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OD (TP) Reporting Only	I-Photo Uploaded		- · · · ·
	Assessment/Survey Report		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number

Fax Number

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

for by the loagement of this report to the insurers, you hereby consultoresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
计是数据文件的表示是数据的	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
	ETAILS 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	тоуота
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

(LOCAL) +65-97658449

OTHERS.07658440

Address

BLK 74A REDHILL ROAD

#13-44

Postcode

151074

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

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

Vahiola Catagoni

DON/ATE CAD

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

H PLAN		
	Tlonk, Bayen	-CTE (AMIC)
A) SW 4049T B) SMA 274S		E 3
8) SMA 274S	18 18 18 18 18 18 18 18 18 18 18 18 18 1	- CTE (Outrum)
BE CIRCUMSTANCES OF THE ACCIDENT	" V1	
HR TO POLICE RUPORT	7/20201111/7002	
		/
ATION are the foregoing particulars are true in ever	y respect.	/11
A CONTRACTOR OF THE PROPERTY O		ar 17/11/22

ACCIDENT STATEMENT

A	CCIDENT DATE: (16. / 11. / 2020) (DD/MM/	YYYY), TIME: (16 : 00) (HH:MM)-
	OCATION: Cros junction under outrain Aly	4
	1. DETAILS OF VEHICLE	
	alvehicle NUMBER: SLN 40497	600 75/11/05
	DINSURANCE COMPANY: NTMC	
	CIPOLICY NUMBER: 509072588	2-02
	d)POUCY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: Toyota Senta	
	FITYPE:(SALOON / COUPE /MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)
(4)	g/VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:	
	IJARE YOU CLAIMING UNDER YOUR OWN II	NSURANCE (YES/NO)
Ninta	IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER	REPORTING ONLY)
SIFE	AINAME: KOH POH BENC.	<u></u>
V. ()	BINRIC/FIN/PASSPORT: 573866	CONTACT: 9765549
3500	CJADDRESS: HK 74A Zedwy Road	CONTACT: 9765YF4
,	The state of the s	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Ano of passange	3, DRIVER	TIOLDER .
Claduding drive) diNAME: As above	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT:
(3)	c)ADDRESS:	
(7)	*d)DATE OF BIRTH: (0) / 03/1973 10	D/MM/YYYY) ·
	e)OCCUPATION: (INDOOR / OUTDOOR)	7) 3
	FIDATE OF DRIVING PASS	1105
×	WAS DRIVER AN EMPLOYER OF THE INSU	
2	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: ON
	a)WEATHER CONDITION: (CLEAR / RAINING	OTHERS CLOSE
v	b)ROAD SURFACE: (DRY / WET / OTHERS	. 401
7	WAS ANYBODY INJURED (YES (NO)	S 80 42
	a)REPORTED TO POUCE (NE) NO)	N: Online
. 8.	IF YES, PLEASE STATE WHICH POLICE STATIO	N: Online
the of passenger	a) VEHICLE NUMBER: STATE THAT	MODEL: Toyota
Chiquetian duties	b) DRIVER'S NAME	MODELSTANDIN
The state of the s	c) NRIC/FIN/PASSPORT:	CONTACT:
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* No of passanger		MODEL:
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ankoonmotor 1960@ hotmail.com





1 of 3 Report No. T/20201117/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2020 00:43		lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partici	ulars			
	Informant: H BENG	(Address: 74A REDHILL ROAD #13-44	SINGAPORE 151074	
ID Type / ID No.: NRIC NO / S7308161J		31J	Contact No.: Home/Office: Mobile: 97658449		
National SINGAP	ity: ORE CITIZ	EN	Email: KPOHBENG@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 01/03/1973	Type of Informant: Driver	at a second	
Race: Chinese		Linuxusooooo	Language: English	Institution / School Name:	
Occupation: Purchasing agent			Driving Licence Information: Class:	Date of Expiry:	

Tune of Non-Injury		Drink	Date/Time of	Type of Location
Type of Accident:	Hit and Run	Drive: No	Accident: 16/11/2020 16:00	X-Junction
Location:		Aniotexas		
OUTRAM RC	DAD			
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		200	rking	Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLN4049T	Car	ТОУОТА	SIENTA 1.5G HYBRID AT ABS D/AIRBAG	White		0
SMA274S	Car	TOYOTA	-7-00000	White		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 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 Perso	n Involved	U. Land	Se annul		
Any Pedestrian Ir	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Per	destrian Cros	ssing: 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 gran	ted 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)





