

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 First Submission	10/08/2024 12:57 (SGT)
Reported by	Actual Driver
Date of Accident	09/08/2024 13:30 (SGT)
Exact Location of Accident	Sheares Ave, Singapore
Additional Location Information	BEFORE RAFFLES BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX304T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH LEASING
Company Reg No	53392514B
Email Address	FRANCIS4436@GMAIL.COM
Mobile Phone No	(Phone) +65-83825855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
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 car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031835967

DRIVER

Name of Driver	CHAU CHEE KEEN
NRIC No	S7338734E
Date Of Birth	29/10/1973
Occupation	Outdoor
Driving Pass Date	12/05/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87881348
Alt. Phone Number	-
Email Address	FRANCIS4436@GMAIL.COM
Address	BLK 110 BUKIT PURMEI ROAD #09-166
Address complement	-
Postcode	090110
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 POLICE REPORT NO.T/20240810/7019.

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	SHB899T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

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

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

Vehicle A: SMX 304T

Vehicle B: SHS 899T

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vJun2022

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT T/20240810/7019.
 ckl 10/8/2024

Declaration

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

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)























**SINGAPORE
POLICE FORCE**



F2024081007010

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

Report No: F2024081007010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2024 11:17			Vide Report No.:		Station/Driver No.	
Informant's Particulars						
Name of Informant: Chau Chee Keen			Address: 110 Bukit Purmei Road #09-16G SINGAPORE 650110			
ID Type / ID No.: NRIC NO / S7338734E			Contact No.: Home/Office:		Mobile: 87981348	
Nationality: SINGAPORE CITIZEN			Email: francis4436@gmail.com			
Sex: Male	Age: 50	Date of Birth: 29/10/1973	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Private-hire car driver			Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2024 13:30	Type of Location: Straight Road
Location: SHEARES AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB899T	Motor car	MG		Green	Slightly Damaged	0
SMX304T	Motor car	MERCEDES BENZ	E220D	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMX304T	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2031835967		



**SINGAPORE
POLICE FORCE**



T/20240810/7019

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

2 of 3
Report No. T/20240810/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Chau Chee Keen	ID No.	S7338734E
Related Vehicle	SMX304T (Motor car)	Contact No.	87581348
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: Nil
Date Treatment	10/08/2024	Date Discharge	10/08/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 09th August 2024 at around 1.30pm, i was driving SMX304T along Shearar Ave before Raffles Blvd. The traffic light was in Red hence i stopped my vehicle. Suddenly, Vehicle B, SHB899T, hit onto the rear of my vehicle. The great impact causes pain on my back and neck. I felt unwell today 10/8/2024 and I went to Mount Elizabeth for a check. I was given 5 days MC from 10/8/2024 to 14/8/24 and given oral medications.



SINGAPORE
POLICE FORCE

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



TY2024081077013

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Report No: TY2024081077013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

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

Date/Time:
10/08/2024 11:17

Classification Of Case:

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 124) OF THE SEVERN COLONY AND PROTECTORATE
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1955 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT 1958 (FEDERATION OF MALAYSIA)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2031835967
 Date of Issue : 22 July 2024
 Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
 Policyholder : GOTH LEASING
 Finance Company : BENEFIT AUTO ENTERPRISE PTE LTD
 Period of Insurance : 24 July 2024 (to 23 July 2025 (both dates inclusive))
 Registration Number : SMX304T
 Chassis Number of Vehicle : W1K2130042A873670

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations relating to the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any suspension or disqualification that he/she has incurred from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Motor Vehicle Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) system in which the vehicle is hired and for use within Singapore only.

* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 124) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
 (b) Use whilst towing a trailer except the towing (other than for reward) of any car driven by a motor vehicle propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 124) and Part IV of the Road Transport Act, 1987 (Malaysia).

22 July 2024

Issue Date

Michael Rajni

Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000156 GENRIVER FINANCIAL PTE LTD
 Excess : Section 1: Own Damage \$1
 Section 1: Windscreen \$4
 Section 2: Liabilities to Third Parties \$4
 Comprehensive - Exclusive Workshop Per Policy Schedule 4,000.00

Allianz Insurance Singapore Pte. Ltd, 110, North Bridge Road

Tel: 65 6714 3300 | Singapore 068897 | Fax: 65 6714 3309 | 1990-2024 Allianz Group AG