SK0U231R0003 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 27/01/2023 09:45 (SGT) SUBMITTED BY: Chau Chi Chen VERSION: 1 (27/01/2023 09:45 (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 27/01/2023 09:45 (SGT) Reported by Date of Accident 25/01/2023 14:10 (SGT) Exact Location of Accident Singapore Additional Location Information **BRADDELL ROAD** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SDA6655T** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YANG YINGHAN NRIC No S8421853G Email Address JOYMICHAELA@GMAIL.COM Mobile Phone No (Phone) +65-96272502 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Mercedes Model Glc200 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 AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1800032228-04

### DRIVER

Name of Driver LIM YI CHERN JOY NRIC No S8518931Z Date Of Birth 18/06/1985 Occupation Indoor

Date Of Driving Pass 27/09/2006 Driving experience 16 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96272502 Alt. Phone Number Email Address JOYMICHAELA@GMAIL.COM Address BLK 78 MARINE DRIVE #06-34 S 440078 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Collision - Head to Rear 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 TO THE ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLX9808J

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96642288
Address	<del>-</del>
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 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.

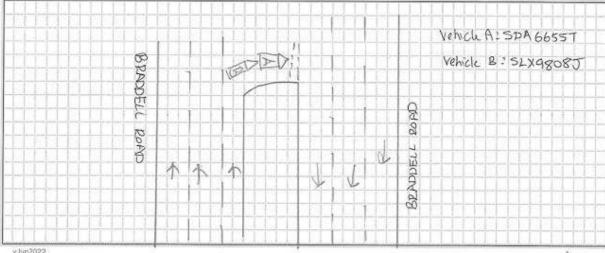
Policyholder's Signature / Date & Time

26/01/2023

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



vJun2022

escribe Circumstance of the Accident					
	AS PED TP REPORT T/20230126/7122				

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

L 26/01/2023

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022



T/20230126-V/22

Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 + 1 of 3 Repurt No T/202 JC126/7122

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 12:51		Made:	Vide Report No.:	, E 6	Station Dia y No.:		
informan	t's Partic	ulars					
	Informant: HERN, JO		Address: 78 MARINE DRIVE #06-34 S	'NGAPORI	E 440078		
ID Type / ID No.: NRIC NO / \$8518931Z			Contact No.: Home/Office:	Mobile:	962725/52		
Nationality: SINGAPORE CITIZEN		EN	Email: JOYMICHAELA@GMAIL.COM				
Sex: Age: Date of Birth: Female 37 18/06/1985			Type of Informant: Driver				
Race: Chinese		1	Language: English	Institution / School Nat 14:			
Occupation: MANAGER			Driving Licence Information. Class: 3A	Expiry			

Type of Accident:	Injury Others	Drink Drive; No	Date-Time of Accident: 25/01/2/023 14:10	Type of Lacation	
Location BISHAN . 7'R	EET 21				
Weather: Raining		Road Surface: Wet	R	oad Speed Linit	
[12] [2] [2] [2] [2] [2] [2] [2] [2] [2] [		Traffic Control: Not Controlled		Traffic Volume Moderate	
One Way			A		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDA6655T	Car	MERCEDES BENZ	GLC200 (R18 LED)	Black	Slightry Darvaged	0
SLX9808J	Car	TOYOTA	VIOS	Red	5'ightly Damaged	0





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

Details of Vehicle Insurance

2 of 3 Report No. T/20230126/7122

# CONTINUATION OF REPORT

Vehicle No.	Insurance Company		Insuran	ce No	ESS.	Effective	Expry Date
SDA6655T	IG ASIA PACIFIC INSURANCE PTE. TD.		1800032228-04		18/04/2022	17/31/2023	
CONTRACTOR OF THE PROPERTY OF	erson Involved		/	BEANS	EWA:	7/=	
PERSONAL PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER	an Involved: No						
No. of Pedes	trians Injured: NIL	Us	se of Pe	destrian	Crass	sing: NA	
Driver	$\Omega$	/					
Name	LIM YI CHERN, JOY	LIM YI CHERN, JOY		ID No.		S8518931Z	
Related Vehi	cle SDA6655T (Car)	SDA6655T (Car)		Contact No.		96272502	
Hospital/Clinic 81 F# MILY CLINIC			Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NI_		
Date	25/01/2023	25/01/2023 Da		Date 25/0		1/2023	
No. of Days granted Medical Leave 03			Degree of Slight				
Driver			/ 115	W// LE			
Name	LOW YING KIT PETER	LOW YING KIT PETER		ii) No.		57038877D	
Related Vehi	cie SLX9808J (Car)	SLX9808J (Car)		Contact No.		96642288	
Hospital/Clini	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	

## Brief Details.

NIL

No. of Cays granted Medical Leave

At the stated date and time, I was travelling along Braddell Road and was on the right lane to U-Turn. There was a give way line and I slowed down and stopped at the give way line as there was cars approaching on the main road. Suddenly, vehicle B (SLX9808J) collided onto the read portion of my vehicle.

NIL

Date

Degree of

NIL

NIL



Police Station Of Origin: Traffic Police 10 Uhi Avenue 3 SINGAPORE 408855 Tel No: 65470000



3 of 3 Report No. T/20230126/7122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 26/01/2023 12:51 Officer In Charge Of Case: Classification Of Case: TP/TP/8/ MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

NP168