SN092138000H / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 08/03/2021 18:35 (SGT)
SUBMITTED BY: Liew Shan Hui
VERSION: 1 (08/03/2021 18:35 (SGT))

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 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission	08/03/2021 18:35 (SGT)
Date of Accident	06/03/2021 20:30 (SGT)
Exact Location of Accident	Coleman St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2379P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIMOUSINE & TRANSPORTATION SERVICES
Company Reg No	5XXXX784L
Email Address	LIMOTRANSSVS@GMAIL.COM
Mobile Phone No	(Phone) +65-94597485
Alternative Phone No	+65-94597485

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120330024
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD BOHHARI BIN MD YUSOF
NRIC No	SXXXX821J
Date Of Birth	29/04/1983
Occupation	Outdoor

Date Of Driving Pass	18/05/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94597485
Alt. Phone Number	-
Email Address	LIMOTRANSSVS@GMAIL.COM
Address	BLK 106A CANBERRA ST #09-431
Address complement	-
Postcode	751106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210307/2073

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	SME3080T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD BOHHARI BIN MD YUSOF
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMX2379P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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**")

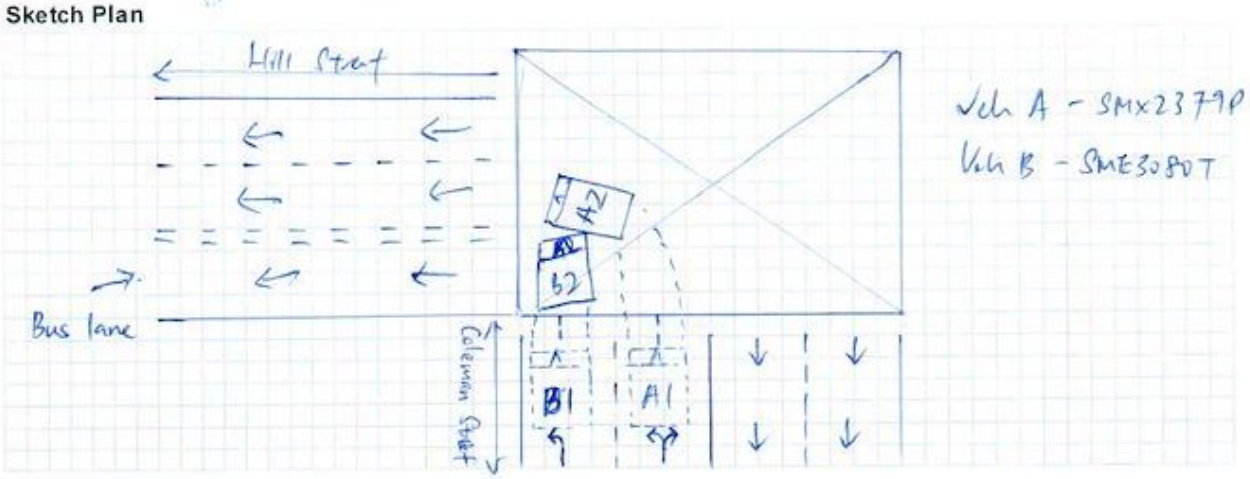
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

TRANSPORTATION SERVICES & LOGISTICS PTE LTD Reg No: 53411736A

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report : T/20210307/2073

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


TOYOTA MOTOR CORPORATION
MODEL DAA-AYH30W-PFXGB
ENGINE 2AR-FXE
FRAME No. AYH30-0089801
COLOR 202
TRIM FB01
PLANT C31
OPTION
PAINT P31 4 -03A
972

SINGAPORE POLICE FORCE

T/20210307/2073

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20210307/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/03/2021 20:45		61

Informant's Particulars

Name of Informant: MUHAMMAD BOHHARI BIN MD YUSOF			Address: APT BLK 106A CANBERRA STREET #09-431 SINGAPORE 751106	
ID Type / ID No.: NRIC NO / S8311821J			Contact No.: Home/Office: 9459 7485	Mobile:
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 29/04/1983	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Limousine Director			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	05/03/2021 20:30	T-Junction

Location:

COLEMAN STREET

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	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
SME3080T	Car	BMW		Black	Slightly Damaged	3
SMX2379P	Car	TOYOTA	Alphald	Black	Slightly Damaged	1

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20210307/2073

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20210307/2073

CONTINUATION OF REPORT

Name	Adeline Tan Ai Ngoh	ID No.	S1653704G
Related Vehicle	SME3080T (Car)	Contact No.	NIL
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

Driver

Name	MUHAMMAD BOHHARI BIN MD YUSOF	ID No.	S8311821J
Related Vehicle	SMX2379P (Car)	Contact No.	9459 7485
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 06/03/2021 at about 2030hrs, I was driving along Coleman Street towards Hill Street on the right lane (lane 2), intending to turn left onto lane 2 of Hill Street. I was driving a Black Toyota Aplhpald bearing the vehicle plate number SMX 2379P. As I was turning, the rear left of my car was struck by another car. This car in question was a black BMW of unknown model bearing the vehicle plate number SME 3080T. The other driver was initially driving on lane 1 along Coleman Street before attempting to turn onto lane 2 as well along Hill Street. However, she did not turn onto the dotted bus lane first on lane one, which was long enough to allow her to switch lane to lane 2 later on. The resultant impact during the collision caused my vehicle to veer onto lane 3.

Eventually, both of us stopped by the side of Hill Street in order to exchange our particulars. The particulars of the other driver is as follows: Adeline Tan Ai Ngoh,(NRIC:S1653704G)(DOB:11/01/1954)(Address: Block 19 Bedok South Road #23-21). There were 2 passengers in her car but I only obtained her particulars. She insisted that she did not turn into lane 1 as it was a bus lane. However, since it was a dotted bus lane, there would be ample time for her to turn onto the lane first before switching lane. Overall, my vehicle sustained several dents on the rear left and scratches on some scratches on the sport rim. Her vehicle also sustained minor damages.

At the point of collision, no police attended to us. There were no visible injuries on any of us from my examination. However, I began experiencing pains the next day and visited a private clinic for assessment. Eventually, I received a 5 day MC from the clinic Unihealth, which included the first day 06/03/2021.

SINGAPORE
POLICE FORCE

T/20210307/2073

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Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
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Report No. T/20210307/2073

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20210307/2073

4 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20210307/2073

CONTINUATION OF REPORT

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 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / SCCPL FADHEL ERLANGGA WIBAWANTO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2021 20:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168