

Date of Accident : 30/12/2021 Accident Time: 1550 (24-HR-Format)
Accident Place : PIE Twa's Tva's
Vehicle. No. (Car Plate No.) : SMP6474M Make/Model: Honda Fit
Insurance Company : NTVC Policy No: 5123919554
Owner or Company Name /IC No. : SKoh General Services (53403380J)
Owner or Company Contact No. : — Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : Koh Gek Sim Shirley (S1151960A)
DRIVER'S Date Of Birth : 25/09/1958 DRIVER'S License Pass Date 30/08/1977
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 103 Teak whye Lane #03-432 S(680103)
DRIVER'S Contact No./ Alt No. : 1) 9791 1150 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : HSUYINZHEN @ GMAIL . COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes. Driver

Other Party Driver's Particular (if any)

Vehicle. No: SMM9604B (B)

Vehicle. No: SL57045H (C)

Vehicle Make\Model: _____

Vehicle Make\Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

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.

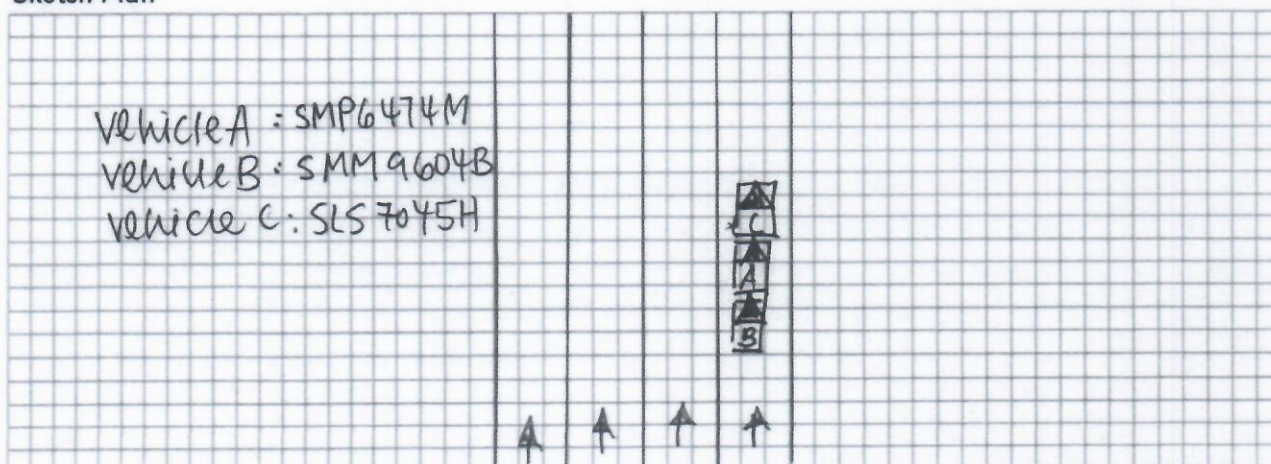


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To police
Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Shah

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220103/7043

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

1 of 3

Report No. T/20220103/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 16:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH GEK SIM SHIRLEY			Address: 103 TECK WHYE LANE #03-432 SINGAPORE 680103		
ID Type / ID No.: NRIC NO / S1151960A			Contact No.: Home/Office: Mobile: 97465736		
Nationality: SINGAPORE CITIZEN			Email: hsuyinzhen@gmail.com		
Sex: Female	Age: 65	Date of Birth: 25/09/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Maid Agency			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2021 15:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLS7045T	Car					0
SMM9604B	Car					0
SMP6474M	Car	HONDA	FIT	Grey		0



**SINGAPORE
POLICE FORCE**



T/20220103/7043

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

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Report No. T/20220103/7043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH GEK SIM SHIRLEY	ID No.	S1151960A
Related Vehicle	SMP6474M (Car)	Contact No.	97465736
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

ON THE STATE DATE AND TIME , I VEHICLE A (SMP 6474 M) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. WHEN VEHICLE C (SLS 7045 H) INFRONT OF ME BRAKES, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS SO HUGE THAT IT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE REAR PORTION OF VEHICLE C. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMM 9604 B) WHO HAVE COLLIDED ONTO MY VEHICLE.

I WOULD WISH TO STATE THAT THIS WAS A 3 CAR CHAIN COLLISION.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT NG TENG FONG GENERAL HOSPITAL AS I FELT PAIN IN MY CHEST AND NECK,
I WAS GIVEN 5 DAYS MC



**SINGAPORE
POLICE FORCE**



T/20220103/7043

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Tel No: 65470000

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Report No. T/20220103/7043

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:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
03/01/2022 16:57

Classification Of Case: