SK0U234A0001 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 10/04/2023 09:29 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (10/04/2023 09:29 (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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   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 10/04/2023 09:29 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 07/04/2023 13:00 (SGT) Exact Location of Accident Singapore Additional Location Information TOA PAYOH SAFRA CAR PARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number EW122B

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YIO PEIQI (YAO PEIQI) NRIC No SXXXX169H Email Address peiqiyio@gmail.com Mobile Phone No (Phone) +65-90463200 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Hyundai Model CN7 AVANTE 1.6 DOHC CVT S/R Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto 1598

#### INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003090998

# DRIVER

Name of Driver YIO PEIQI (YAO PEIQI) NRIC No SXXXX169H Date Of Birth 24/01/1991

Date Of Driving Pass	07/07/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90463200
Alt. Phone Number	-
Email Address	peiqiyio@gmail.com
Address	52 ANCHORVALE CRESCENT #09-07 (S) 544630
Address complement	-
Postcode	_
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	<u>-</u>
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
,	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and man / Vandaliana / Daniera de de la la
Weather Conditions	Hit and run / Vandalism / Damaged whilst parked
Road Surface	Clear
Rodu Sullace	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?	No
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	FARA
Gender	Female
	Tomalo
PASSENGER 2	
Name	LISA
Gender	Female
	i enidie
DETAIL O OF BOLLOF ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
, , ,	•

Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  Contact Number  Address  Address  Address complement  Postcode  Insurance Company Name  Nature Of Damage  Details of property damaged in accident	SCE2333P Private car
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.

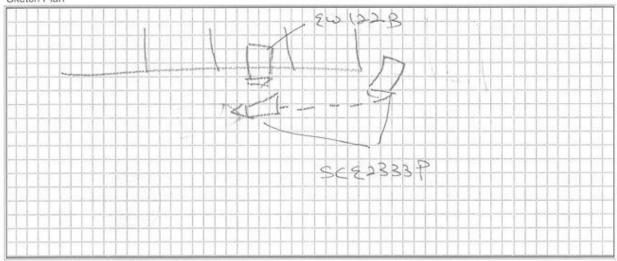
Policyholder's Signature / Date & Time

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

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

Co. Reg. No. 22146800E

## Sketch Plan



Describe Circumstance of the Accident
I have checked that working is dear and
I proceed to inch out from y carpork lot
5-ddenly I sell a great impach and realised
That I was being hit by SCE 2333A wheel
had rame round from the left bad without
storney about and as a result hit and y
volide.
Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

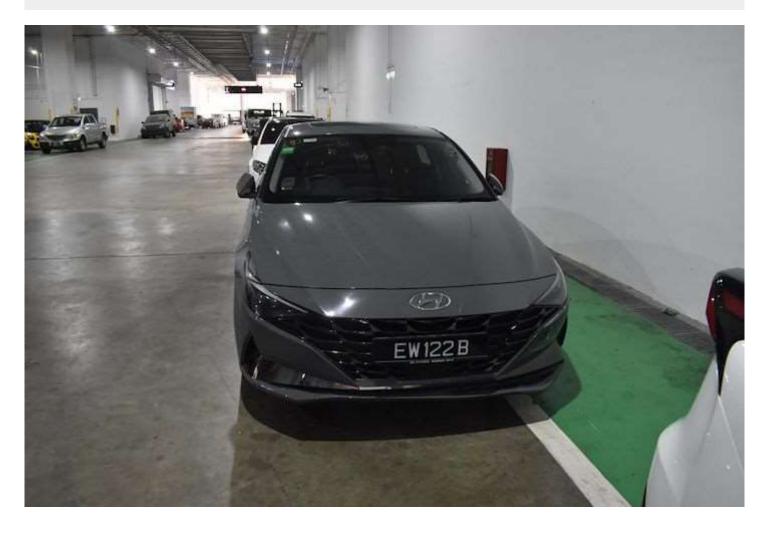
I/We declare the foregoing particulars are true in every respect.

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)



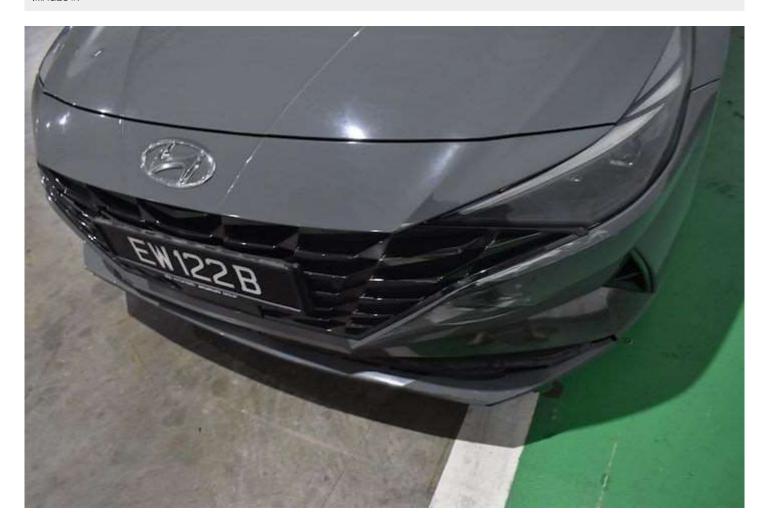
























# Allianz (II)

#### Allianz Insurance Singapore Pte. Ltd.

# POLICY SCHEDULE ALLIANZ MOTOR PROTECT

ORIGINAL

Date : 10 October 2022 Policy Number : SP2003090998 Type of Cover ALLIANZ MOTOR PROTECT Plan Type Comprehensive : IVAN INSURANCE BROKERS PTE LTD Intermediary Intermediary Code 0000235 Policyholder/Insured : YIO PEIQI (YAO PEIQI) Correspondence Address : 52 ANCHORVALE CRESCENT #09-07 SINGAPORE 544630 Replacing Cover Note No. : From 10/10/2022 To 09/10/2023 (Both Dates Inclusive) Period of Insurance Premium Payable 1047.82 : S5 GST 7% SS 73,35 Total Premium Payable SS 1121.17 : Hyundai AVANTE Make and Model Agreed Value : MARKET VALUE Off Peak Car No Good Driver Discount Yes Registration No. : EW122B Year of Manufacture : 2021 Body Type Sedan G4FMMU261850 Engine Capacity 1598.0 Engine No. Chassis No. KMHLN41ETNU155430 Windscreen UNLIMITED Hire Purchase Owner No Claims Discount 40% : Preferred Workshop for Accident Repairs Additional Cover Medical Expenses Personal Accident Benefits Named Drivers YIO PEIQI (YAO PEIQI) Excess Own Damage SS 600.00 Windscreen Damage