SK0U231Q0017 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 26/01/2023 17:04 (SGT) SUBMITTED BY: Lee Nai Vien VERSION: 1 (31/01/2023 20:06 (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 this is form by instrained 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 26/01/2023 17:04 (SGT) Reported by Date of Accident 19/01/2023 17:10 (SGT) Exact Location of Accident Singapore Additional Location Information PIE - CHANGI BEFORE PAYA LEBAR EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number **SLP7270P** 

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAW LEE POH NRIC No S7220013F Email Address SANDY LAW@REDTEC.COM.SG Mobile Phone No (Phone) +65-83397773 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Glc250 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 car Transmission Auto CC 2000

## **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number

### DRIVER

Name of Driver LAW LEE POH NRIC No S7220013F Date Of Birth 05/06/1972 Occupation Indoor

D + 0/D + + D	
Date Of Driving Pass Driving experience	07/07/1997
Gender	25 YEARS AND 6 MONTHS
Mobile Number	Female (Phone) +65-83397773
Alt. Phone Number	(Pilotie) +65-63397773
Email Address	SANDY LAW@DEDTEC COM SC
Address	SANDY_LAW@REDTEC.COM.SG 143 SEAGULL WALK S486687
Address complement	143 SEAGULL WALK 3400007
Postcode	-
Is the driver the policyholder?	- Yes
If No, Relationship of the Driver with the Insured	res
Does Driver Own Other Vehicles?	- Na
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle registration runiber of other verlicle owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
PASSENGER 1	
Name	NG ZHANG XIANG RAY
Gender	Male
	Mulc
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fig.) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED POLICE REPORT	
ATTACHMENT(S)	
ATTACHMENT(O)	
Are accident photos available for attachment?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

PA7387T
-
-
-
-
Bus
LIM POH KOK
(Phone) +65-97662150
· ,
-
-
-
-
-
-

# INJURED PERSONS DETAILS

## INJURED 1

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?	- · · · · · · · · · · · · · · · · · · ·
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?	- - - - -

#### 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 Actual Driver.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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

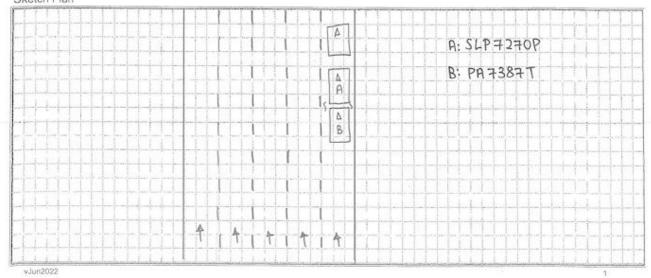
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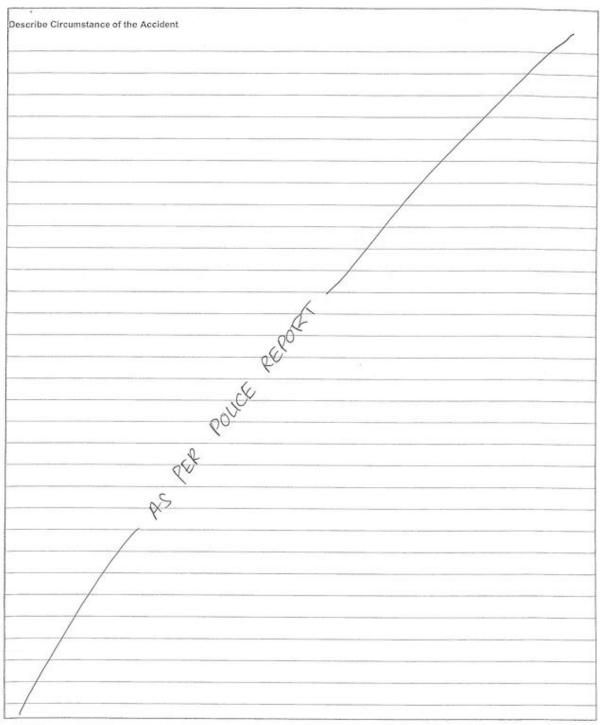
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

SHOTOR MORKSHOO

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## Sketch Plan





## Declaration

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



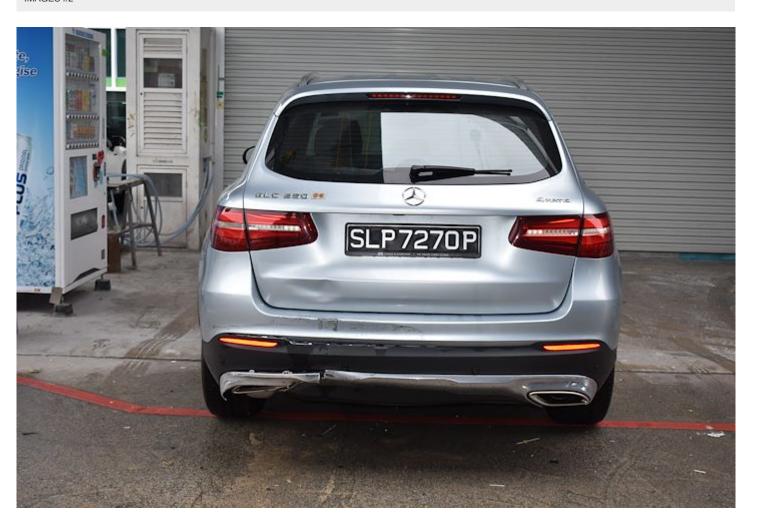
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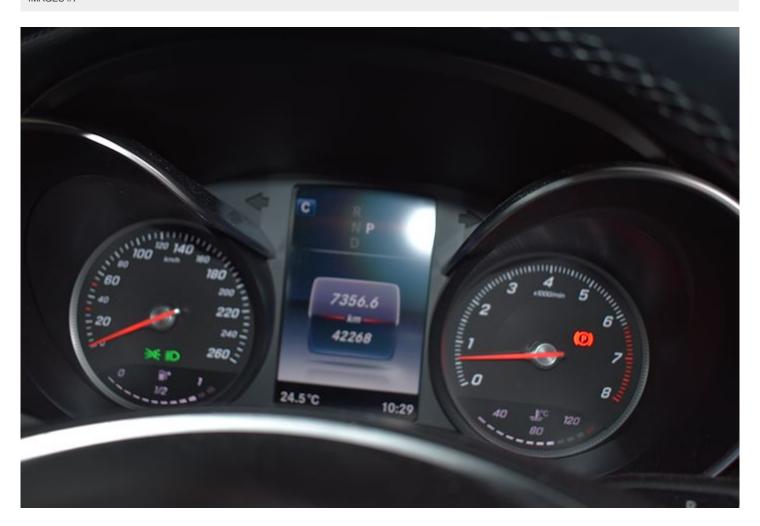






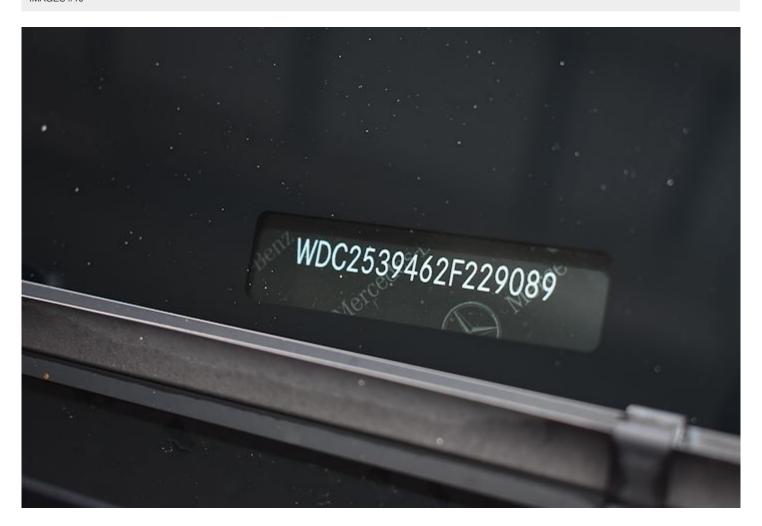
















Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 4 Report No. T/20230121/2033

#### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Station Diary No.: Vide Report No.: 21/01/2023 12:16 39 Informant's Particulars Name of Informant: Address: LAW LEE POH 143 SEAGULL WALK SINGAPORE 486687 ID Type / ID No.: Contact No.: NRIC NO / S7220013F Home/Office: Mobile: 83397773 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Age: Type of Informant: Female 50 05/06/1972 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: OPERATION MANAGER Class: 3 Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2023 17:10	Type of Location
	EXPRESSWAY			
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	10	Traffic Volume: Heavy
	ion:			Anyone conveyed by

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7387T	Van					0
SLP7270P	Car	MERCEDES BENZ	GLC250 4MATIC (R18 LED)	Silver	Slightly Damaged	1

Details of V	ehicle Insurance			out and the
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7270P	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001700499	26/05/2022	25/05/2023



T/20230121/2033

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 2 of 4 Report No. T/20230121/2033

#### CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	n Cross	sing: NA
Driver						
Name	LIM POH KOK			ID No	).	S1513470D
Related Vehicle	PA7387T (Van)			Conta	act No.	97662150
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver		Water State of		DISTRICT OF	STATE OF STREET	
Name	LAW LEE POH		ID No.		S7220013F	
Related Vehicle	SLP7270P (Car)			Contact No.		83397773
Hospital/Clinic	NORTHEAST (SIM	EI) MEDIC	AL CENTRE	Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	19/01/2023		Date Disc		NIL	
No. of Davs gran	ted Medical Leave	03	Degree o		Slight	t
Passenger						
Name	NG ZHANG XIANG	RAY		ID No	),	T0436162D
Related Vehicle	SLP7270P (Car)			Conta	act No.	91032212
Hospital/Clinic	NORTHEAST (SIM	EI) MEDIC	AL CENTRE	Class Drivin Licen Expin	ig	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2023		Date Disc			
	ted Medical Leave	03	Degree o			f

#### Brief Details.

On the 19/01/2023 at about 1710hrs, I was driving my car SLP7270P along PIE towards airport. I was driving on the 1st lane before Paya Lebar exit when I had to stopped due to heavy traffic however a van behind me did not manage to stop in time and hit my car from the rear. At that point of time all of us were not injured. A police car had stopped to assist and advised us for insurance claim.

My vehicle suffered damages at the rear portion, and I was able to continue driving it. We exchange particulars and left.



T/20230121/2023

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

3 of 4 Report No. T/20230121/2033

Later on, both my son and I felt some pain thus we went to seek medical attention. I felt pain on my back and had some abrasion on my right hand while my son felt pain on his back. Both of us received medical leave of 3 days from 19/01/2023 to 21/02/2023. Our medical certificate number are #516218 AND #516219.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 4 of 4 Report No. T/20230121/2033

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 MUHAMMAD HAFIDZ BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2023 12:16
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Pairies Quay #138-00 Singapore 049580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN. 565550200 / GST Rep. No., M600017733

 $\underline{\mathsf{IMPORTANTNOTE}}; \quad \mathsf{Please} \, \mathsf{submit} \, \mathsf{the} \, \mathsf{completed} \, \mathsf{Addendum} \, \mathsf{form} \, \mathsf{to} \, \mathsf{the} \, \underline{\mathsf{same}} \, \, \mathsf{Authorised} \, \mathsf{Reporting} \, \mathsf{Centre}$ with whom you submitted the Original Report.

## ADDENDUM

		ADDEN	
)	PARTICULARS OF PE	RSONMAKINGTHEAMENDMEN	NTS:
	Original Report No	SK\$42319pp17	Vehicle Registration No: SLP 7270 P
			NRIC/FIN/PassportNo: S7226013F
	(*Vehicle Briver / Ve	hicle Owner) (*) Please delete as	appropriate
7	Address :	143 ZEadan Md	Singapore 4846
1	Contact (Tel) :	83397773 ←	Mobile No. :
-	Email Address :	Sandy - law @ rect	tec. com.sg
1	Date of Accident :	19/1/23	Time of Accident: 1710 km
P	Place of Accident :	PIE towarde cha.	ngi before Paya Leban exit
	Insurance Company:		
	ADDITIONALIME	MATION (AMENDMENTS:)	
	have made a report	on the above mentioned acciden	nt and would like to include additional information or
п	make the tollowing at	menaments:	
л	make the following ar	mendments:	
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