

# 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 Submission .....	18/03/2021 17:24 (SGT)
Date of Accident .....	17/03/2021 12:57 (SGT)
Exact Location of Accident .....	Jln Membina, Singapore
Additional Location Information .....	BETWEEN BLOCK 26 AND BLOCK 118
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKB8322C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH LI BENG
NRIC No .....	SXXXX713A
Email Address .....	yvonne_koh80@hotmail.com
Mobile Phone No .....	(Phone) +65-81818705
Alternative Phone No .....	+65-81818705

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla200
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5121083524
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KOH LI BENG
NRIC No .....	SXXXX713A

Date Of Birth .....	09/04/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	22/01/2002
Driving experience .....	19 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81818705
Alt. Phone Number .....	+65-81818705
Email Address .....	yvonne_koh80@hotmail.com
Address .....	BLK 654 YISHUN AVENUE 4 #03-590
Address complement .....	-
Postcode .....	762671
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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 .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT A/20210318/7015

#### 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 .....	SHD1625A
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
Name of Driver .....	LIAN KOK KHENG ERIC
NRIC No .....	SXXXX822A
Contact Number .....	(Phone) +65-98181538
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KOH LI BENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKB8322C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

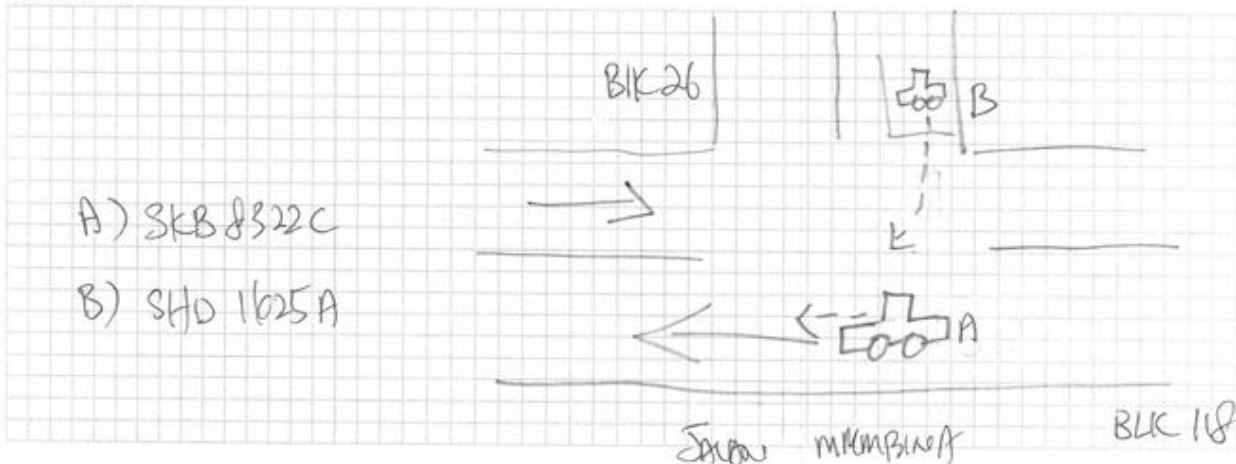
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

17/3/2021  
16:15.  
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

18/03/2021  
Witnessed by Reporting Centre Personnel

## Sketch Plan




## Describe Circumstances of the Accident

On 17/03/2021, at about 12.57pm, along Jin Membina Road, a taxi Silver cab Hyundai SHD1625A who was turning out from small road collide onto my vehicle, 8KB 8322C, MERCS CLA 200, when I was going straight.


He banged onto the right door of the passenger's seat. with scratches to the back of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.

 17/3/2021  
16:15  
Policyholder's Signature / Date & Time

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

 18/03/2021  
Witnessed by Reporting Centre Personnel





































**SINGAPORE  
POLICE FORCE**



A/20210318/7015

1 of 3

**POLICE REPORT (NP299)**

Report No. A/20210318/7015

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 18/03/2021 12:51	Vide Report No.	Station Diary No.
Name Of Informant KOH LI BENG	Address 671B YISHUN AVENUE 4 #03-590 SINGAPORE 762671	
ID Type / ID No. NRIC NO / S8009713A	Contact No. Home/Office:	Mobile: 81818705
Nationality SINGAPORE CITIZEN	Email Address yvonne koh80@hotmail.com	
Occupation Real estate agent	Sex Female	Age 40
Institution/School Name	Date of Birth 09/04/1980	Race Chinese
Date/Time Of Incident 17/03/2021 12:55 - 17/03/2021 13:00	Location Of Incident JALAN MEMBINA	

**Brief details.**

On 17/03/2021 at about 12:57hrs, Clear day and Dry road surface, I was driving straight along the main road of Jln Membina. I was on a legal speed and furthermore I was stopped at the traffic light just few metres away. Out of a sudden, an impact of something hit onto my vehicle was felt. I stopped and alighted to checked it out. It was a Silver Cab Taxi hit onto the right side rear door of my vehicle.

The driver of the Silver Cab Taxi was coming out from the small road near blk 26 Jln Membina when he hit onto my vehicle. There was no passenger in the car. The driver was alone.

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: 18/03/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20210318/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210318/7015

It left two hard dents on the right rear door and the margard next to it. Deep scratches on the door, the rim and all the way to the back.

I have made a accident statement at IDAC Bt. Merah yesterday, 17/03/2021, at 16:15hrs.

Silver cab Taxi:

Vehicle number: SHD1625A

Vehicle model: Hyundai

Name of Driver: Lian Kok Kheng Eric

NRIC No: S1480822A

Contact no: 9818 1538

My vehicle:

Vehicle number: SKB8322C

Vehicle model: Merc

Name of Driver: Koh Li Beng

NRIC No: S8009713A

Contact no: 8181 8705

Subjects Involved			
Victim			
Person Name	KOH LI BENG		
ID Type	NRIC NO	ID No	S8009713A

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: 18/03/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20210318/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210318/7015

Gender	Female	Age	40
Race	Chinese	Language	English
Occupation	Real estate agent	Address	671B YISHUN AVENUE 4 #03-590 SINGAPORE 762671
Mobile No	81818705	Is Informant A Victim?	Yes
Person Name KOH LI BENG (Informant)			

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: 18/03/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN08213H0004 Vehicle Registration No: 8KB 8322C  
 Name (as shown in NRIC): Koh Li Bui NRIC/FIN/Passport No: XXXX 713A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 81818705  
 Email Address: \_\_\_\_\_  
 Date of Accident: 17/03/2021 Time of Accident: 12:57  
 Place of Accident: JLN MUMBAI BETWEEN BLOCK 26 & BLOCK 18  
 Insurance Company: NIC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ① To ~~insert~~ check Report A/20210328/1015
- ② To ~~add~~ insert photo

Policyholder / Driver's Signature  
Date:

19/03/2021  
Reporting Centre Personnel's Signature  
Name:





Khoo Teck Puat Hospital  
 90 Yishun Central  
 Singapore 768828  
 Tel: (65) 6555 8000  
 Fax: (65) 6602 3700  
 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE211974433

NAME : KOH LI BENG

NRIC : S8009713A

Type of Medical Leave granted : OUTPATIENT SICK LEAVEThe above named attended Examination/Treatment from 18 Mar 2021 16:24 to 18 Mar 2021 23:17The above named is unfit for duty for a period of 3 day(s), from 18 Mar 2021 to 20 Mar 2021 inclusive.The Certificate is not valid for absence from court attendance.

Remarks :

18 Mar 2021Dr Chung, Luther Lude (65145A)A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H