



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquater: 61 Defu Lane 12 Singapore 539147

Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net/ patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

SOMPO INSURANCE (S) PTE LTD

DATE : 05-01-2022

50 RAFFLES PLACE #03-03

SINGAPORE LAND TOWER

SINGAPORE 048623

VEHICLE NO. : SMN5069S

ACCIDENT DATE : 04-01-2022 18:20

THIRD PARTY REF. : SMD861G

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SMN5069S KIA CERATO 1.6(A) LX

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT HEADLAMP RH	380.00
2	1	FRONT FENDER RH	170.00
3	1	FRONT FENDER SHIELD RH	42.00
4	10	FRONT FENDER SHIELD CLIP@\$2.00	20.00
5	1	FRONT BUMPER	260.00
6	1	FRONT BUMPER LOWER	125.00
7	1	FRONT BUMPER FOGLAMP COVER RH	26.00
8	1	FRONT BUMPER LAMP RH	80.00
9	1	FRONT BUMPER SIDE RETAINER RH	15.00
10	10	FRONT BUMPER CLIP@\$2.00	20.00
11	1	FRONT SHOCK ABSORBER RH	115.00
12	1	FRONT SHOCK ABSORBER MOUNTING	55.00
13	1	FRONT KNUCKLE ARM RH	165.00
14	1	FRONT KNUCKLE BEARING RH	150.00
15	1	FRONT LOWER ARM RH	130.00
16	1	FRONT STABILIZER LINK RH	35.00
			<hr/>
			1,788.00
ADD 10 %			<hr/>
			178.80
TOTAL (A)			<hr/>
			1,966.80

SPECIAL NETT ITEMS

1	1	FRONT TYRE RH	220.00
2	1	FRONT RIM	400.00
			<hr/>
TOTAL (C)			<hr/>
			620.00

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00
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VEHICLE NO. : SMN5069S
ACCIDENT DATE : 04-01-2022 18:20
THIRD PARTY REF. : SMD861G

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO CHECK ALIGNMENT	80.00
3	1	TO REMOVE/REFIT FRONT UNDERCARRIAGE RH	180.00
4	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	650.00
5	1	SPRAYPAINTING CHRGES	550.00
TOTAL (D)			1,490.00
ESTIMATE TOTAL			4,076.80

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	05/01/2022 12:06 (SGT)
Date of Accident	04/01/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BOULEVARD TOWARDS SHEARES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5069S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA HUI CHONG
NRIC No	SXXXX820A
Email Address	binsonchia@gmail.com
Mobile Phone No	(Phone) +65-96607359
Alternative Phone No	+65-96607359

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO 1.6(A) LX
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01009404
Cover Note Number	15/08/2021 TO 14/08/2022

DRIVER

Name of Driver	CHIA HUI CHONG
NRIC No	SXXXX820A

Date Of Birth	10/06/1970
Occupation	Outdoor
Date Of Driving Pass	05/10/1989
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96607359
Alt. Phone Number	+65-96607359
Email Address	binsonchia@gmail.com
Address	APT BLK 107A BIDADARI PARK DRIVE #11-276 (S) 341107
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Property
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?	No
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	CHOW WAI FOONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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	SMD861G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GERALD
Contact Number	(Phone) +65-86865884
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	ELEP MYRNA ALLE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	81 FAMILY CLINIC - 3DAYS MC
Injured person in which vehicle?	SMD861G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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

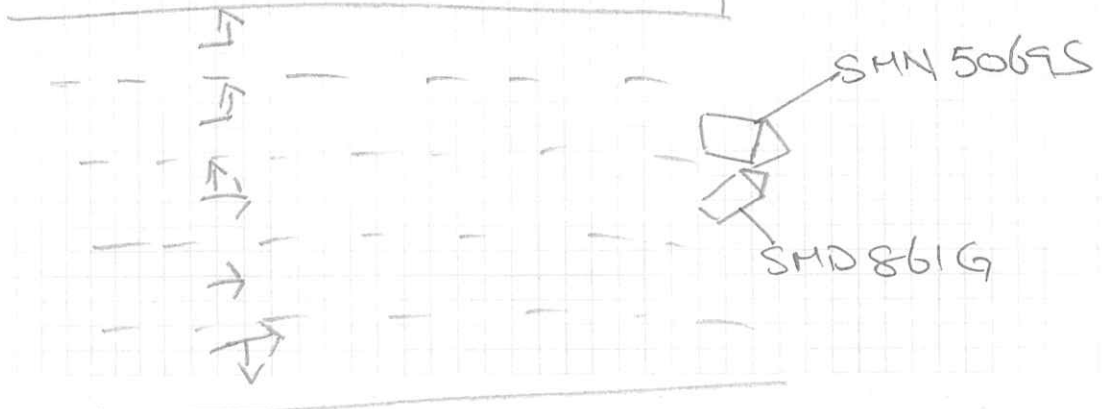
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

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3.

3

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220105/2011

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220105/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2022 10:19	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars		
Name of Informant: CHIA HUI CHONG		Address: APT BLK 107A BIDADARI PARK DRIVE #11-276 SINGAPORE 341107
ID Type / ID No.: NRIC NO / S7018820A		Contact No.: Home/Office: Mobile: 96607359
Nationality: SINGAPORE CITIZEN		Email: binsonchia@gmail.com
Sex: Male	Age: 51	Date of Birth: 10/06/1970
Type of Informant: Driver		
Race: Chinese		Language: English
Institution / School Name:		
Occupation: Driving instructor/tester		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2022 18:20	Type of Location: X-Junction
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD861G	Car	KIA		Black		1
SMN5069S	Car	KIA	CERATO 1.6(A) LX	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN5069S	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0100940 4	15/08/2021	14/08/2022



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4

Report No. T/20220105/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ELEP MYRNA ALLE	ID No.	G2132086U
Related Vehicle	SMD861G (Car)	Contact No.	NIL
Hospital/Clinic	81 FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2022	Date Discharge	04/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	GERALD	ID No.	NIL
Related Vehicle	SMD861G (Car)	Contact No.	86865884
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIA HUI CHONG	ID No.	S7018820A
Related Vehicle	SMN5069S (Car)	Contact No.	96607359
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/01/2022 at about 1820hrs, I was driving in white Kia SMN5069S, along Marina Boulevard, towards Sheares Avenue. I was in the fourth lane, and I had thought that that lane was a go straight and turn left lane. Since I thought that the lane was also a go straight lane, I intended to go straight. Halfway, I realized that it was a turn left only lane, and by the time I wanted to turn left, it was too late. The front right of my vehicle then collided into the rear left side of SMD861G, a black Kia.

I then got out of my vehicle and made a check on the other vehicle, and I repeatedly asked the passenger if she was okay, and if she needed ambulance. At the time, she insisted that she was okay and did not



**SINGAPORE
POLICE FORCE**



T/20220105/2011

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20220105/2011

CONTINUATION OF REPORT

wish to call for ambulance. I had noticed that she did not have her seatbelt on. I asked her if she had put on her seatbelt before the accident happened, and she said that she did not put it on.
I also asked if the driver was okay, and he said that he was okay and he did not have any injuries.

Both my wife and I were not injured in the accident. My vehicle has damages to the front right side and the other vehicle has damages on the rear left side.

However on 05/01/2022, I got to know from the other driver that the passenger went to seek medical attention and she received a total of three days MC.



SINGAPORE
POLICE FORCE



T/20220105/2011

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220105/2011

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
G /
SI NURUL HUDA BINTE HASHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/01/2022 10:19

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE