

Date In 30/01/2023  
Ref No NA/C1123000 eys/d4  
Veh No SMH 70734  
DOA 27/01/2023 1610  
OD/ (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs. AP 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by <u>Fax / Hand to Owner/Wkstp</u>		

Tel: Fax:

TP Particulars:	Veh No: <u>SLF614K</u>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured / Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks: (INC hotline: 6788-6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

*Injury* :

[illegible]

NA 2300301		Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Incident's Particulars:		1) AR : Accident Reporting (\$30);		
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:		3) TF : Towing Fee \$40/\$45		
Damaged Portion:		4) FT : Follow-Through Survey \$120		
		5) FT : Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR : Re-inspection \$75		
		7) N1 : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
Checked by (Engr-In-Charge):		ON:		
		* N5: Courtesy Car / Tpt Allowance	\$5	
		* N6: Repair Co-ordination	\$10	
		* N7: Post Repair Inspection	\$5	
Officers' Comments :-		* N8: DV / Collect Excess Coordination	\$5	



## 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 Actual 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	30/01/2023 18:22 (SGT)
Reported by	Driver
Date of Accident	27/01/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUANG AVENUE 8
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7073Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH KIM ENG
NRIC No	SXXXX850F
Email Address	alicekoh12344@gmail.com
Mobile Phone No	(Phone) +65-92761159
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Perodua
Model	Bezza
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	1329

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00033592200

#### DRIVER

Name of Driver	MIKE GOH JIA JUN
NRIC No	SXXXX308I
Date Of Birth	18/02/1999
Occupation	Indoor

Date Of Driving Pass .....	03/12/2018
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87766673
Alt. Phone Number .....	-
Email Address .....	zackmike02@gmail.com
Address .....	BLK 325 BUKIT BATOK STREET 33
Address complement .....	# 07-21
Postcode .....	650325
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	GRANDMA
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	RAN ZHUO LING,DUSCHA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230128/2024

#### 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 .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number .....	SLE614K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-91450363
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 .....	MIKE GOH JIA JUN
Gender .....	Male
Phone No .....	(Phone) +65-87766673
Address .....	BLK 325 BUKIT BATOK STREET 33
Address Complement .....	# 07-21
Post Code .....	650325
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN AND ACHING ON BACK AND GIVEN 3 DAYS MC
Injured person in which vehicle? .....	SMH7073Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	RAN ZHUO LING,DUSCHA
Gender .....	Female
Phone No .....	(Phone) +65-88825562
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY-GIVEN 2 DAYS OF MC
Injured person in which vehicle? .....	SMH7073Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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.
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

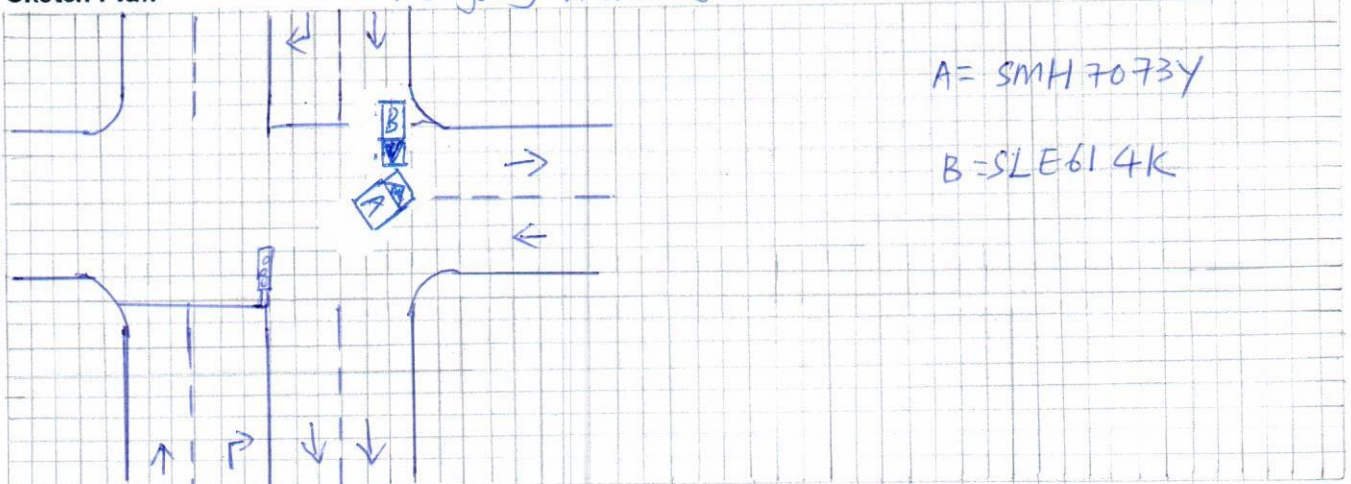
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Hougang Ave 8



**Describe Circumstances of the Accident**

Refer to Police Report No = T/2023 0128 /2024.

**Declaration**

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

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230128/2024

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Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20230128/2024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2023 12:04	Vide Report No.: F/20230127/0091	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: MIKE GOH JIA JUN			Address: APT BLK 325 BUKIT BATOK STREET 33 #07-21 SINGAPORE 650325		
ID Type / ID No.: NRIC NO / S9905308I			Contact No.: Home/Office: Mobile: 87766673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 18/02/1999	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: Mages Institute
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2023 16:10	Type of Location: X-Junction
Location:  HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE614K	Car				Seriously Damaged	0
SMH7073Y	Car				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20230128/2024

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MIKE GOH JIA JUN	ID No.	S9905308I
Related Vehicle	SMH7073Y (Car)	Contact No.	87766673
Hospital/Clinic	CHUA & PARTNERS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	28/01/2023	Date Discharge	28/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	RAN ZHUO LING, DUSCHA	ID No.	T0218180G
Related Vehicle	SMH7073Y (Car)	Contact No.	88825562
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2023	Date Discharge	27/01/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 27/01/2023 at about 1610hrs, I was driving along Hougang Ave 8 towards the direction of Hougang Ave 7. I was travelling along lane 1/3 when reaching the X-Junction of Hougang Ave 8 and Upper Serangoon Road. My intention is to make a right turn into Upper Serangoon Road. The traffic light is green colour in my favour and before I move off, I make a check to make sure there is no vehicle in the opposite directions before I move off. There were vehicles at the opposite lane however my assessment was that there is still a distance and there is sufficient time for me to proceed with the right turn into Upper Serangoon Road. Once I started moving off, I saw a vehicle bearing SLE614K, was travelling at a high speed from the opposite lane and his front portion of the vehicle had collided onto my front left portion of my vehicle. The Impact was so huge that my vehicle's Air-Bag was being deployed.

I make a check to make sure my girlfriend which is seated at the front passenger seat is not seriously injured, I then came out from my vehicle and notice the a Female Middle age Chinese lady came out from the driver side as well. Another female passenger from the other vehicle then approached me and gave me her name (Krystal, contact:98218839) and they accused us of jumping the traffic. The driver only gave me her contact number 91450363 but I do not know her name. We then take pictures of the accident and shortly after, Ambulance and Traffic Police came and took down our details. My girlfriend was being conveyed by the Ambulance to Sengkang General Hospital and was given 2 days MC.

My vehicle was rendered undrivable and needs to be towed away. I wish to state that the Traffic Police Officer had taken my In-Car Camera's Memory Card for investigation purpose.

On 28/01/2023, I felt pain and aching on my back and went to see a doctor as well and was given 3 days MC. That is all.

\* Green Colour turn Right Arrow in my favour!





**SINGAPORE  
POLICE FORCE**



T/20230128/2024

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Report No. T/20230128/2024

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20230128/2024

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Report No. T/20230128/2024

**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:

D /

SGT 2 TAN HWA TIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD SYAKIR BIN ADANAN

Contact No.: 65476236

Signature Of Informant:

Date/Time:

28/01/2023 12:04

Classification Of Case:



VEHICLE NO: SMH7073Y

MAKE &amp; MODEL : Perodua Bezza

AUTO / MANUAL

DATE OF ACCIDENT	27 / 01 / 2023	*C.C: 1329CC
TIME OF ACCIDENT	1610	AM / PM
LOCATION OF ACCIDENT	Hougang Avenue 8	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
<b>NAME OF OWNER</b>	Koh Kim Eng	Email: alice.koh12344@gmail.com
TELP NO	Mobile: 92761159	Office: Home:
NRIC	S1158850F	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00033592200	
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO: Mike Goh Jia Jun	
NRIC	S9905308I	
DATE OF BIRTH	18 / 02 / 1999	
ANY PASSENGER	YES / NO : 1 pax	
NAME OF PASSENGER	Ran Zhuo Ling, Duscha	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor Student	
DATE OF DRIVING PASS	03 / Dec / 2018	
GENDER	Male / Female	
CONTACT NO.	Mobile: 87766673 Office: Home:	
EMAIL:	zackmike02@gmail.com	
ADDRESS	Blk 325 Bukit Batok Street 33 #07-21 S (650325)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER.
RELATIONSHIP	Employee / If No: Grandma.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? ① Mike Goh Jia Jun (M)	
CONTACT NO.	② Ran Zhuo Ling Duscha (F)	
POLICE REPORT	No / If yes: Where? T/20230128/2024	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SLE614K	Any Passenger: 1 pax
NAME		
CONTACT NO.	91450363	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO SD card taken by TP.	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
		YES / NO

HUA MENG



Motor Private Car

MX1F

N SN

AN0597A

Cov. Type:C

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00033592200

Engine No.: 1NR0B50437

Cha. No.: PM2B301S003126006

1. Index Mark and Registration  
Number of Vehicle

SMH7073Y

AUTOSAFE  
=====

2. Name of Policy Holder

KOH KIM ENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment30/01/2022  
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

29/01/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD  
Authorised Officer  
Authorised Signatory