

ABS 232 614

Steve

7

CS3-ASM 21910099/ EVC

ASSIGNMENT

From: PRS

Date:

Vol No:

SF4 5538B

Yr Regn: 17/1/14

Estimated Cost:

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

OP. / TRAILER / PERIOD. RES. / EVAL. INV. / MV

To Inspect Vehicle No:

Make:

Nissan Sunny

C.C.

1598

at Workshop m/s

Colour:

Grey

A/C: Insured / Std / Nil / N

Insured: SHA 9377E

Sp. Reading

134388

T/Radio: Insured / Std / Nil / N

Policy No.

CRNo:

MANITBA R.I. 7:2070661

Claims No. S1M03IWR

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In Order / Jammed / Locked / Burnt or

(Client's Record)

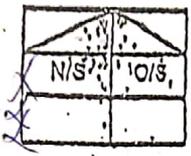
Brake: In Order / Jammed / Locked / Burnt or

Make of Veh:

Mod: Nil / SRM / STD / SRM or

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.



Tyre Size:

P1 195/60R16

R1

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Ret. or Market Value:

Front

Rear

IDAC Accident Report

Consistent? : Yes or No

R/Bal.

4

mm

R/Bal.

4

mm

SA / PR Seen

Consistent? : Yes or No

U/Bal.

4

mm

U/Bal.

4

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

24/9/11

O.O.I.

7/9/21

Sum %

3 Val.: Yes or No

Survey held at

V-TEC

QA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

The U/S / CHASSIS frame / Body Structure affected due to collision

| Date / Time | Action / Instruction |
|-------------|-----------------------------------------------|
| | MK-368 Repair range 6K-7K 8... Repair days |
| 8/10/21 | Submit PRS, repair range \$6,000-\$7,000 |

Time, File, Report: Prel. Report Final Report

Days Of Repair: 8

Resurvey No. of Trips:

| Survey Fee: |
|----------------|
| Transportation |
| SR, RS, SI |
| Feeds |
| Others |
| TOTAL |

8/10/21-typist

Add Fee: Site Insp (\$) Interview (\$) Tech. Inva (\$) Weigh and (\$)

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 | 25/09/2021 11:32 (SGT) |
| Date of Accident | 24/09/2021 23:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLE TOWARD CTE L/P 166 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SFU5538B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | GAN SONG SEEK |
| NRIC No | SXXXX605D |
| Email Address | gss2103@hotmail.com |
| Mobile Phone No | (Phone) +65-90124653 |
| Alternative Phone No | +65-90124653 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Nissan |
| Model | Sylphy |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100392722 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | GAN HUI YI, MALLORY |
| NRIC No | SXXXX374J |

| | |
|--------------------------------------------------------------|---------------------------------|
| Date Of Birth | 16/12/1992 |
| Occupation | Indoor |
| Date Of Driving Pass | 22/07/2011 |
| Driving experience | 10 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91137422 |
| Alt. Phone Number | - |
| Email Address | mallorygan@hotmail.com |
| Address | BLK 835 WOODLANDS ST 83 #09-113 |
| Address complement | - |
| Postcode | 730835 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| 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 | LILY ONG |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------|--------------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Woodlands East Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007679999 |
| Police Station Address | 3 Woodlands Drive 63 Singapore 737890 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

SEE 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 | YP5577P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|-----------------------------------------|--------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | SDU54L |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|-----------------------------------------|----------|
| Vehicle Registration Number | SHA9377D |
| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|-----------------------------------------------------|----------------------|
| Name of injured person | GAN HUI YI, MALLORY |
| Gender | - |
| Phone No | (Phone) +65-91137422 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | LH LEG |
| Injured person in which vehicle? | SFU5538B |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|-----------------------------------------------------|----------------------|
| Name of injured person | LILY ONG |
| Gender | - |
| Phone No | (Phone) +65-90176760 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | RIGHT SHOULDER |
| Injured person in which vehicle? | SFU5538B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|-----------------------------------------------------|--------|
| Name of injured person | SDU54L |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SDU54L |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 4

| | |
|-----------------------------------------------------|----------|
| Name of injured person | SHA9377D |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHA9377D |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

(IMPORTANT) NOTICE

Vehicle No: _____

1. This report **correctly** the details of the accident as stated up if a claim arises.
2. This report is to be completed by the policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misstatements or omissions of material facts may constitute an offence 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 company.
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 lodging 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 purposes 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 to 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.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20210925/2047

1 of 3

Report No. T/20210925/2047

*updated
Report on
the punctured
tyre*

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made: 25/09/2021 15:30 | Vide Report No.: L/20210924/0216 | Station Diary No.: 54 |
|--------------------------------------------|-------------------------------------|--------------------------|

| Informant's Particulars | | | |
|-------------------------------------------|------------|-------------------------------------------------------------------------|------------------------------|
| Name of Informant: GAN HUI YI, MALLORY | | Address: APT BLK 835 WOODLANDS STREET 83 #09-113 SINGAPORE 730835 | |
| ID Type / ID No.: NRIC NO / S9247374J | | Contact No.: | Mobile: 91137422 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 28 | Date of Birth: 16/12/1992 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Physiotherapist | | Driving Licence Information: Class: 3A | Date of Expiry: |

| General Information of the Accident | | | | |
|---------------------------------------|------------------------------|------------------------------------|-----------------------------------------------|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/09/2021 23:50 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: chain collision | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|----------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SDU54L | Car | | | | | 0 |
| SFU5538B | Car | | | | Seriously Damaged | 1 |
| SHA9377D | Car | | | | Seriously Damaged | 0 |
| YP5577P | Lorry | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210925/2047

2 of 3

Report No. T/20210925/2047

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------------------|----------------------------------------|----------------------------------|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Name | GAN HUI YI, MALLORY | ID No. | S9247374J |
| Related Vehicle | SFU5538B (Car) | Contact No. | 91137422 |
| Hospital/Clinic | CENTRAL 24-HR CLINIC (WOODLANDS) | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 25/09/2021 | Date Discharge | 25/09/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 24/09/2021 at about 2350hrs, I was driving my vehicle bearing registration number SFU5538B along Central Expressway (CTE). At the point of time, I was travelling on the most right lane. Out of a sudden, a yellow taxi bearing registration number SHA9377D collided to the left rear passenger side of my vehicle. Subsequently, my vehicle spun and stopped at the middle left lane.

Thereafter, ambulance and traffic police came. The incident is L/20210924/0216. Some of the vehicle drivers were conveyed by the ambulance.

I wish to state that my vehicle sustained damages. Left hand rear wheel and right hand front wheel were punctured. The left hand rear passenger door was badly dented.

I wish to state that after the accident, I proceeded to Central 24-Hr (Woodlands) to make a check up and the doctor had given me a 3-day MC. My mother namely Lily Ong, NRIC: S1168625G, was the passenger of my car. She was also given a 3-day MC.

I wish to state that my vehicle does not have any in-car camera.



**SINGAPORE
POLICE FORCE**



T/20210925/2047

3 of 3

Report No. T/20210925/2047

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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 2 SER WEN LIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/09/2021 15:30

Officer In Charge Of Case:
TP / GIT /
Sgt 2 DAVID YAP
Contact No.: 65476138

Classification Of Case:
SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Gan Hui Yi Mallowy
VEHICLE NUMBER : SFU 4538 B
DATE/TIME OF ACCIDENT : 24/9/2021 11:50 AM to 11:55 PM
PLACE OF ACCIDENT : Entrance of Lantor to SLE
THIRD PARTY VEHICLE (IF ANY) : 3 other vehicles
① Kory - YP 5577P
② Taxi - SHA 9377D
③ Mercedes - SP4 54L

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Starting point : Home, Block 835 Woodland St33

End point : Jalan Bukit Ho Swee

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATH-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No, did not drink before driving.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Left hand rear and right front portion of car affected.

WERE YOU OR YOUR PASSENGERS INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Driver - left leg muscle strain. Passenger - Right shoulder muscle strain

Went to 24 HR clinic - CENTRAL 24-HR CLINIC (WOODLANDS)

[Signature]
Name: Gan Hui Yi Mallowy

I Affirmed The Above Information Is Given To My Best Knowledge.

UNDERTAKING

I, Gan Hui Yi MALLORY, (NRIC No. S9247374J), hereby confirm that the Singapore Accident Statement lodged by me on 25/9/2021 at 11 AM hours pertaining to the accident involving motor car Reg. No: SF45538 G, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : Gan Hui Yi Mallory
Nric No. : S9247374J
Date : 25/9/2021

Signature : 
Name of Policyholder : Gan Song Seek
Nric No. : S2500605-D
Date : 25/9/2021