

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 | 17/11/2020 10:40 |
| Date Of Accident | 16/11/2020 16:00 |
| Exact Location Of Accident | UNDER OUTRAM FLYOVER EXIT OF CTE @ OUTRAM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLN4049T |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH POH BENG (XU BAOMING) |
| NRIC No | SXXXX161J |
| Email Address | KPOHBENG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97658449 |
| Alternative Phone No | OTHERS-97658449 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | SIENTA |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5090725880-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | KOH POH BENG (XU BAOMING) |
| NRIC No | SXXXX161J |
| Date Of Birth | 01/03/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/07/2005 |
| Driving Experience | 15 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97658449 |
| Fax Number | |
| Contact Number | OTHERS-97658449 |

| | |
|---|--------------------------------|
| Address | BLK 74A REDHILL ROAD #13-44 |
| Postcode | 151074 |
| 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 - CHANGE/CROSS LANE |
| 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? | NO |
| 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) | 3 |
| Passenger 1 | NAME: : WIFE GENDER: : FEMALE |
| Passenger 2 | NAME: : SON GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201117/7002

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMA274S |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

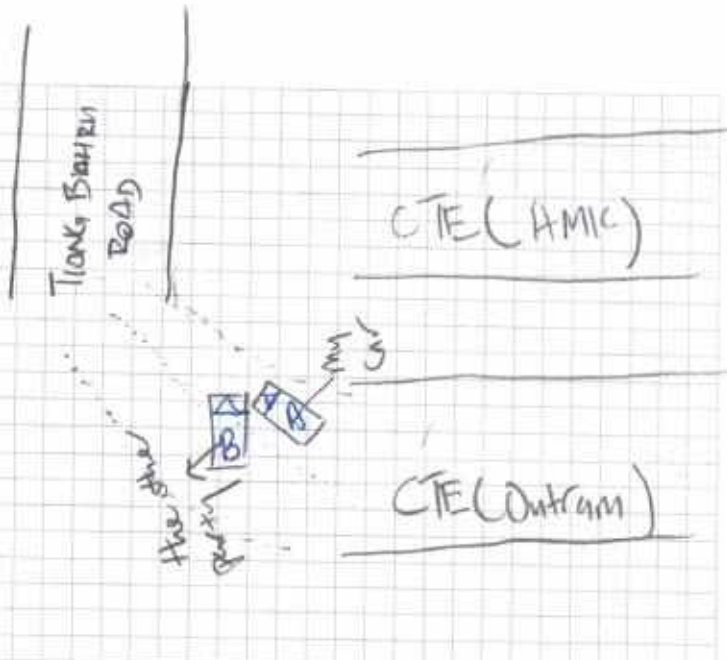
Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN

A) SLN 4049T

B) SMA 274S





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20201117/7002

DECLARATION

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


Declarant
09/05/2021


17/11/2020
Reda Mottaz

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 2020) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: Cross junction under Outram Flyover; ext of CTE @ Outram

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN4049T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5090725880-03
 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:
 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 Poh Beng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S73081613 CONTACT: 97658449
 c) ADDRESS: Blk 74A Bedok Road

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (01 / 03 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/7/05

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Online

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA2749 MODEL: Toyota
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = kphbeng@gmail.com

VIDEO

ahkoonmotor1960@hotmail.com



**SINGAPORE
POLICE FORCE**



T/20201117/7002

1 of 3

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

Report No. T/20201117/7002

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 17/11/2020 00:43 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: KOH POH BENG | | | Address: 74A REDHILL ROAD #13-44 SINGAPORE 151074 | | |
| ID Type / ID No.: NRIC NO / S7308161J | | | Contact No.: Home/Office: Mobile: 97658449 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: KPOHBENG@GMAIL.COM | | |
| Sex: Male | Age: 47 | Date of Birth: 01/03/1973 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Purchasing agent | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 16/11/2020 16:00 | Type of Location: X-Junction |
| Location: OUTRAM ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|--------|--|-------|----------|-------|
| SLN4049T | Car | TOYOTA | SIENTA 1.5G HYBRID AT ABS D/AIRBAG | White | | 0 |
| SMA274S | Car | TOYOTA | | White | | 0 |



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

Report No: T/20201117/7002

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLN4049T | NTUC Income Insurance Co-Operative Limited | 5090725880-03 | 02/05/2020 | 01/05/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KOH POH BENG | | ID No. S7308161J |
| Related Vehicle | SLN4049T (Car) | | Contact No. 97658449 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details:

At around 4pm (my cam video shows 3plus but I think the clock is out), I was exiting from CTE from the Outram exit. I was travelling on the rightmost lane making a turn into Tiong Bahru Road. While making a right turn into Tiong Bahru road, somewhere under the Outram Flyover, a white Toyota (Car plate SMA 274S), who was travelling on my left suddenly crossed into my lane to make a u-turn back into CTE. I honk and brake but unfortunately, my front bumper was scratched by the car.

both car came to a momentary stop after the hit but I have to move on into Tiong Bahru road because the traffic is heavy and if I were to stop by the roadside, I would probably becomes a potential road hazard. I saw that the other party also attempt to stop in another position (heading towards CTE). Road condition at that junction do not allow us to stop. I move onto Tiong Bahru road and park at the left side of the road, hoping that the other party will come over. After staying there for around 10min, i drove off as i am obstructing the traffic.

I did not record the driver's particular since we did not manage to meet and talk.

After getting home, I retrieve from my veh cam to reveal the car plate and the video of the accident (more than 2M)



**SINGAPORE
POLICE FORCE**



T/20201117/7002

3 of 3

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

Report No: T/20201117/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476144

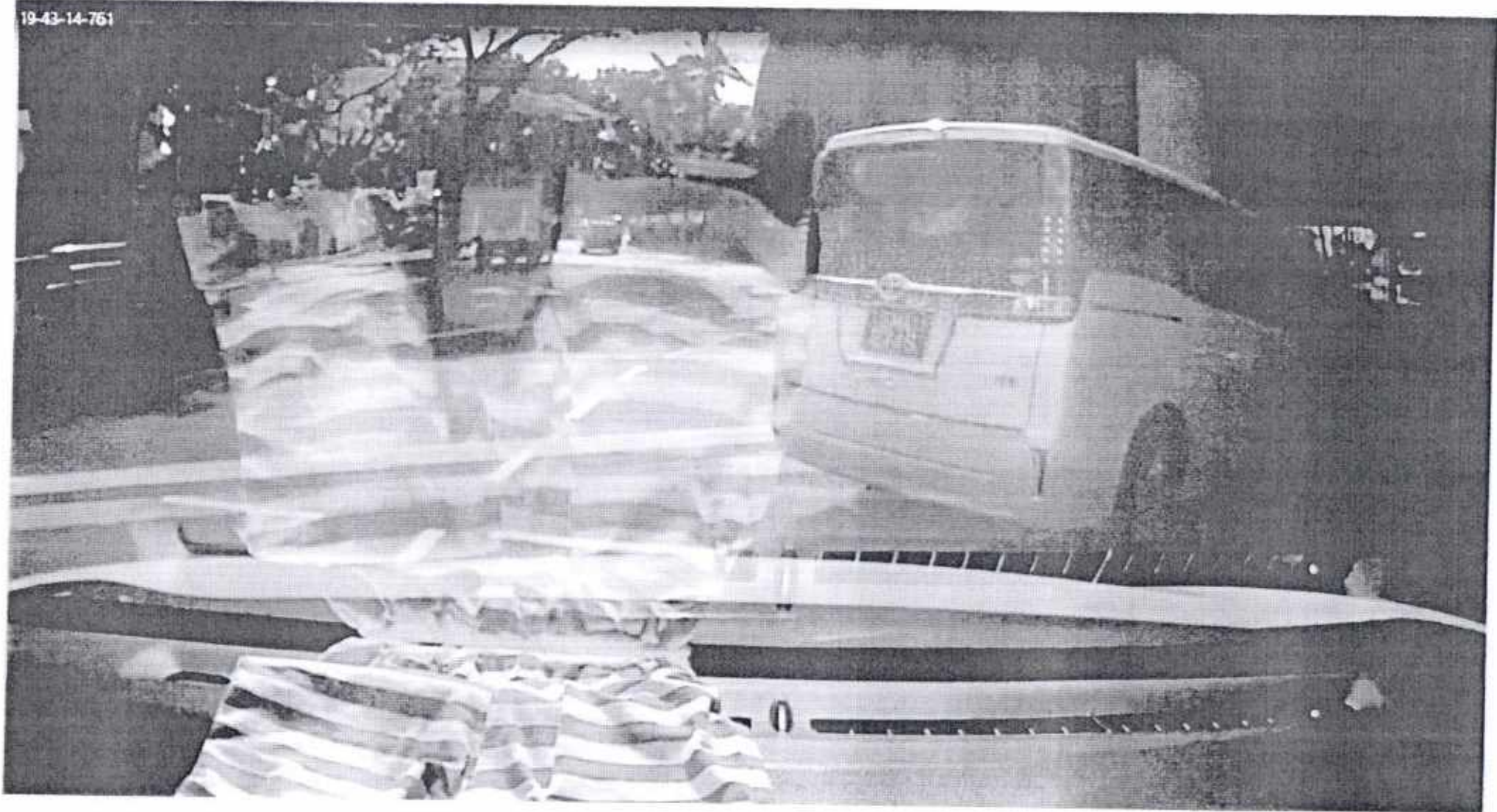
Authentication Stamp
NP168

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

Date/Time:
17/11/2020 00:43

Classification Of Case:

19-43-14-761





Claim Handling

Accident MT/1110365

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5090725880-03 | Vehicle No. | SLN4049T | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | KOH POH BENG (XU BAOMING) | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 97658449 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | kpohbeng@gmail.com | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 30 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date | 17/11/2020 10:49 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 16/11/2020 | Time of Accident hh:mm | 16:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | UNDER OUTRAM FLYOVER EXIT OF CTE @ OUTRAM | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 74A #13-44 | Address 2 | REDHILL ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5090725880-03 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|----------------------|
| Driver Name | KOH POH BENG (XU BAOMING) | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S73081611 | Driver DOB |
| Register Date of Driver License | 12/07/2005 | Driver Age | 47 | Driving Experience |
| Contact No.(Mobile) | 97658449 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 74A #13-44 | Address 2 | REDHILL ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SLN4049T | Driver Insurer Comp. |

| | | | |
|-------------------------------------|------|-------------|---|
| Declaration | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Modification History

Claim 001

New

| | | | |
|---------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | KOH POH |
| Contact No.(Mobile) | 97658449 | Contact No.(Home) | |
| Email Address | kpohbeng@gmail.com | OI Vehicle Number | SLN4049 |
| Claim Description | SLN4049T / SHA274S ON 16 Nov 2020 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Estimate No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| | | | 17/11/2020 10:57 |
| | | Claim Close Date | |

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Attachment

Accident No. MT/1110365 Claim No. 001
 Last Doc. Received: ☒ Yes ☐ No Upload Date 17/11/2020 10:58

Path *

Category *

Confidential

 No file chosen

Please Select

NO

 No file chosen

Please Select

NO

 No file chosen

Please Select

NO

 No file chosen

Please Select

NO

 No file chosen

Please Select

NO

 No file chosen

Please Select

NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|---|--|-----------------------|---------|-------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:58 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:57 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:57 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:57 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:57 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:57 | NRIC/ Driving License | Y | NRIC/ Driving Lic |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Nov 2020 10:57 | SAS | Normal | SAS 20 |

Video List

Uploaded By/Date

Folder Date

File Name

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

16/11/2020 10:37

Vehicle No.(For Motor)

SLN4049T

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|---------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5090725880-03 | | KOH POH BENG (XU BAOMING) | S73081611 | GPC | drive CLASSIC | SLN4049T | SLN4049T | 02/05/2020 | 01/05/2021 |