

SA1823210005 / Abwin Service Pte Ltd
ENTRY DATE & TIME: 01/02/2023 18:41 (SGT)
SUBMITTED BY: Hazel Chng
VERSION: 1 (01/02/2023 18:41 (SGT))

Your NCD will be affected due to late reporting

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 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	01/02/2023 18:41 (SGT)
Reported by	Driver
Date of Accident	21/01/2023 17:45 (SGT)
Exact Location of Accident	9 Joo Seng Rd, Singapore 360009
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9089G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAJIO RENTALS
Company Reg No	5XXXX434C
Email Address	atyfservices@gmail.com
Mobile Phone No	(Phone) +65-88742223
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123806990-01

DRIVER

Name of Driver	TAN YIFANG, ADELINE (CHEN YIFANG)
NRIC No	SXXXX822J
Date Of Birth	25/11/1987
Occupation	Indoor

Date Of Driving Pass	08/10/2007
Driving experience	15 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88742223
Alt. Phone Number	-
Email Address	atyfservices@gmail.com
Address	1 LEICESTER ROAD
Address complement	#06-11
Postcode	358828
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT 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	SMY4405D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN YIFANG, ADELINE (CHEN YIFANG)
Gender	Female
Phone No	(Phone) +65-88742223
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SLG9089G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

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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.



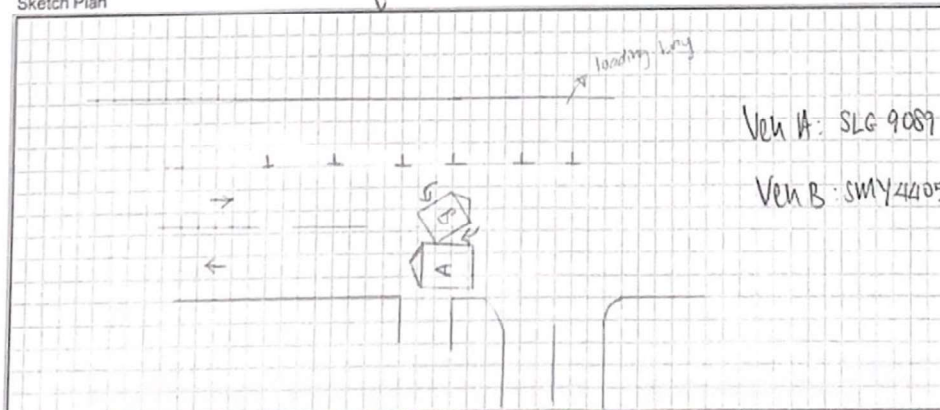
Policyholder's Signature / Date & Time

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



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

Sketch Plan



Describe Circumstance of the Accident

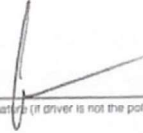
- Refer to police report -
- T/20230131/7055 -

Declaration

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



Policyholder's Signature / Date & Time


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



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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20230131/7055

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

1 of 3
Report No. T/20230131/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2023 16:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN YIFANG, ADELINE			Address: 1 LEICESTER ROAD #06-11 SINGAPORE 358828		
ID Type / ID No.: NRIC NO / S8738822J			Contact No.: Home/Office: Mobile: 88742223		
Nationality: SINGAPORE CITIZEN			Email: ATYFSERVICES@GMAIL.COM		
Sex: Female	Age: 35	Date of Birth: 25/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2023 17:45	Type of Location:
Location: JOO SENG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG9089G	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230131/7055

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Report No. T/20230131/7055

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

CONTINUATION OF REPORT

Driver			
Name	TAN YIFANG, ADELINE		ID No. S8738822J
Related Vehicle	SLG9089G (Car)		Contact No. 88742223
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SLG9089G was entering the carpark compound of blk 9 Joo seng Road.

I was heading towards Blk 9 rubbish chute to pick up my passenger.

As I complete my left turn to head to my destination, a vehicle SMY4405D who was parked head in at the loading/unloading bay suddenly reversed his vehicle abruptly.

The said vehicle rear right portion hit onto my vehicle's right front portion.

The impact was great and I sprained my neck in the event.

I was caught unaware and there was nothing I could do to avoid the collision.

I then proceeded to intermedical Potong Pasir to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230131/7055

3 of 3

Report No. T/20230131/7055

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

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
31/01/2023 16:23

Classification Of Case: