





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH PENG HENG	ID No.	S1489614G
Related Vehicle	SKA2706Z (Car)	Contact No.	96601638
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	-	ID No.	-
Related Vehicle	SKM3093M (Car)	Contact No.	-
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

**Brief Details.**

On 26/04/2021 at 0655pm. I was driving my BMW Grey Vehicle SKA2706Z along Evan Road, I was driving out to Bukit Timah Road, There is a yellow box at bukit timah road which was meant for driver at Evan road to turn out to. There is a Grey Honda vehicle SKM3093M with his rear end of the car which is in the yellow box, I drove up and my front bumper was in the yellow box. As there was heavy traffic and I have the right of way. I saw the vehicle SKM3093M in-front moving, I then turn to my right looking to see if the vehicle behind me was moving. As I was about to move out to bukit timah road. the vehicle in-front brake as such my vehicle front hit the left rear bumper of his vehicle. Both of us came down to make a check on the vehicle, to take photos of the damages. However we were blocking the road. As the traffic was heavy. We then agreed to settle this issue with insurance and I left without taking his details. My vehicle car plate frame suffered a crack. The other vehicle have slight paint stains on his left vehicle bumper.

I do not have any in-car camera in my vehicle. I am not sure if the other vehicle has any in-car camera. both driver have no injuries when the accident happened.

On 29/04/2021, I received a Traffic police letter with the Ref number: TP/IP/21383/2021 stating that I need to lodge a police report for the accident on 26/04/21 at 0655pm. And I could contact the IO Mohmad Zulfazdi Bin Abdullah 65476204 or his supervisor Yip Yew Seng Nelson 65476182 if I have any question.



**SINGAPORE  
POLICE FORCE**



T/20210504/2126

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Report No. T/20210504/2126

CONTINUATION OF REPORT





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**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: E / Sgt 2 TEE PENG SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2021 19:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476229	Classification Of Case:
Authentication Stamp NP168	

Performance Motors Limited  
A Sime Darby Motors Company  
BMW Dealer

**Performance Motors**

Sales & Aftersales  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941  
[www.pml-bmw.com.sg](http://www.pml-bmw.com.sg)

**Joseph Yaguel**

Motor Claim Advisor  
Bodyshop

Tel 1800-2255-269  
Mobile (+65) 9116 5199  
Fax (+65) 6479 4601  
Co. Reg. No : 197401559W



**MOTOR ACCIDENT REPORT FORM**

Date of Accident: 26/4/2021	Time: 6.55pm	Exact Location of Accident: Evans Road
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>		
Vehicles Registration Number: SKA 2706 Z	Name of Registered Owner: Henlee Development Pte Ltd	
NRIC / Passport No. / FIN:	Co. Reg. No.(for Co. Vehicle Only): 197803021 G	
*Own Insured Email Address:	*Mobile Phone No.: 96601638 Alternative Phone No.:	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Manufacturer: BMW	Model: 523i	
Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3 <sup>rd</sup> Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>	
Vehicle Category: <input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Private Hire		
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of My Insurance Company: MSIG Insurance (Singapore) Pte Ltd		
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Policy / Cover Note Number: B300260619 SMP	
<b>DRIVER PARTICULARS</b> <input type="checkbox"/> Same as Insured Above		
Name of Driver: KOH PENG HENG	NRIC / Passport No. / FIN: S1489614 G	
Date of Birth: 27/6/1961	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 10/2/1979	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 96601638	Alternative Phone No.:	
*Address as stated in NRIC: 2A First Avenue	(Post Code: 268760)	
Email Address: peng_heng_koh@hotmail.com		
Was driver an employee of the Insured's Company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	State relationship of the driver with the insured: Managing Director	
Does the Driver Own Any Other Vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
<b>INFORMATION OF THE ACCIDENT</b>		
Weather Conditions: Clear	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface:	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was any foreign vehicle involved in this accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Foreign Vehicle Registration Number: NA		
Foreign Vehicle Category:	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
*Number of vehicle involved in the accident: Two		
*Was anybody injured in the Accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
*Was any injured conveyed to hospital by ambulance? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Was any other material or property damaged? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
I have been approached by unknown person(s) soliciting / offering accident claims assistance. No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
*Number of Passengers (Including Driver): One		
Passenger 1	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 2	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 3	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 4	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 5	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Was the accident reported to the Police? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If Yes, which Police Station?	
*Was there any witness? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If Yes, please indicate below?	
	Name of Witness:	Contact No:
	Email Address:	
Was notice of intended Prosecution given? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If Yes, against whom?	
Was there any video captured by Car Camera? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		

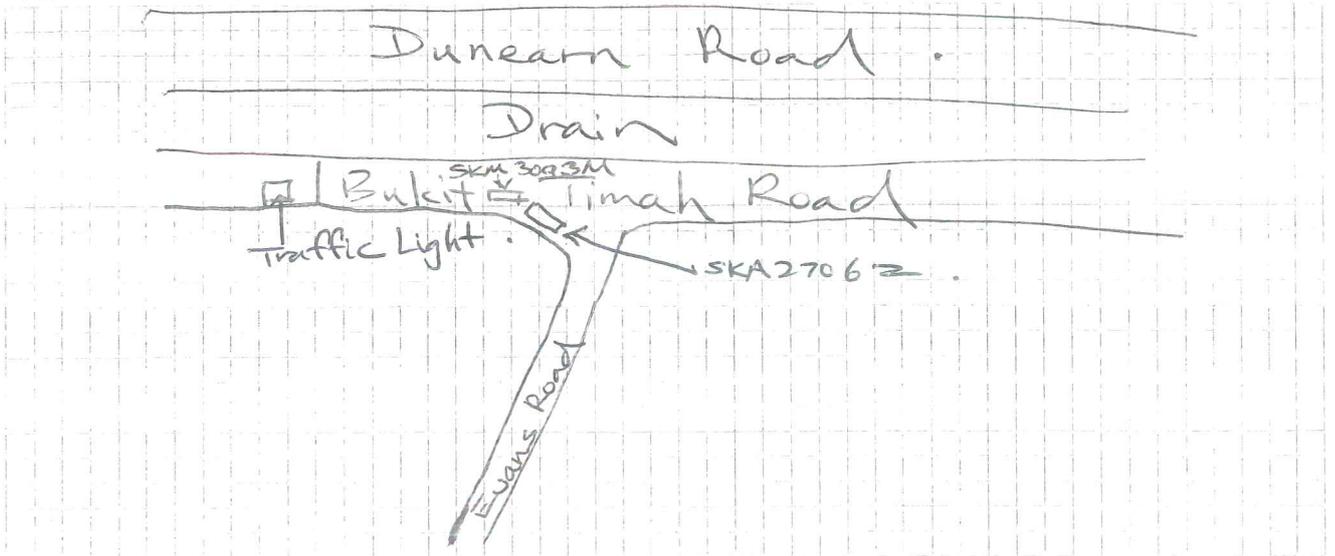
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)	
Vehicles Registration No.: SKM 3093 M	Vehicle Make / Model / Colour: Honda Freed
Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle): NIL	
*Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Taxi <input type="checkbox"/> Private Hire <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods Vehicle <input type="checkbox"/>	
Motor Trade <input type="checkbox"/> Tanker <input type="checkbox"/> Government <input type="checkbox"/> Mobile Equipment <input type="checkbox"/>	
Name of Driver: Unknown	NRIC/Passport Number:
Contact Number:	
Address: (Post Code: )	
Insurance Company Name:	
Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)	
Name: NA	Approximate Age:
Address: (Post Code: )	
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
Type of Accident (Please tick the appropriate type on flipside of this form)	

**TYPE OF ACCIDENT** (Please tick the appropriate type)

- |  |   |
|--|---|
| <input type="checkbox"/> Chain Collision                     | <input type="checkbox"/> Collision – Opening Door of Vehicle                |
| <input type="checkbox"/> Collided into Bicyclist             | <input type="checkbox"/> Collision – Roundabout                             |
| <input type="checkbox"/> Collided into Motorcyclist          | <input type="checkbox"/> Collision – U-Turn                                 |
| <input type="checkbox"/> Collided into Parked Vehicle        | <input type="checkbox"/> Drink Driving / Drugs Influence                    |
| <input type="checkbox"/> Collided into Pedestrian            | <input type="checkbox"/> Fire, Explosion or Lightning                       |
| <input type="checkbox"/> Collided into Property              | <input type="checkbox"/> Flood  |
| <input type="checkbox"/> Collision – Change / Cross Lane     | <input type="checkbox"/> Hit and Run / Vandalism /<br>Damaged whilst Parked |
| <input type="checkbox"/> Collision – Cross Junction          | <input type="checkbox"/> Hit by Fallen Tree                                 |
| <input type="checkbox"/> Collision – Head on Collision       | <input type="checkbox"/> No Collision                                       |
| <input checked="" type="checkbox"/> Collision – Head to Rear | <input type="checkbox"/> Side Swipe   |
| <input type="checkbox"/> Collision – Major / Minor Road      | <input type="checkbox"/> Theft  |



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 26/4/2021 at 6.55 pm while driving home from office. The traffic was heavy where the accident occurred.

DECLARATION

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

Policyholder's Signature  
Date & Time:

  
 Driver's Signature 人山波德 丑  
**HENRIE DEVELOPMENT PTE LTD.**  
 Date & Time:

  
 Reporting Centre Signature  
 Name: Performance Motors Limited  
 NRIC/FIN No: 03 Alexandra Road  
 Sime Darby Performance Centre  
 Singapore 159941