

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 | 05/07/2021 13:12 (SGT) |
| Date of Accident | 03/07/2021 23:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Along Lentor Ave |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMP1261T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | KOH YEOK BENG |
| NRIC No | S6922961A |
| Email Address | DOG_MARTINS@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-91788787 |
| Alternative Phone No | +65-91788787 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Lexus |
| Model | Es250 |
| 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 | 2500 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5112827241-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | KOH YEOK BENG |
| NRIC No | S6922961A |

| | |
|--|--------------------------|
| Date Of Birth | 28/07/1969 |
| Occupation | Indoor |
| Date Of Driving Pass | 18/07/1992 |
| Driving experience | 29 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-91788787 |
| Alt. Phone Number | +65-91788787 |
| Email Address | DOG_MARTINS@YAHOO.COM.SG |
| Address | 50 CANBERRA DRIVE #11-18 |
| Address complement | - |
| Postcode | 768438 |
| 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 - Cross Junction |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------|
| Name | CLARA WEE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Sembawang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005549999 |
| Police Station Address | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

refer to police report

ATTACHMENT(S)

| | |
|---|---|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | ADV TO SEND TO MOTORVIDEO@INCOME.COM.SG |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC1461K |
| Vehicle Manufacturer | - |

| | |
|---|------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SMT1381J |
| 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 | NA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | FOREHEAD INJURY |
| Injured person in which vehicle? | SMT1381J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 2

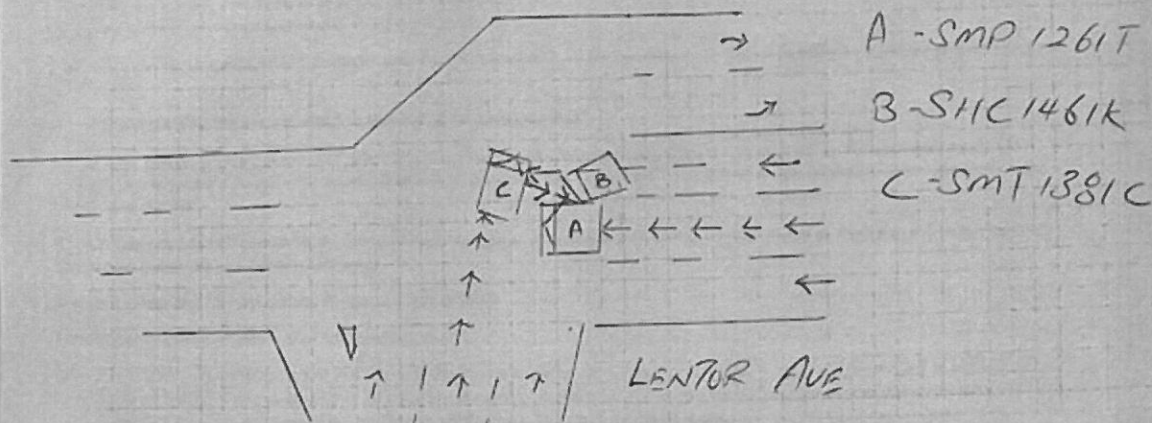
| | |
|---|---------------------------|
| Name of injured person | NA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | UNABLE TO BREATH PROPERLY |
| Injured person in which vehicle? | SHC1461K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 3

| | |
|----------------------------------|---------------------------------|
| Name of injured person | NA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | HEAD BLEEDING AND SPINE INJURED |
| Injured person in which vehicle? | SHC1461K |

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

1. Please report correctly the details of the accident to speed up the claims process.




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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


Policyholder's Signature

Date & Time:
05/07/2021

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


Reporting Centre Personnel's Signature

Name: LOO HAN FIO
NRIC/FIN No.:
S7140077H

SKETCH PLAN

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. 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 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:
 - (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.
- (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:
 - (i) 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:

05/07/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: LOO HAN FIO

NRIC/FIN No.:

S7140074H



SINGAPORE POLICE FORCE



T/20210704/2039

1 of 3

Report No. T/20210704/2039

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made: 04/07/2021 14:22 | | Vide Report No.: F/20210703/0318 | | Station Diary No.: 30 | |
| Informant's Particulars | | | | | |
| Name of Informant: KOH YEOK BENG | | | Address: 50 CANBERRA DRIVE #11-18 SINGAPORE 768438 | | |
| ID Type / ID No.: NRIC NO / S6922961A | | | Contact No.: Home/Office: Mobile: 91788787 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 51 | Date of Birth: 28/07/1969 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: BUSINESS DIRECTOR | | Driving Licence Information: Class: 3 Date of Expiry: | | | |

| | | | | |
|--|---------------------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 03/07/2021 23:50 | Type of Location: Flyover |
| Location: LENTOR AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|--------|-------------------------------------|-------|----------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SMP1261T | Car | TOYOTA | LEXUS ES250 LUXURY A/T S/R | White | Seriously Damaged | 1 |
| SMT1381J | Car | | | | Seriously Damaged | 0 |

| | | | | |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20210704/2039

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

SAC 1461K

2 of 3

Report No. T/20210704/2039

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMP1261T | NTUC Income Insurance Co-Operative Limited | 5112827241-01 | 22/09/2020 | 14/07/2021 |

| Details of Person Involved | | | |
|-----------------------------------|---------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KOH YEOK BENG | | ID No. S6922961A |
| Related Vehicle | NIL | | Contact No. 91788787 |
| 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 |

Brief Details.

On 03/07/2021 at about 2350hrs, I was driving along Lentor Avenue in the middle lane towards Yishun Avenue Two. While I was near the flyover where vehicle exiting from the expressway towards Lentor Avenue, I saw a vehicle, SMT1381J, beating red light while turning from junction towards where I was driving to cross over towards Ang Mo Kio side. I immediately honked and stopped the car. However, the taxi that was on the outer right lane did not see the car approaching thus collided with the vehicle. The impact was too huge and the taxi hit the right sides of my vehicle. I have a in car camera stored in my vehicle and the Investigation Officer had took the SD card from me. As both drivers were injured, I could not exchange particulars with them as they were conveyed to hospital. I wishes to lodge this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20210704/2039

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20210704/2039

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 /

Sgt 3 TOH QIAN YU, RACHEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No: 65476252

SN 085

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

04/07/2021 14:22

Classification Of Case: