

1000 1000 000

Steve

7

CS3-ASM 21010099/ECV

ASSIGNMENT

From: PRS

Date:

Veh No:

SF4 5538B

Yr Regn: 17/1/14

Estimated Cost:

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

OD / TR / W / P / R / E / O / R / E / V / A / I / N / V / M / V

Truck / Trailer or

To Inspect Vehicle No:

Make:

Nissan Sunny

cc

1598

at Workshop m/s

Colour:

Grey

A/C:

Insured / Std / NI / N

Insured:

Sp. Reading

134388

T/Radio:

Insured / Std / NI / N

Policy No.

Eng/No:

Claims No.

CR/No:

MANTRARI 7:20 2011

Sum Insured:

Excess:

Gen. Cond: Good / Fair / Poor / Bught

(Client's Record)

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

195/60R16

RI

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

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

U/Bal:

4

mm

U/Bal:

4

mm

D.O.A.

24/9/11

O.O.I.

7/4/21

Survey held at

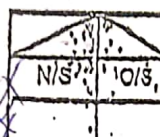
V-TEC

Des. of Damages: Frt / Rear / O/S / (N/S) / VIC / Rooflet or

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

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

RIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Sum Sum:

%

3 Val.:

Yes or No

QA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time	Action / Instruction
	AK-36X
	Repair range 6K-7K
	8. Rep day

Time/Time, File, Record

☐

Prall, Report

Days Of Repair:

Time/Time, File, Record

☐

Final Report

Resurvey No. of Trips:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

☐

Work and (\$

\$ + RS, SI

Final

Other

TOTAL

Special Form:

Imp Sum / 12, 1/2

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

LILY ONG
 *
 (Phone) +65-90176760
 *
 *
 *
 *
 RIGHT SHOULDER
 SFU5538B
 Yes
 No

INJURED 3

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

SDU54L
 -
 -
 -
 -
 -
 -
 -
 SDU54L
 -
 Yes

INJURED 4

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

SHA9377D
 -
 -
 -
 -
 -
 -
 -
 SHA9377D
 -
 Yes



IMPORTANT NOTICE

Vehicle No. _____

1. Please report correctly the details of the accident to speed up the claims process.
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 misrepresentation is a valid defence of insurance fraud. Insurance companies may refuse to pay claim policy liability.
4. The name 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 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 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.: _____

SLE/CTE Exp Hwy after Kenton Ave

most left
sketch plan

Case (A) 5838

lorry
(B)

17 FEB

五

Before taxi hit
my car unknown

Before

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No:

[illegible]

DECLARATION

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

4. *Prunella*

Policyholder's Signature _____
Date & Time: _____

AD

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

1

Reporting Center: XXXXXXXXXX
 Name: XXXXXXXXXX
 NRIC/Pass No.: XXXXXXXXXX



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

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.:
Home/Office: Mobile: 91137422

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 28 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			
Driver		ID No.	S9247374J
Name	GAN HUI YI, MALLORY	Contact No.	91137422
Related Vehicle	SFU5538B (Car)	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Date Treatment	25/09/2021
		Date Discharge	25/09/2021
		Degree of Injury	Slight
		No. of Days granted Medical Leave	03

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

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

Report No. T/20210925/2047

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 Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

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

Classification Of Case:

SN 130



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 PM 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 - SHH 9377D
③ Mercedes - SPH 542

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

B 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

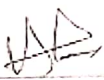
I Affirmed The Above Information Is Given To My Best Knowledge.

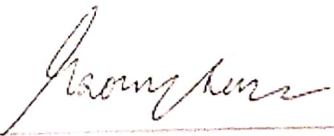
UNDERTAKING

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: SFU 5538 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. : S 2500605-D
Date : 25/9/2021