



## 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 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. 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 Report	14/04/2020 11:33
Date Of Accident	14/04/2020 08:25
Exact Location Of Accident	ALONG NEW UPPER CHANGI ROAD OPPOSITE BLK 58
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5246L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH CHEONG KEUN TONY
NRIC No	SXXXX587J
Email Address	TONYKOH1966@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91474125
Alternative Phone No	OTHERS-91474125
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	BUYING FOOD AND SEND WIFE TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112962576
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOH CHEONG KEUN TONY
NRIC No	SXXXX587J
Date Of Birth	14/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91474125
Fax Number	
Contact Number	OTHERS-91474125
Email Address	TONYKOH1966@GMAIL.COM



Address 1 TANAH MERAH KECIL ROAD  
#05-04

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TOA PAYOH CENTRAL

Police Station Address ROAD: 93 TOA PAYOH CENTRAL, POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200401/2033

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU3882K

Vehicle Make/Model/Colour MERCEDES BENZ

#### Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR FOO

NRIC/Passport Number

Contact Number 97901760

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

KOH CHEONG KEUN TONY

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMP5246L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

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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: 14/4/2020  
10-30 am

Driver's Signature

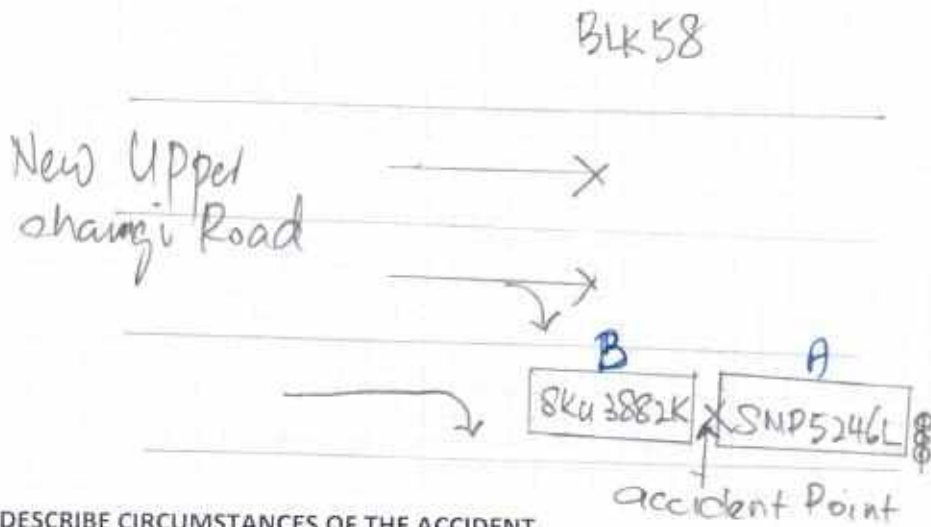
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stop at traffic light waiting to do an U-Turn at New Upper Changi Road (BLK 58 Opposite). Suddenly, Vehicle SKU 3882K come from behind and being my car SNP 5246L.

Police Report 1/20200414/2020

## DECLARATION

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

  
Policyholder's Signature

Date & Time: 14/4/2020

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 4 / 2020 (DD/MM/YYYY), TIME: 8 : 25 am (HH:MM)

LOCATION: New Upper Changi Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 5246 L  
 b) INSURANCE COMPANY: NTUC Insurance  
 c) POLICY NUMBER: 5112962576  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Sienta  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIV GOING WITH 70 WIFE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: KOH CHEONG KEUN TONY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1753587J CONTACT: 91474125  
 c) ADDRESS: BLK 1 Tanah Merah Keelil Road  
# 05 - 04 S(466663)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AB ABOWH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 14 / 09 / 1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/06/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COACH

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKU 3882 K MODEL: Mercedes  
 b) DRIVER'S NAME: MR FOO  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9790 1760

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = Tony Koh 1966 @ gmail . com  
 VIDEO



**SINGAPORE  
POLICE FORCE**



T/20200414/2033

1 of 3

Report No: T/20200414/2033

Police Station Of Origin:  
Toa Payoh N.P.C.  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 14/04/2020 13:47	Vide Report No.:	Station Diary No.: 83
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**Informant's Particulars**

Name of Informant: KOH CHEONG KEUN TONY			Address: 1 TANAH MERAH KECHIL ROAD #05-04 SINGAPORE 486663		
ID Type / ID No.: NRIC NO / S1753587.I			Contact No.: Home/Office: Mobile: 91474125		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 14/09/1966	Type of Informant: Driver		
Race Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2020 08:25	Type of Location: X-Junction
Location: Along Road 1 NEW UPPER CHANGI ROAD  OPPOSITE BLK 58 NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU3882K	Car	MERCEDES BENZ	E 250 SEDAN (R17	Silver	Slightly Damaged	0
SMP5246L	Car	TOYOTA	SIENTA STANDARD (AUTO)	Brown	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3

Report No: T/20200414/2033

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5246L	NTUC Income Insurance Co-Operative Limited	5112962576	30/09/2019	29/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH CHEONG KEUN TONY		ID No.	S1753587J
Related Vehicle	SMP5246L (Car)		Contact No.	91474125
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/04/2020		Date Discharge	14/04/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	LIM SIOK HONG		ID No.	S1590474G
Related Vehicle	SMP5246L (Car)		Contact No.	98473599
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	NIL		Degree of Injury	NIL

#### **Brief Details.**

On 14/04/2020 at about 0825hrs, I was driving my vehicle (registration number: SMP5246L) along New Upper Changi Road with my wife and stopped at the traffic light opposite Blk 58 New Upper Changi Road. I was waiting for the traffic to be clear before making a U-turn. Out of a sudden, I felt an impact from the rear. I then alighted from my vehicle to make a check. The vehicle (registration number: SKU3882K) collided into my vehicle from behind. Due to the impact of the accident, my vehicle suffered dents on the boot area. Due to the accident, I suffered an injury such as a muscle pull on my right leg. I then took pictures of both vehicles and exchanged particulars with the other driver (Mr Foo, 97901760). Subsequently, I went to see the doctor and was given 4 days MC from the doctor.



**SINGAPORE  
POLICE FORCE**



T/20200414/2033

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No. 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20200414/2033

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 85474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 ESTHER CLARE KOH MEI CHIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

14/04/2020 13:47

Classification Of Case:

Authentication Stamp

NP168



## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department  
No. M20000040548

This is to certify that KOH CHEONG KEUN TONY, S1753587 J, is granted Outpatient Sick Leave for 4 day(s) from  
14-Apr-2020 to 17-Apr-2020.  
Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Oh Jen Jen  
MCR : 08966D

AGE / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

14/04/2020  
Date





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## 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:** 5112962576

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMP5246L**  
Chassis Number : **MHF228H3700064555**
2. Name of Policyholder : **KOH CHEONG KEUN TONY**
3. Effective Date of Insurance : **30 Sep 2019**
4. Expiry Date of Insurance : **29 Sep 2020**
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 or Hirer's business.

**This Policy does not cover**

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH CHEONG KEUN TONY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 27 Sep 2019 10:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive