

{wz} 1 J37'58

$\frac{d}{dt} \left(\frac{1}{r^2} \right) = -\frac{2}{r^3} \frac{dr}{dt}$

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
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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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**.
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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 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

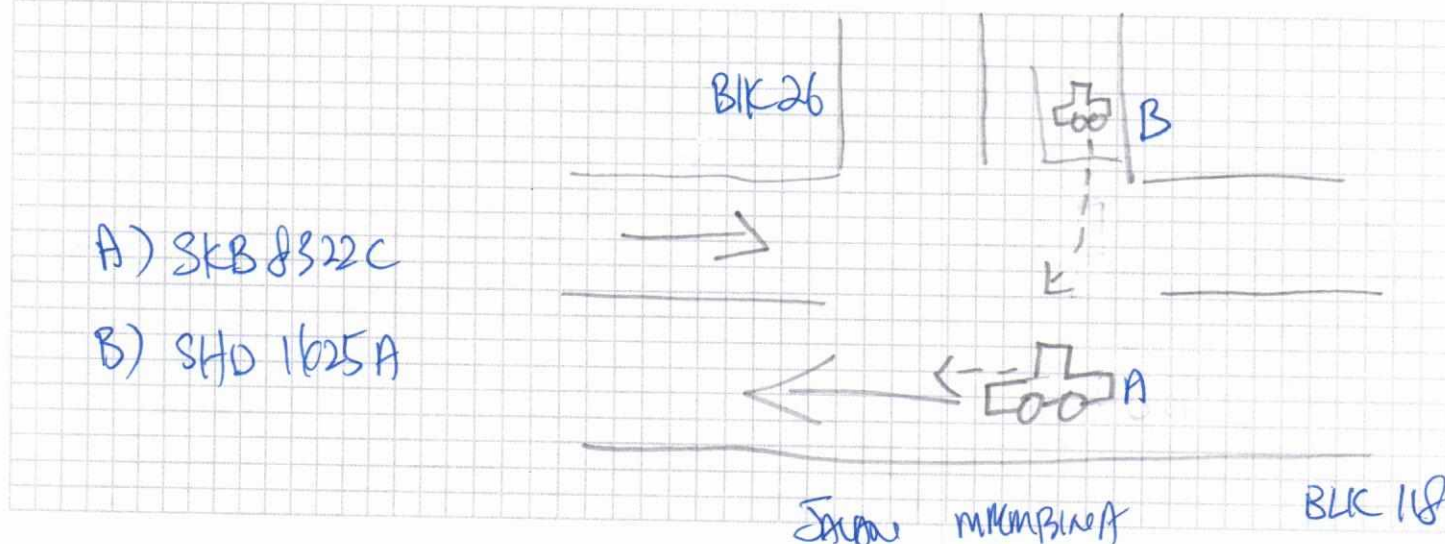
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


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.

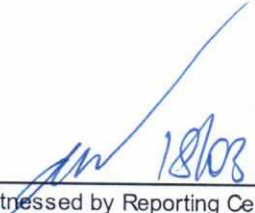
Police Report A/20210318/2015

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	Date of Birth 09/04/1980	Race Chinese
Institution/School Name	Language English			
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

2 of 3

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 Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

18/03/2021 12:51

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20210318/7015

3 of 3

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 Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

18/03/2021 12:51

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (17/03/2021) (DD/MM/YYYY), TIME: (12:57) (HH:MM)

LOCATION: Road along Jln Membina between blk 26 & 118

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 8322C
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5121083524
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCS 200 CLA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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 Li Beng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8009713A CONTACT: 8181 8705
c) ADDRESS: 671 B Yishun Ave 4 #03-590
S (762671)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOOR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (09/04/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/01/2002

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) YES
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 1625A MODEL: Hyundai
b) DRIVER'S NAME: Lian Kok Kheng Eric
c) NRIC/FIN/PASSPORT: S1480822A CONTACT: 98181538

9. THIRD PARTY VEHICLE

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

Email: yvonne_koh80@hotmail.com

VIDEO

Claim Handling

Accident MT/1124885

Policy No.	5121083524	Vehicle No.	SKB8322C	GST Registration No.
Certificate No.				
Policyholder Name	KOH LI BENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	81818705	Contact No.(Office)		Contact No.(Home)
Email Address		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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	18/03/2021 17:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/03/2021	Time of Accident hh:mm	12:57	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN MEMBINA BETWEEN BLK 26 AND BLK 118			

▼ 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	0.00			
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 671B #03-590	Address 2	YISHUN AVENUE 4	Address 3
Address 4	SINGAPORE 762671	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5121083524	

▼ OI Driver Info

Driver Name	Koh Li Beng (Xu Limin)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8009713A	Driver DOB
Register Date of Driver License	22/01/2002	Driver Age	40	Driving Experience
Contact No.(Mobile)	81818705	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 671B #03-590	Address 2	YISHUN AVENUE 4	Address 3
Address 4	SINGAPORE 762671	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.	SKB8322C	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KOH LI BENG	Insured NRIC
Contact No.(Mobile)	91917436	Contact No.(Home)		Contact No.(Office)
Email Address	yvonne_koh80@hotmail.com	OI Vehicle Number	SKB8322C	TP Vehicle Number
Claim Description	SKB8322C / SHD1625A ON 17 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	18/03/2021 17:31	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save Submit

Attachment

3/18/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1124885

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/03/2021 17:34

Path *

Category *

Confidential

Urgen

No file chosen

No file chosen

No file chosen













No file chosen

No file chosen

No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:34	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:34	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	SAS	Normal	SAS 2021-3-18

Video List

Uploaded By/Date	Folder Date	File Name		Sou
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Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text" value="5121083524"/>	Date of Accident	<input type="text" value="17/03/2021 17:39"/>							
Vehicle No.(For Motor)	<input type="text"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5121083524		KOH LI BENG	S8009713A	GPC	drivo CLASSIC	SKB8322C	SKB8322C	26/02/2021	25/02/2022
<input type="button" value="Continue"/>										

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: SNE8213H0004 Vehicle Registration No: 8CB 8322C
Name (as shown in NRIC): KEH LI BANG NRIC/FIN/Passport No: SXXXX 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: LIFUL

(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 Freshen Back Report A/20210328/1015

② To Add injured Person

Policyholder / Driver's Signature
Date:

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