

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Insurance Case

SME 4588 x

Honda Fit

Print Date/Time : 22 Nov 2021 / 17:49:40

Receipt Date/Time : 22 Nov 2021 / 17:49:40

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211122-003434

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHA1820T				
As at 20 Nov 2021/11:20:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA1820T Enquiry Fee 20211122174741542437	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
452419XXXXXX9966		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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x 8824 9012

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## 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	22/11/2021 15:01 (SGT)
Date of Accident	20/11/2021 11:20 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	slip road into KPE tunnel from PIE to Tuas
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4588X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Sound & Vision Pte Ltd
Company Reg No	197400649D
Email Address	janice.koh@soundnvision.com.sg
Mobile Phone No	(Phone) +65-97922555
Alternative Phone No	(Home) +65-97922555

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1300

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115204133-01
Cover Note Number	-

#### DRIVER

Name of Driver	Janice Koh Yen Gek
NRIC No	S7632370D

Date Of Birth	04/10/1976
Occupation	Outdoor
Date Of Driving Pass	31/10/2000
Driving experience	21 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97922555
Alt. Phone Number	-
Email Address	janice.koh@soundnvision.com.sg
Address	9 Little Road #07-02
Address complement	-
Postcode	536985
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### 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?	No
Was any other vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

refer attached police report.

#### 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	SHA1820T
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	(Phone) +65-93890473
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	SNB9411L
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lee Nicholas Wayne
Contact Number	(Phone) +65-94526136
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	Janice Koh Yen Gek
Gender	Female
Phone No	(Phone) +65-97922555
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR4588X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

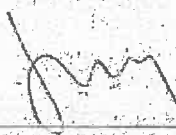
**Describe Circumstances of the Accident**


Please refer to police report T/2021/11/21 / 7023

**Declaration**

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

  
  
 Policyholder's Signature / Date & Time  
 22/11/21  
 11:55pm

  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 22/11/21  
 11:55pm

  
 Witnessed by Reporting Centre Personnel

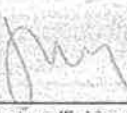


**SKETCH PLAN**

**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 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  
  
 22/11/21 1:55pm  
**Sketch Plan**

Driver's Signature (If driver is not the policyholder) / Date & Time  
  
 22/11/21 1:55pm

Witnessed by Reporting Centre Personnel  


SKP RGA 1010 KPE Tunnel P15-210A3

A = SMR 4588X  
 B = SHH 1820T  
 C = SNB 9411L





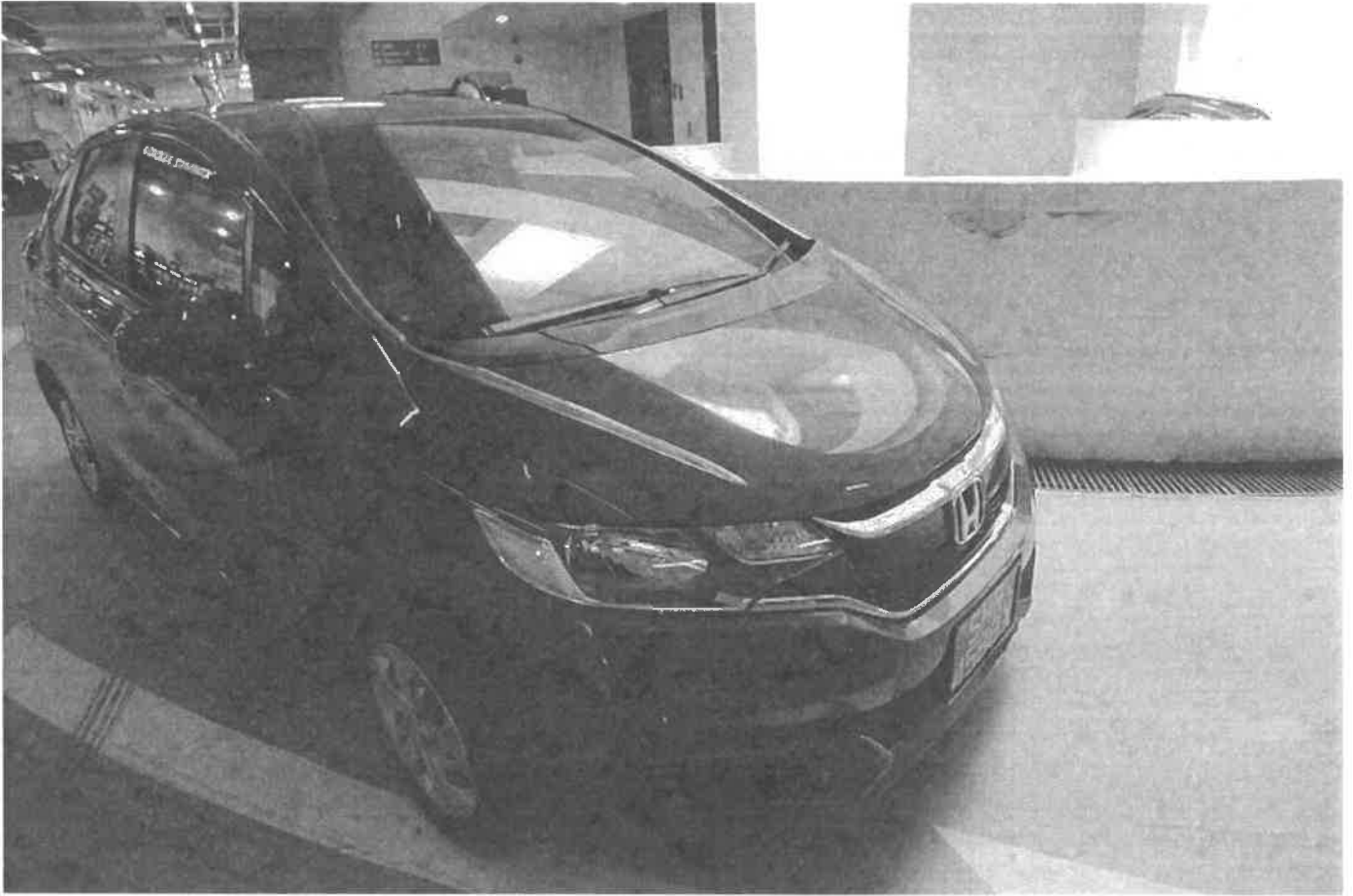


















**SINGAPORE  
POLICE FORCE**



T/20211121/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20211121/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
T / TPB /  
MDHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

L.P. 68

Signature Of Informant:

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

Date/Time:  
21/11/2021 22:55

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20211121/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4  
Report No: T/20211121/7023

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2021 22:55		Vide Report No.		Station Diary No.	
<b>Informant's Particulars</b>					
Name of Informant: JANICE KOH YEN GEK			Address: 108 TAMPINES STREET 11 #03-301 SINGAPORE 521108		
ID Type / ID No.: NRIC NO / S7632370D			Contact No. Home/Office: Mobile: 97922555		
Nationality: SINGAPORE CITIZEN			Email: JANICEKOHYG@GMAIL.COM		
Sex: Female	Age: 45	Date of Birth: 04/10/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class: 3 Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 20/11/2021 11:20	Type of Location: Slip road into KPE tunnel
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Rear Ended			Anyone conveyed by ambulance: No	

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHA1820T	Car	HYUNDAI		Blue	Slightly Damaged	0
SMR4588X	Car	HONDA	Fit	Red	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211121/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4  
Report No. T/20211121/7023

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SNB9411L	Car	HONDA	FIT	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAN		ID No. NIL
Related Vehicle	SHA1820T (Car)		Contact No. 93890473
Hospital/Clinic	NIL		Class of Driving Licence & Expiry: Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	JANICE KOH YEN GEK		ID No. S7632370D
Related Vehicle	SMR4588X (Car)		Contact No. 97922555
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry: Class: 3 Date of Expiry: NIL
Date	20/11/2021		Date 20/11/2021
No. of Days granted Medical Leave	05		Degree of Slight
Driver			
Name	NICHOLAS		ID No. NIL
Related Vehicle	SNB9411L (Car)		Contact No. 94526136
Hospital/Clinic	NIL		Class of Driving Licence & Expiry: Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL



**SINGAPORE  
POLICE FORCE**



T/20211121/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20211121/7023

**CONTINUATION OF REPORT**

**Brief Details:**

As I was entering the slip road into the KPE tunnel from PIE towards Tuas, there was tail back. I stopped as a result of the cars in front of me not moving. Shortly after a Taxi SHA 1820T rear ended me. On impact, I was wearing my seatbelt. When I came out of the my car Honda Fit SMR 4588X, I observed that there was SNB9411L another Honda FIT that had rear ended the taxi SHA 1820T. Weather condition was drizzling and floor was wet at time of accident. I wanted to exchange particulars with the Taxi SHA 1820T, but he only furnish me his name and mobile number. The Honda Fit SNB9411L driver furnished me his particulars. After the accident, I felt pain in my back and went to Chang Hospital A&E department to be examined. I took X-Rays and was given 5 days hospitalization leave.