Cap 189) Republik Singapura dan Akta Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam.

Agent Code

: TP96604

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (200601015674)

Ked Ejen

  
Authorised Signature

ALPHA-249604-001114531-4

23280231

**NOTA PENTING**

1. Semak butiran kenderaan di muka ini dan laporkan dengan segera kepada Pengarah IPT jika terdapat sebarang perubahan.
2. Pemunya berdaftar kenderaan adalah bertanggungjawab di atas segala urusan berkaitan dengan kenderaan sehingga pertukaran milikan telah disempurnakan dan kenderaan telah didaftarkan dengan nama pemilik baru.
3. Jika alamat anda bertukar, sila kemaskini dalam tempoh dua bulan dari tarikh pertukaran ini.



**SIJIL PEMILIKAN KENDERAAN**  
JABATAN PENGANGKUTAN JALAN

67CTV49P

No. Pendaftaran	: BNV6018
No. ID	: 910107085554
Nama Pemunya Berdaftar	: AOU CHOY LOO
Alamat	: BLOCK A#22-10, D' INSPIRE SERVICE APARTMENT 81300 JOHOR BAHRU JOHOR
No. Chasis / No. Enjin	: KNAPM81AMG7101071 / G4NAGH867291
Buatan / Nama Model	: KIA / SPORTAGE QL
Keupayaan Enjin	: 1999
Bahan Bakar	: PETROL
Status Asal	: PEMASANGAN TEMPATAN
Kelas Kegunaan	: PSDN-JIP/VAN/BAS/KVN IND
Jenis Badan / Tahun Dibuat	: JIP / 2016
Tarikh Pendaftaran	: 29/06/2016
B.D.M / B.G.K / BTM	: - / - / -
Syarat Pendaftaran 1	: -
Syarat Pendaftaran 2	: -
Syarat Pendaftaran 3	: -