

Date of Accident : 09/01/2020 Accident Time: 21:14 (24-HR-FORMAT)

Accident Place : Commonwealth Ave

Vehicle Reg. No (Car plate No.) : SJH50U Vehicle Make/Model: Merc CLA180

Insurance Company : NTUC Policy No. 5113218746

Name of Registered Owner : Company / Individual Skading Karen Joan

ID of Registered Owner : Co Reg No: - Owner's NRIC No: 87234778A

: Co Contact No: - Owner's Contact No: 84492884

: Davina Koh Huey Hoon DRIVER'S NRIC No: 9102984B

DRIVER'S Name

DRIVER'S Date of Birth

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address : 664A Ponggol Drive #09-202 S821664

DRIVER'S Contact No./ Alt No. : 1) - 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : -

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01

Was the accident reported to the police? YES \ NO \ NOU B1 AVE 3

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SF676565P

Vehicle Reg No: -

Vehicle Make/Model: -

Vehicle Make/Model: -

Name DRIVER: -

Name DRIVER: -

IC No. DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

DRIVER'S Contact & add: -


## 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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

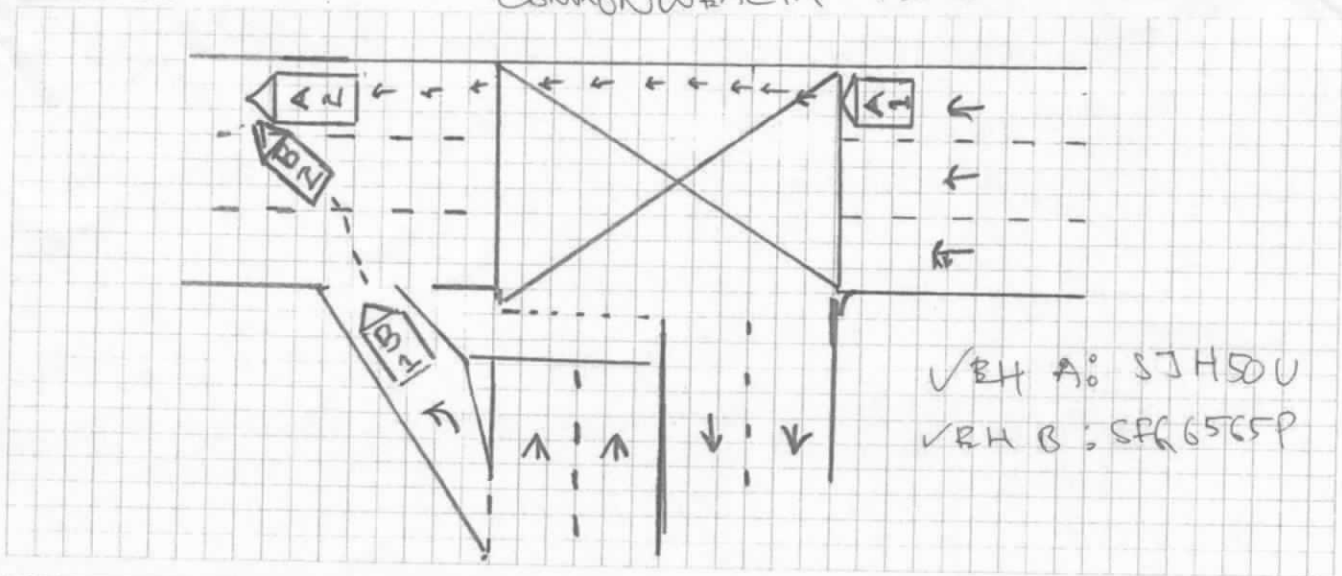
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

COMMONWEALTH AVE



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

## 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 & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20200110/7020

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

1 of 3

Report No. T/20200110/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2020 17:20		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: DAVINA KOH GUEY HOON			Address: APT BLK 664A PUNGGOL DRIVE #09-202 SINGAPORE 821664		
ID Type / ID No.: NRIC NO / S9103984B			Contact No.: Home/Office: Mobile: 84992884		
Nationality: SINGAPORE CITIZEN			Email: davina_koh@hotmail.com		
Sex: Female	Age: 28	Date of Birth: 04/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 21:15	Type of Location:
Location: COMMONWEALTH AVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG6565P	Car					0
SJH50U	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



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Tel No: 65470000

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Report No. T/20200110/7020

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	DAVINA KOH GUEY HOON		ID No.	S9103984B
Related Vehicle	SJH50U (Car)		Contact No.	84992884
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/01/2020	Date Discharge	10/01/2020	
No. of Days granted Medical Leave	07	Degree of Injury	Slight	

**Brief Details.**

ON THE 09/01/2020 I WAS TRAVELLING ALONG COMMONWEALTH AVE. I WAS TRAVELLING STRAIGHT IN MY LANE AND WITHIN THE SPEED LIMIT. I WAS TRAVELLING ON THE FIRST LANE. VEHICLE SFG6565P EXITED THE SLIP ROAD AND SHE TURNED RIGHT WHILE HER LEFT SIGNAL IS ON. SHE WAS SUPPOSE TO STAY ON THE THIRD LANE, HOWEVER SHE DROVE INTO MY LANE, WHEN I NOTICED HER VEHICLE ENCROACHING INTO MY LANE (FIRST LANE) I IMMEDIATELY APPLIED MY BRAKES. UNFORTUNATELY, VEHICLE SFG6565P DID NOT STOP, HER VEHICLE COLLIDED AGAINST MY VEHICLE LEFT PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND WE EXCHANGE CONTACTS AND LEFT THE SCENE. AFTER THE ACCIDENT, I FELT PAIN ON MY NECK TO BACK AREA, AS SUCH I WENT MOUNT ALVERNIA HOSPITAL TO DO A CHECK, I WAS GIVEN 7 DAYS MC. THERE WILL BE A SPECIALIST TO FOLLOW UP.



**SINGAPORE  
POLICE FORCE**

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T/20200110/7020

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Report No. T/20200110/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

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

Date/Time:  
10/01/2020 17:20

Classification Of Case: