SK0U22A4000H / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 04/10/2022 16:30 (SGT) SUBMITTED BY: LEK YEE KHENG VERSION: 1 (04/10/2022 16:30 (SGT))

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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance 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 04/10/2022 16:30 (SGT) Reported by Date of Accident 04/10/2022 10:05 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TOWARDS TUAS BEFORE PORTSDOWN Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1317

Vehicle Registration Number SND6005K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 200406722Z Email Address KHIERTHII@ROSETLIMO.COM Mobile Phone No (Phone) +65-93278688 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Fit 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? No - Claiming third party Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5124295679-000149

DRIVER

Name of Driver KIM ZHUO YIJIN NRIC No S7381663G Date Of Birth 05/04/1973 Occupation Outdoor

Date Of Driving Pass 13/05/2005 Driving experience 17 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-93278688 Alt. Phone Number Email Address KHIERTHII@ROSETLIMO.COM Address BLK 682D WOODLANDS DR 73 #08-227 S734682 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN - GRAB PASSENGER** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	SHA6221P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB1778C
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

SJH5888L
_
-
-
-
Private car
-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	KIM ZHUO YIJIN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER DETAILS IN POLICE REPORT
Injured person in which vehicle?	SND6005K

Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 law yers/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.

1515

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law ye.s/law firms), which may be sited outside of Singapore, for one or more of the above Purposes



Policyholder's Signature / Date &

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

4/10/2000 & Time

Witnessed by Reporting Centre Personnel

100899173

Sketch Plan

A - SND600FK - SHA6221P

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	report to poli	
	1911	
108	_	

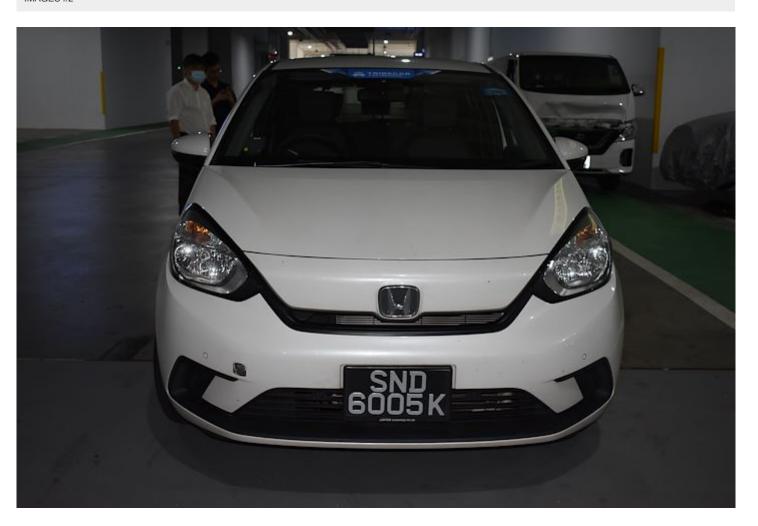
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

1515

Witnessed by Reporting Centre Personnel



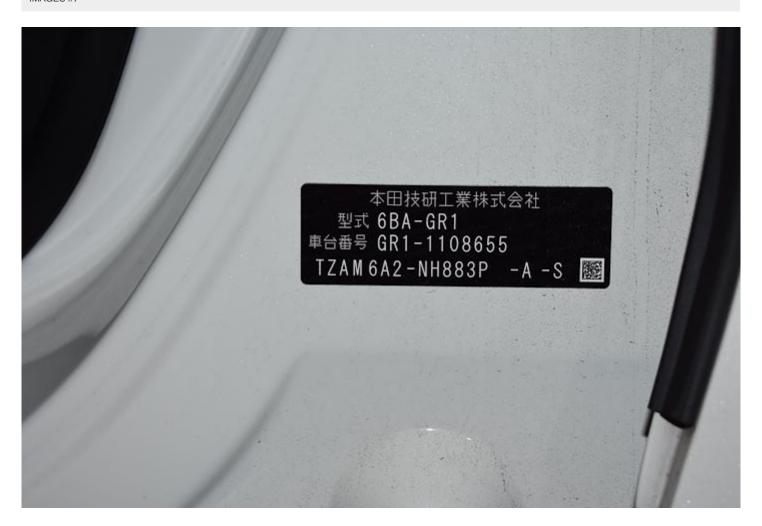




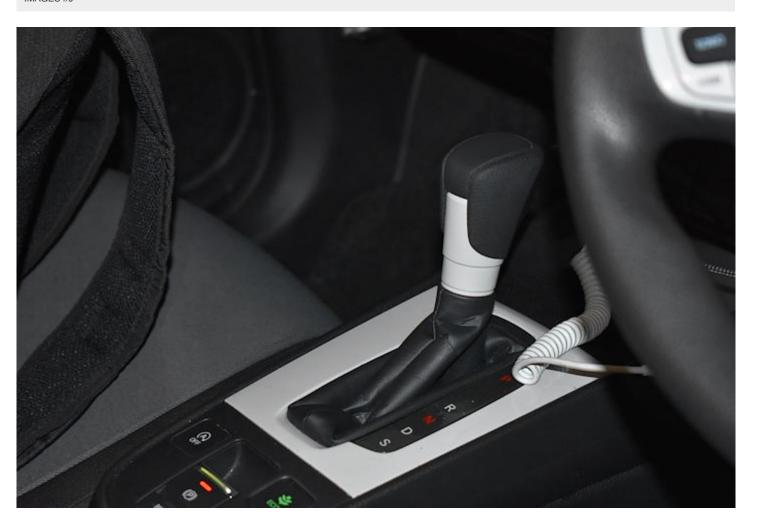


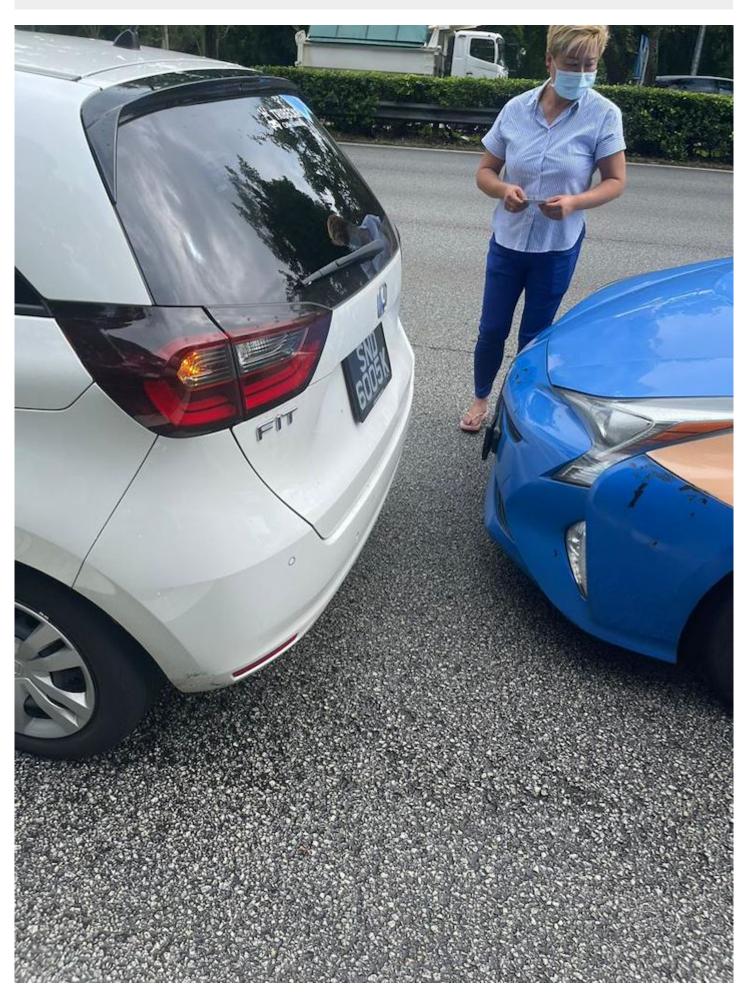




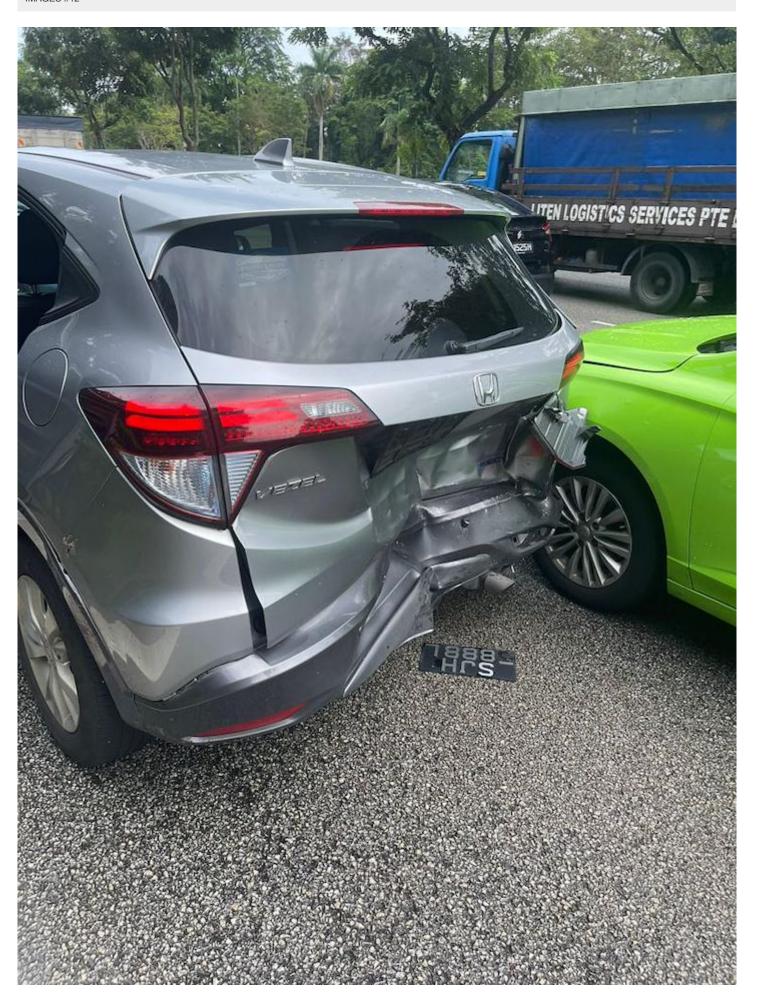












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1/20221-004/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221004/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2022 13:02		ade:	Vide Report No.:	Station Diary No.			
Informa	nt's Particu	dars					
Name of	Informant: JO YIJIN		Address: 682D WOODLANDS DRIVE 7	3 #08-227 SINGAPORE 734682			
ID Type NRIC N	/ ID No.: D / S73816	53G	Contact No.: Mobile: 93278688				
National	Nationality: SINGAPORE CITIZEN		Email: KIMZHUO73@GMAIL.COM				
Sex: Male	Age:	Date of Birth: 05/04/1973	Type of Informant. Driver				
Race: Chinese		1	Language: Institution / School Nam English				
Occupa			Driving Licence Information:	Date of Expiry:			

	nation of the Accid	Drink	Date/Time of	Type of Location
Type of Accident:	Others	Drive: No	Accident: 04/10/2022 10:05	Straight Road
Location: WINCHESTE	R ROAD			Road Speed Limit:
		I so a Condition		
The second second		Road Surface: Wet		90 Km/h
Weather: Cloudy Traffic Flow: One Way				

Details of V	The second second	Make	Model	Color	Conditio	NO OF
Vehicle No.	Type	TELEVIS	111000	-	Seriously	0
SHA6221P	Car				Damaged	
			_	-	Seriously	0
SHB1778C	Car				Damaged	



SINGAPORE POLICE FORCE

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 85470000



T/20221-004/7028

Report No. T/20221004/7028

CONTINUATION OF REPORT











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单页阅读



打开方式



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T202210047028.pdf

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA5221P	Car				Seriously Damaged	0
SHB1778C	Car				Seriously Damaged	0



SINGAPORE POLICE FORCE

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

Report No. T/20221004/7028

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJH5888L	Car				Seriously Damaged	0
SND6005K	Car				Slightly Damaged	1

Details of Perso Any Pedestrian I		COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE OF THE	NAME OF TAXABLE PARTY.			
No. of Pedestrian			Use of Per	destrian	Cross	ing: NA
Driver				THE PERSON		
Name	KIM ZHUO YIJIN			ID No.		\$7381663G
Related Vehicle	SND6005K (Car)		Contact No.		93278688	
Hospital/Clinic	ALEXANDRA HOSI		Class of Driving Licence Expiry		Class: 2B,3 Date of Expiry: NIL	
Date	04/10/2022		Date		04/10	/2022
No. of Days gran	ted Medical Leave	02	Degree of		Slight	

I was travelling along AYE towards Tuas before Portsdown exit. The vehicle in front of me came to a stop. I followed.

Suddenly I felt a few impact from the rear of my vehicle. I got off and found out I was involved in a four vehicle chain collision accident.

I visited Alexandra Hospital after the accident and was given 2 days MC. I feel pain in my neck and upper back.











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单页阅读

分享

打开方式

更多









Sketch Plan

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

Informant is not able to provide sketch

T/20221004/7028

3 of 3 Report No. T/20221004/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/TPIB/ TAN JEOK LENG Contact No.: 65476151

NP168

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

Date/Time: 04/10/2022 13:02

Classification Of Case:

