

Hsiao Tong (LKKAUTO)

From: chan pick yuen <chris_chanbebe@hotmail.com>
Sent: Wednesday, 14 September 2022 11:26 AM
To: Hsiao Tong (LKKAUTO)
Subject: Fwd: SLH2415P & 21263MID DOA 13.4.22
Attachments: INVOICE.pdf; log card.pdf; SE09224D0002_13-04-2022_154854.pdf

Dear Sir / Mdm ,

Enclosed is the GIA , invoice .

As request following :

- 1) RC \$ 2900 (- As agreed)
- 2) loss of use \$400 (\$100 - X 4 DAYS - 3 days recommend + 1 day waiting PRS)

@ 100% TOTAL \$3300-

Please let us have your settlement soon . Thanks

Best Regards

Chris Chan

SIN FATT DIESEL MOTOR

HP: 92712214

SIN FATT DIESEL MOTOR

Blk 3020A #01-33 Ubi Road 1 Singapore 408714
Business Reg.No: 377435/00K

INVOICE

TAN WEE JIN
Blk 3020A #01-33
Ubi Road 1
Singapore 408714

Date: 14th Sept 22

Accident date: 13th APRIL 2022
Final Bill For Vehicle No: SLH2415P TOYOTA VOXY 1.8

Descriptions	AMOUNT
Lump Sum repair cost as recommended by LKK AUTO CONSULTANTS PTE LTD	\$2,900.00
Total	\$2,900.00

S/ DLRS : TWO THOUSAND NINE HUNDRED ONLY

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 13/04/2022 15:48 (SGT)
Date of Accident 13/04/2022 05:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG LOYANG AVE TURNING INTO TPE (TRAFFIC JUNCTION)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH2415P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN WEE JIN
NRIC No SXXXX741E
Email Address weejin_tan@yahoo.com
Mobile Phone No (Phone) +65-91851269
Alternative Phone No +65-9231502

VEHICLE PARTICULARS

Manufacturer Toyota
Model Voxy
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 1800

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10639300R00
Cover Note Number 27102021-26102022

DRIVER

Name of Driver TAN CHEO TAY

NRIC No	SXXXX872Z
Date Of Birth	02/11/1943
Occupation	Indoor
Date Of Driving Pass	05/12/1980
Driving experience	41 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88183388
Alt. Phone Number	-
Email Address	HUISEETAN88@GMAIL.COM
Address	3 FLORA DRIVE #01-16
Address complement	-
Postcode	507010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collision - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	21263MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Tanker
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

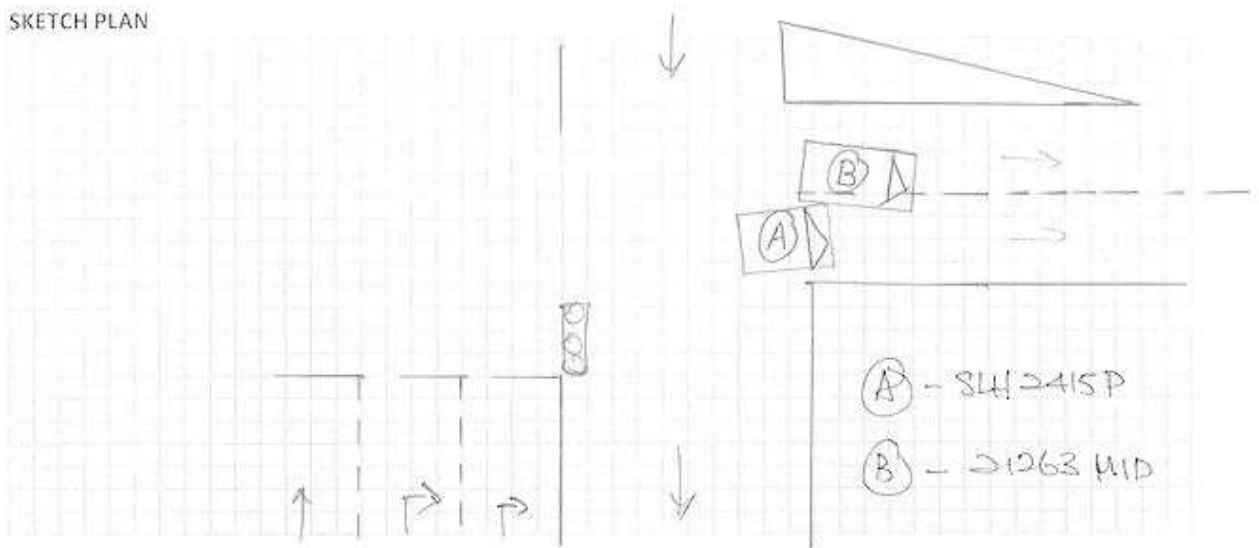
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT, SERIAL F 16125

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

<p>Policyholder's Signature: _____</p> <p>Date & Time: _____</p>	<p>Driver's Signature: </p> <p>(If driver is not the policyholder)</p> <p>Date & Time: _____</p>	<p>Reporting Centre Personnel's Signature: </p> <p>Name: _____</p> <p>NRIC/FIN No.: _____</p>
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Police Station Of Origin :

Serial No. **F 16125**

Report No.

IP No.

IO In-charge : Traffic Police HQ

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 12/04/2022 @ 1400HRS	Vide Report No.: -	Station Diary No.: -
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Informant's Particulars		
Name of Informant: Ten Cheo Tay		Address: 3 Flora Dr - 201-16
ID Type/No : S0962872Z		Postal Code : 507010
Date of Birth: 02/11/1942	Contact No.: Home: - Mobile: 9755 3994	Driving Licence Information : Class : 3 Date of Expiry : -
Race: Chinese	Age: 78 yrs	Sex: F
Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)		
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Retiree		

General Information on the Accident		
Type of Accident :	<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Non-Injury	Date of Accident: 12/04/2022
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Others (specify) : Filter Lane
Time of Accident: 0503PM		

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)

Laguna Ave, turning onto TPE

Type of Collision:		Weather : <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
(i) Between moving vehicles <input type="checkbox"/> Head on <input checked="" type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify) :	(ii) Moving Vehicle Against : <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input checked="" type="checkbox"/> Others (specify)	
Traffic Flow: <input type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic
Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit:km/h	Drink/Drive: Yes (No) <input checked="" type="checkbox"/>
		Anyone conveyed by ambulance : Yes (No) <input checked="" type="checkbox"/>

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make/Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
32H241SP	Toyota (blue)	Slight	Ten Cheo Tay S0962872Z	3	9755 3994	NA	-	-	-
2BL33MD	Military Vehicle	No damage	Zack Noh S016100 TANG	3/4	-	NA	-	-	-

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

1 of 2

Police Station Of Origin :



Report No.:

IP No.:

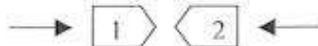
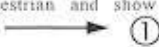
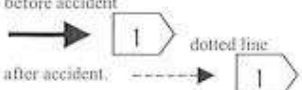

IO In-charge :

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes <input type="radio"/> No <input checked="" type="radio"/>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input checked="" type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available : Yes / No		Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)

Brief Details. This report shall be signed by the informant.

On 13/04/2022, at about 0500hrs, I V1 (3LH2415P) was driving along the road on the right of 2 lane road, about to make a right turn into TPE. V2 (21263100) and my vehicle had stopped before making the turn. Upon the traffic turning green to turn, both vehicles had turned together. However, V2 which is at the left lane turning together, had encroached into my vehicle's path, and side-swipe on to my vehicle's front left (damages: left bumper and left mirror). V2 had cut in abruptly into my vehicle's path. The accident contact point was the V2's rear right to V1's front left. After the accident, both parties acknowledge the accident and was not injured. Both parties exchange particulars, for insurance claims.

Instructions 1. Number each vehicle and show direction of travel by arrow.  2. Number each pedestrian and show direction by arrow.  3. Use solid line to show path of vehicle before accident  4. Show distance and direction to landmarks, identify by name. 5. Include road signs and any other important physical features.	Sketch Plan 
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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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Submitting The Report: T140237 BEDOK POLICE DIVISION	Signature Of Informant: <i>Ken 50962822</i>
Name/Signature Of Interpreter: SINGAPORE POLICE FORCE	Date: 13/04/2022
Investigation Officer In-Charge Of Case: Traffic Police	Classification Of Case: GIA

Authentication Stamp

SIGNATURE

NP168 (1/07)

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