

Your Ref : **SNB 9259K**
Our Ref : **CS/1078/23/SHM**
Date : 23 May 2023

Fax : 6223 7262
Tel : **3152 0980**
Email : may@libertylaw.com.sg

ALLIANZ INSURANCE SINGAPORE PTE. LTD.

BY EMAIL ONLY

DATE OF ACCIDENT: 22 MAY 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by GOH KHIM HUI, the owner of SKT 45K, to notify you of a road traffic accident on 22 May 2023 at about 8.00.a.m along Braddell Road, involving our client's motor vehicle registration number SKT 45K and motor vehicle registration number **SNB 9259K** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

MAY

Enc.

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 22/05/2023 15:44 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 22/05/2023 08:00 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT45K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH KHIM HUI
NRIC No
Email Address
Mobile Phone No
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5122585732-01

DRIVER

Name of Driver GOH KHIM HUI
NRIC No
Date Of Birth
Occupation Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email 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

Male

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
Dry

OTHER INFORMATION

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
No
-
Yes
3
No
-
-
-
-

PASSENGER 1

Name
Gender

CELINE CHEW
Female

PASSENGER 2

Name
Gender

KAYENNE GOH
Female

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

AS PER POLICE REPORT NO. T/20230522/7054

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	SNB9259K
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)	-

SKETCH PLAN

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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.**
6. 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.
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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

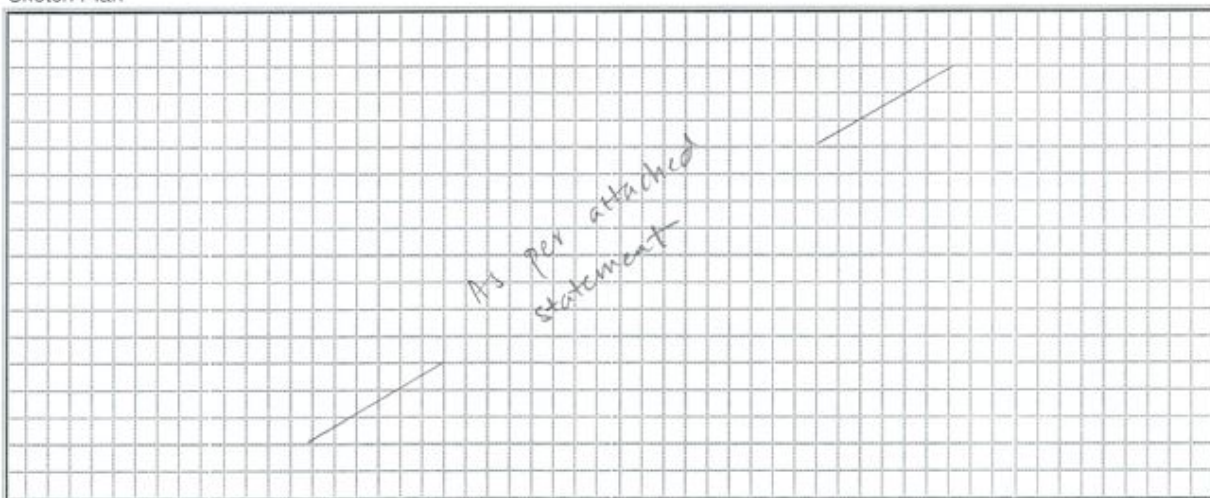
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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




vJun2022

Describe Circumstance of the Accident

As per police report no. T/20230522/7054

Declaration

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

 22/15/23

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)

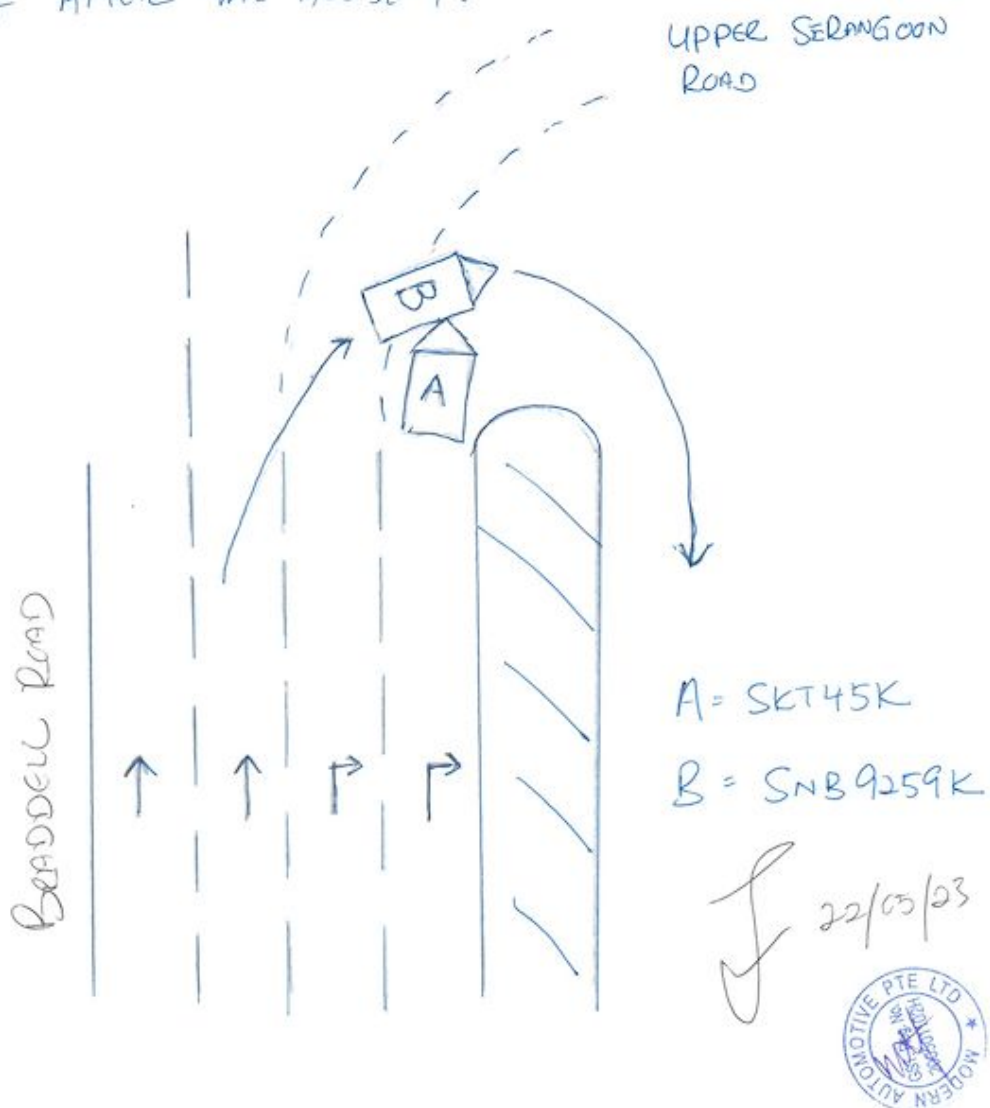


WHILE MAKING A RIGHT TURN INTO UPPER SERANGOON ROAD

SUDDENLY, VEHICLE B CUT INTO MY LANE AND HIT ONTO MY VEHICLE FRONT PORTION.

VEHICLE B WAS TRYING TO MAKE A U-TURN FROM OUTER LANE

VEHICLE B DID NOT STOP THE VEHICLE AND DROVE OFF AFTER THE ACCIDENT.





















**SINGAPORE
POLICE FORCE**



T/20230522/7054

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

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Report No. T/20230522/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2023 14:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH KHIM HUI			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email: [REDACTED]		
Sex: Male	Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales supervisor			Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/05/2023 08:00	Type of Location: X-Junction
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT45K	Car	MERCEDES BENZ	C	Brown	Seriously Damaged	2
SNB9259K	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230522/7054

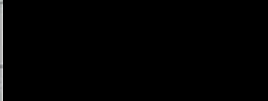
Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230522/7054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT45K	NTUC Income Insurance Co-Operative Limited	5122585732-01	02/07/2022	01/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOH KHIM HUI		ID No.	
Related Vehicle	SKT45K (Car)		Contact No.	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

WHILE MAKING A RIGHT TURN INTO UPPER SERANGOON ROAD, SUDDENLY VEHICLE (SNB9259K) CUT INTO MY LANE AND HIT ONTO MY VEHICLE FRONT PORTION. VEHICLE (SNB9259K) WAS TRYING TO MAKE A U-TURN FROM OUTER LANE. AFTER THE ACCIDENT HAPPENED, THE VEHICLE (SNB9259K) DID NOT STOP AND DROVE OFF.



**SINGAPORE
POLICE FORCE**



T/20230522/7054

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

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Report No. T/20230522/7054

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

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

Date/Time:
22/05/2023 14:31

Classification Of Case:

NP168