SK0U231R0005 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 27/01/2023 09:53 (SGT) SUBMITTED BY: Chau Chi Chen VERSION: 1 (27/01/2023 09:53 (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.

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 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 27/01/2023 09:53 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/01/2023 17:10 (SGT) Exact Location of Accident Singapore Additional Location Information TUAS AVE 8 & TUAS AVE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SDE737J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SITI NORHAYATI BINTI ABAS NRIC No S7234855I Fmail Address NURQM@YAHOO.COM Mobile Phone No (Phone) +65-90037833 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 car Transmission Auto CC 1300

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01011494

DRIVER

Name of Driver SITI NORHAYATI BINTI ABAS NRIC No S72348551 Date Of Birth 20/09/1972 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	21/04/1997 25 YEARS AND 9 MONTHS Female (Phone) +65-90037833 - NURQM@YAHOO.COM APT BLK 113 TAO CHING ROAD #06-17 S 610113 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Change/cross lane Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Vehicle Variant

Vehicle Model

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)	-

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")

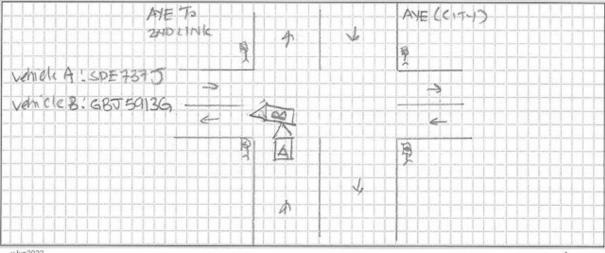
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

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

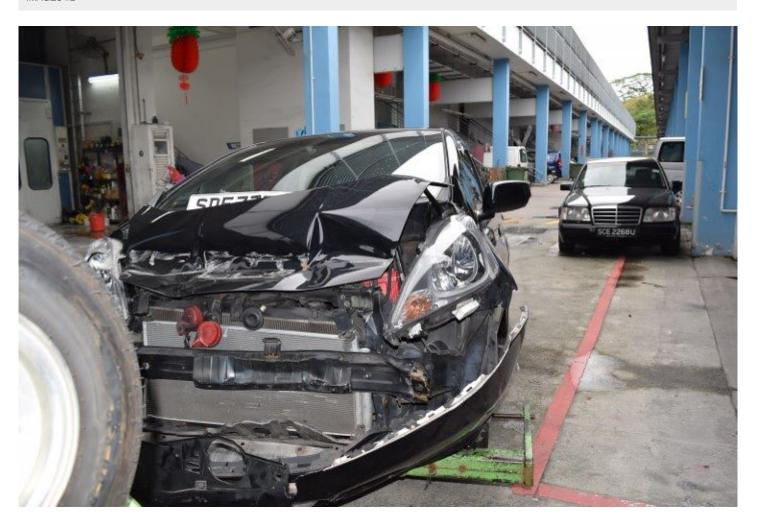
Sketch Plan



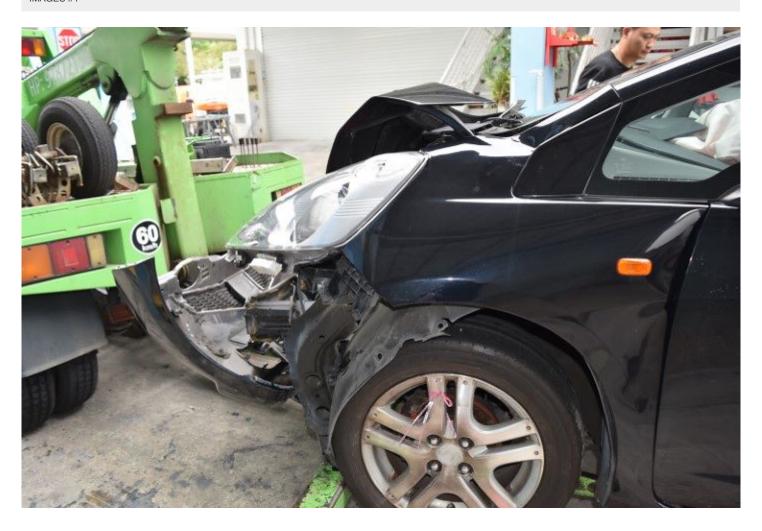
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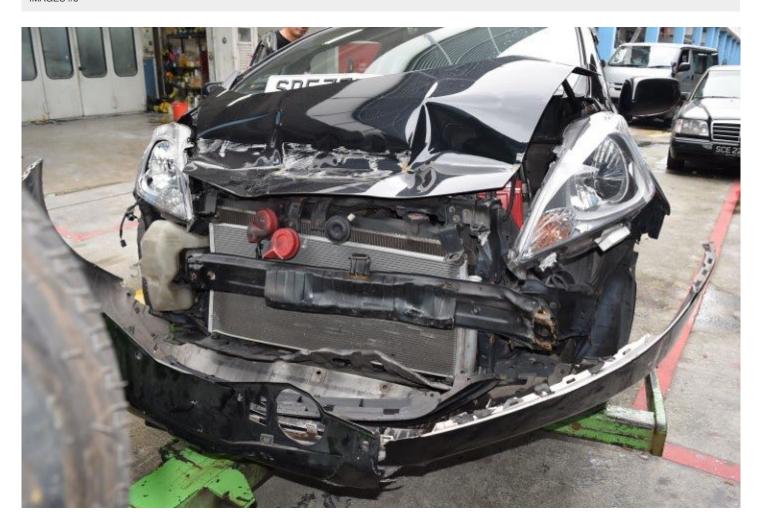
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7/2/1				26/01/2023	
njak		9	myah	26/01/2023 2.30PM	
der's Signature /	Date & Time	Actual Driver's Sign / Date & Time	nature (if drive	r is not the policyholder)	Witnessed by Reporting Centre Person
					(Name as in NRIC/ID card)



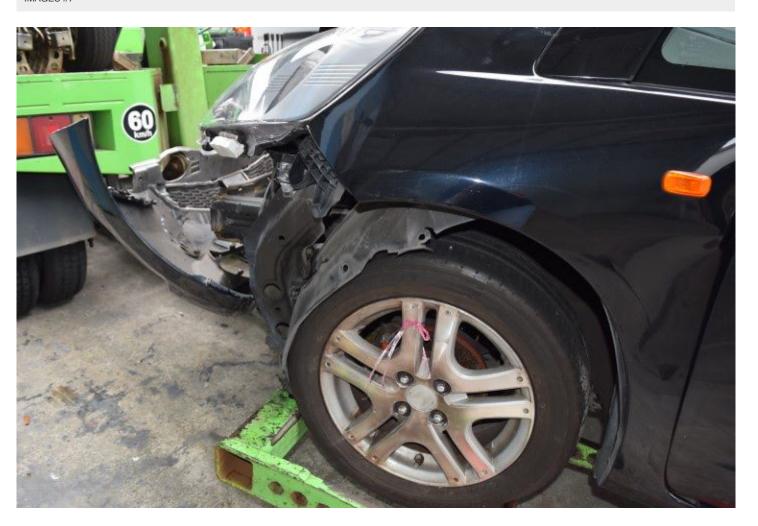


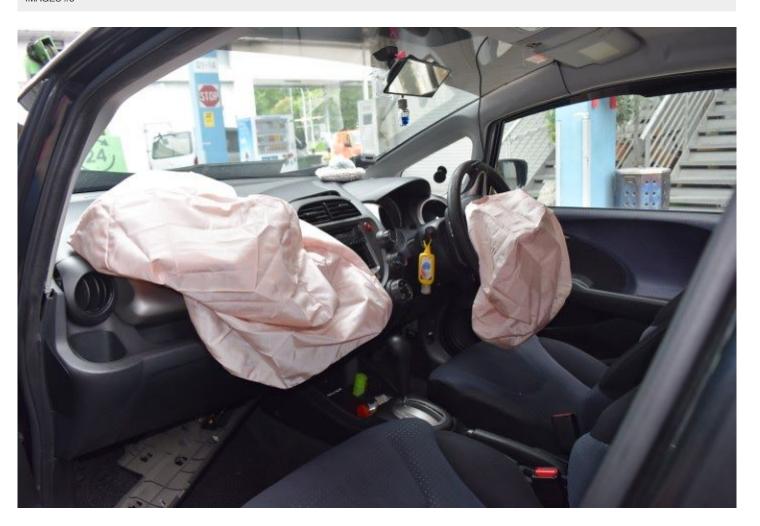


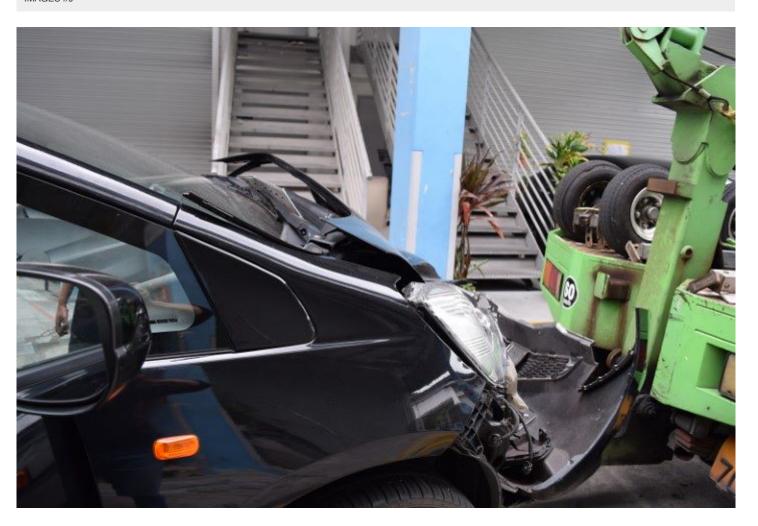






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230118/7075

REPORT OF A TRAFFIC ACCIDENT

Date/Time 18/01/202	e Report 1 23 23:08	Made:	Vide Report No.: J/20230118/0113	Station Diary No.:		
Informan	t's Partic	ulars				
	Informant: RHAYATI E	BINTI ABAS	Address: 113 TAO CHING ROAD #06-	-17 SINGAPORE 610113		
ID Type / NRIC NO	ID No.: / S72348	551	Contact No.: Home/Office: Mobile: 90037833			
Nationality: SINGAPORE CITIZEN			Email: nurqm@yahoo.com			
Sex: Female	Age: 50	Date of Birth: 20/09/1972	Type of Informant: Driver			
Race: Javanese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 18/01/2023 17:10		Type of Location: Straight Road
TUAS AVEN	JE 8				
					711
Weather: Clear		Road Surface: Dry	1111		nd Speed Limit: Km/h
			orking	60 k	nd Speed Limit: Km/h ffic Volume:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDE737J	Car	HONDA	FIT 1.3G A	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDE737J	TENET SOMPO INSURANCE PTE. , . LTD.	D22MTPV0101149 4	08/07/2022	09/07/2023



T/20230118/7075

T/20230118/7075

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230118/7075

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Driver						
Name	SITI NORHAYATI BINTI ABAS			ID No	- 1	S7234855I
Related Vehicle	SDE737J (Car)			Conta	ntact No. 90037833	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		IOSPITAL	Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	18/01/2023	18/01/2023 Date		2012	18/01	/2023
No. of Days gran	ted Medical Leave	05	Degree of	f	Slight	t

Brief Details.

On 18/01/23 at around 1710hrs as I was driving along Tuas Ave 8 road. Upon reaching the four junction traffic light which in my right of way, traffic light was green. Suddenly a lorry from my right drive across which I believe have beaten the red trafficlight. I tried applying emergency brake but unable to avoid the collision. I was conveyed to NTFH by ambulance. I was given a 5 days of mc. I suffered stiffness on my neck and back with non visible injury.



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



3 of 3

Report No. T/20230118//075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Date/Time:
18/01/2023 23:08

Officer In Charge Of Case:
TP / TPIB /
STEPHANIE, CHEUNG TSZ YING
Contact No.: 65476439

NP168