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

3 of 3 Report No. T/20201117/7002

CONTINUATION OF REPORT

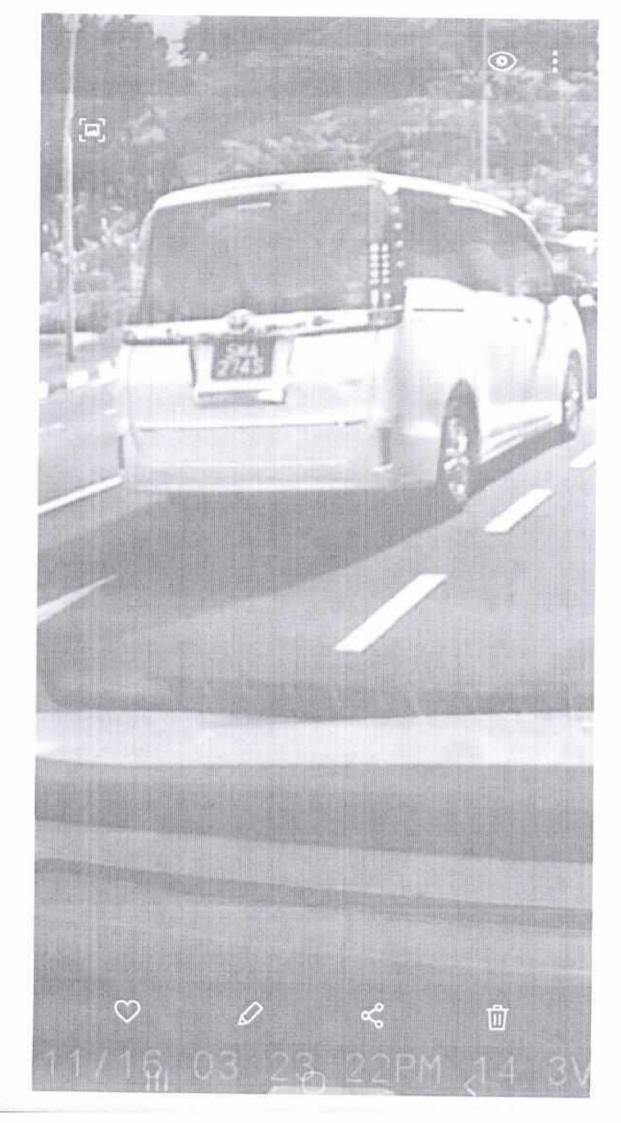
Sketch Plan Informant is not able to provide sketch

Authentication Stamp

NP168

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: 17/11/2020 00:43
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case;





Claim Handling Accident MT/1110365

Policy No.	5090725880-03	Vehicle No.	SLN40497		GST Registr	ation No.
Certificate No.						
Policyholder Name	KOH POH BENG (XU BAOMING)				Policyholder	NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	97658449	Contact No.(Office)			Contact No.	(Hame)
Email Address	kpohbeng@gmail.com	Special Remark			eCode	
KFK:	■ No ○ Yes	TCA	No Yes		eCode Reas	on
NCD Protection	No	NCD Entitlement(%)	30		Private Hire	
Report Date	17/11/2020 10:49	Accident Report Within 24 hrs	Yes		Accident Ty	pe
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 @ OUTRAF	4				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
90 90(40) 30(5)5	2.000.20	ALCO TO SERVE				
OD Standard Excess	600.00	TP Standard Excess		0.00	41/32/24	1000
YIED OD Excess	0.00	YIED TP Excess		0.00	Oriver is Co	verear
Additional Excess	0	all Alles Votes W		927031		
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
♥ Benefits						
GST Registered Information	tion					
GST Registered	No		GST Registra		2	
GST Registration No.			GST Status	Verified	3	es
Modification History						
Policyholder Malling Add	Iress					
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	(Other Control Edition of the Control of the Contro	Driver NRJC	573081611		Driver DOS	É
Register Date of Driver License	12/07/2005	Driver Age	47		Driving Exp	perience
Contact No.(Mobile)	97658449	Contact No.(Office)			Contact No	.(Hame)
Address 1	BLK 74A #13-44	Address 2	REDHILL ROAD		Address 3	
Address 4	Control of the Paris of the Par	Address Type	Singapore address		Post Code	
Unit No.		ADVICATE NART.	ATTEMPTO TETAL TATELLE			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLN4049T		Driver Insi	arer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No			
Modification History						
Claim 001 New						
				On Hy	Insured	кон Рон
Claim Type *				OD-MX	Name	KOH POP
Contact No.(Mobile)				97658449	No.	
AND THE CONTRACTOR OF THE STATE				PILESPERINGS	(Home)	
Email Address				kpohbeng@gmail.com	Vehicle Number	SLN4049
Claim Description				SLN4049T / SMA274S ON	16 Nov 2020	
Preferred	Insured Liability Not at Fault	~				
Workshop Sontiet No. Yes	Preferred Preferred Workshop, Nam	Huckeyen V GIA Becely	red v		les entre en	
THERESOLDER THE	Option	report [Never	MII.	17/11/2020 10:57	Claim	
Date Registered				Land Address of the land	Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Attachment

Last Doc. Received

Accident No.

Save Submit MT/1110365 Claim No. 001 Yes ○ No Upload Date 17/11/2020 10:58 Path : Category * Confidential Choose File No file chosen Clear Please Select V NO Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Clear Please Select Y NO Choose File No file chosen

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Attachment L	ist					
Attachment	Uploaded 8	By/Date	Category	9	Urgency	Descr
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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