

VEHICLE NO: SMN 3715Z

MAKE &amp; MODEL: TOYOTA VOXY HYBRID AUTO / MANUAL

DATE OF ACCIDENT	27 / 01 / 2023	*C.C. 1800
TIME OF ACCIDENT	1030hrs	AM / PM
LOCATION OF ACCIDENT	before Junction of Sims way and gaylang road towards	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE NICOL Highway.	
NAME OF OWNER	BEH YONG SENG	
EMAIL: JOHNBEH74@gmail.com	Office:	MOBILE: 8821 1129
NRIC	S7423342B	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	NTUC INCOME	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5132452928	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	S7423342B	
DATE OF BIRTH	28 / 07 / 1974	
ANY PASSENGER	YES / NO: 1	
NAME OF PASSENGER	Unknown	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	13 / 12 / 2007	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8821 1129	Office:
EMAIL	JOHNBEH74@GMAIL.COM	
ADDRESS	Blk 76 LORONG LIMAU #09-25 S(320076)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No: OWNER	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? BEH YONG SENG	
CONVEYED BY AMBULANCE	No / If yes: Who?	
POLICE REPORT	No / If yes: Where? ONLINE	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	SNC 8009S Any Passenger: 0	
NAME		
CONTACT NO.		
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	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

## 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:

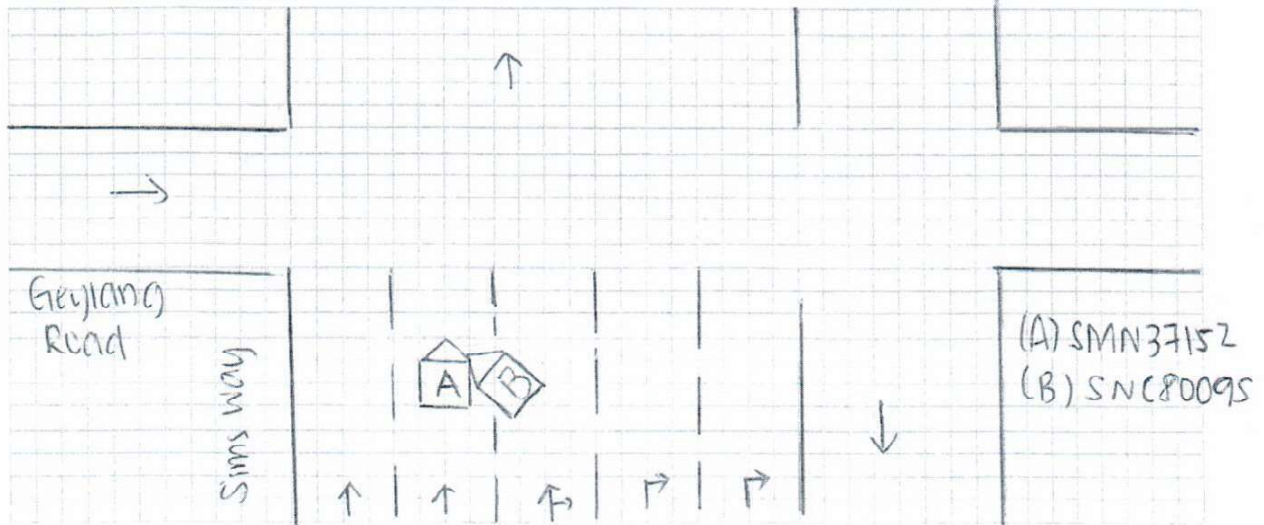


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop \_\_\_\_\_  
via email / fax  
Signature: \_\_\_\_\_

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic police report.

NO: T/20230127/7022

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

### 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20230127/7022

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

1 of 3  
Report No. T/20230127/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2023 12:51	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: BEH YONG SENG		Address: 76 LORONG LIMAU #09-25 SINGAPORE 320076	
ID Type / ID No.: NRIC NO / S7423342B		Contact No.: Home/Office: Mobile: 88211129	
Nationality: SINGAPORE CITIZEN		Email: johnbeh74@gmail.com	
Sex: Male	Age: 48	Date of Birth: 28/07/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRER		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2023 10:30	Type of Location: X-Junction
Location:  junction of Sims way and Geylang road towards Nicoll Highway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMN3715Z	Car	TOYOTA	VOXY HYBRID 1.8V CVT	Brown		1
SNC8009S	Car					0

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



**SINGAPORE  
POLICE FORCE**



T/20230127/7022

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

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Report No. T/20230127/7022

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3715Z	NTUC Income Insurance Co-Operative Limited	5132452928	22/12/2022	31/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BEH YONG SENG		ID No. S7423342B
Related Vehicle	SMN3715Z (Car)		Contact No. 88211129
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	27/01/2023		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On 27/01/2023 at about 1030 hours at along before junction of Sims way and Geylang road towards Nicoll Highway. I was travelling on the fourth lane at the above mentioned road and traffic was heavy. Suddenly, a vehicle (B) from my right veered into my lane without cautious and without checking his blind spot and hit onto the right portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult a doctor and was given 05 days MC for my injury. I have 1 passenger onboard my vehicle.

Vehicles involving in the situation:

(A)SMN3715Z

(B)SNC8009S



**SINGAPORE  
POLICE FORCE**



T/20230127/7022

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

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Report No. T/20230127/7022

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
27/01/2023 12:51

Classification Of Case: