# 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.

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	14/08/2024 15:35 (SGT)
Reported by	Actual Driver
Date of Accident	13/08/2024 19:30 (SGT)
Exact Location of Accident	Shenton Wy, Singapore
Additional Location Information	_
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMP287B
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes GRAN TORINO PTE. LTD. `383C

VEHICLE PARTICULARS
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Manufacturer	Honda
Model	Shuttle
Variant	<b>=</b> □
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	1496
Vehicle Fuel	=:
First Regisration Date	-
Chassis no	<b>■</b>
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030218172

DRIVER





Name of Driver SOO CHEE LEUNG NRIC No Date Of Birth Occupation Outdoor Driving Pass Date 20/05/1997 Driving License Pass Class Driving License Validity Driving experience 27 YEARS AND 3 MONTHS 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 Employee 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's email Original language used in the statement -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 TO SKETCH PLAN. 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 SHB5223K Vehicle Manufacturer





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Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	- 1
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



#### SKETCH PLAN

## IMPORTANT NOTICE

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- This Form must be completed by the Policyholder and/or the Actual Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow
  insurance companies to <u>repudiate policy liability</u>.
- .: 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 GtA 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.

# S 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 for process my personal data/personal information set out in this [form] and any other personal information provided by me or process 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 inflictively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetory Authority of Singapore and any relevant devernment agency/authority (such as the police), for the purpose(s) of

th processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

the investigating the accident and/or my claims;

call carrying out and/or dealing with my instructions or responding to any enquiries by me;

(ir) 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 (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 (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve describe an external cover of envelopes/mail (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve describe an external cover of envelopes/mail (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve describe an external cover of envelopes/mail (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve describe an external cover of envelopes/mail (including the mailing of correspondence, statements and the same as well as on the external cover of envelopes/mail (including the mailing of correspondence).

(or complying with applicable law in administering, processing, handling and/or dealing with my claims and/orbycly the "Purposes")

go all incurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, to o, disclose and/or process my Personal Information for one or more of the above Purposes, and

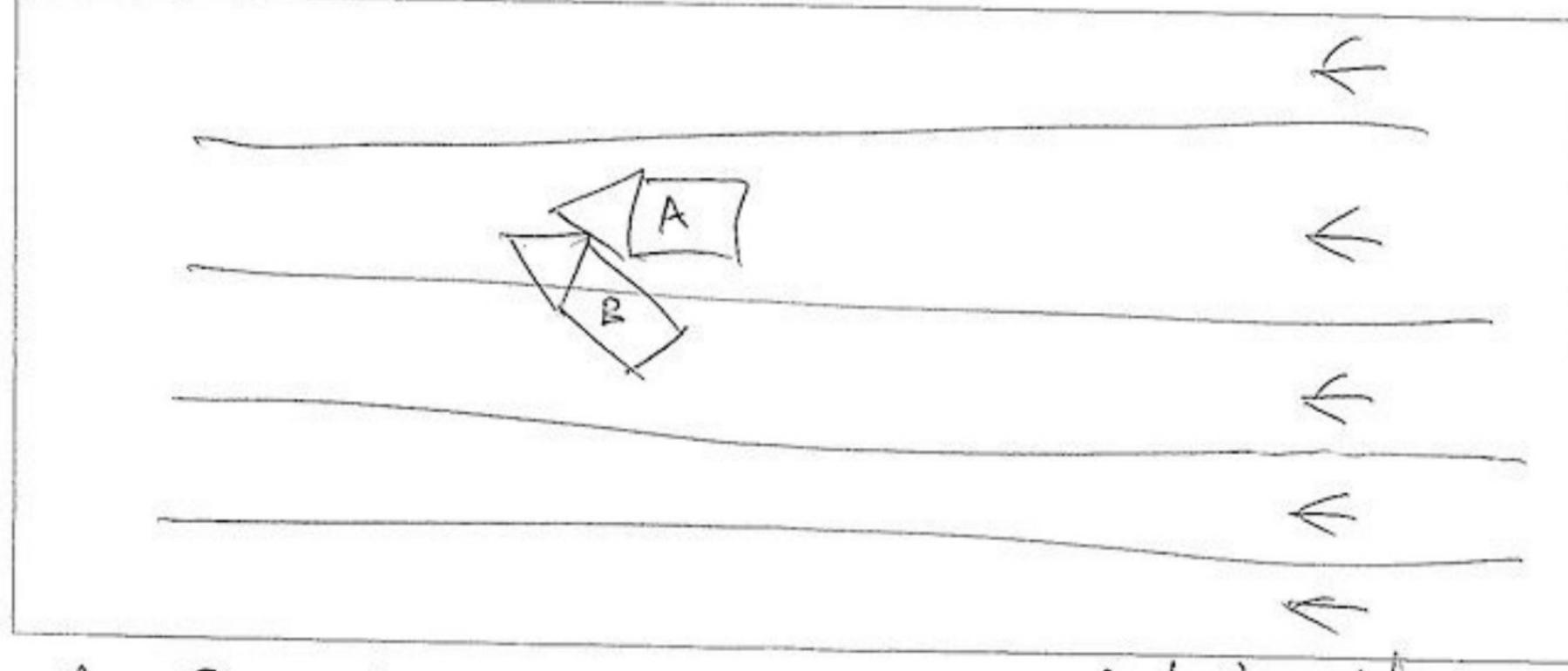
to may Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents and furting their lavyyous/Jaw firms), which may be siled outside cl/Singapore, for one or more of the above Purposes

Date sholder's Signature 7 Date & Time

S. Time

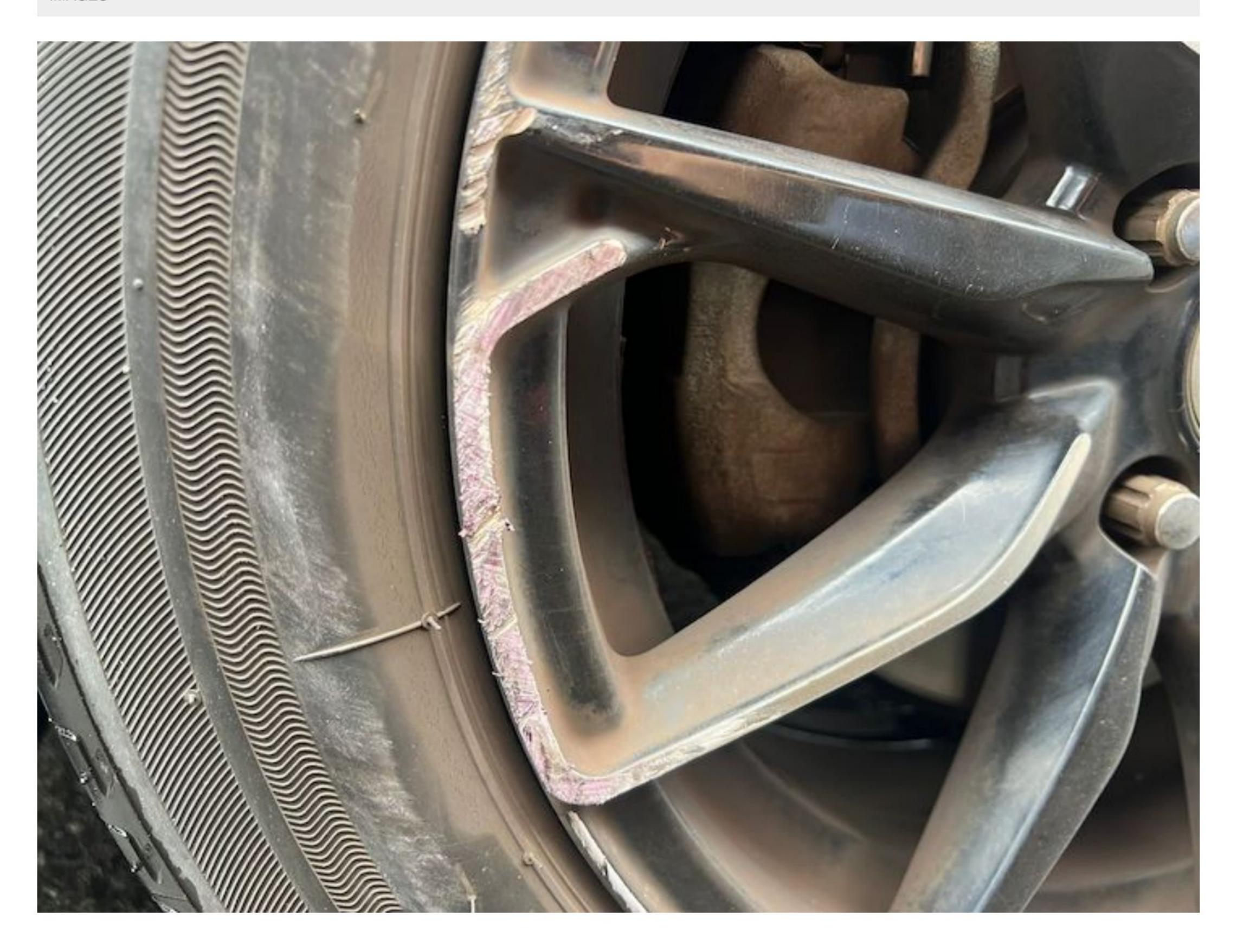
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



A-SMP2873 B-SHB 5223K A Mundos plate.

EHICLE NO: SIM	2878	ACCIDE	NT DATE & TIME: 13/08/2	024 19-30 pm
ONTACT NUMBER:	81899416	E-MAIL:	soo chee leng @ gma	il.com
OCATION: 316	aton way			
Keppel Vehicle out Si	SHB 5-22 grafaud	driving 94 C 3K Cut	eft side y	L with
NOTE: PLEA	SE NOTE THAT YOUR	INSURER MAY HAVE A	14 DAYS TIME FRAME FOR YOU TO	SUBMIT AN
The state of the s			CHECK YOUR POLICY FOR MORE II	NFORMATION.
Declaration  We declare the foregoin	ng particulars are true in	FOR Wand	( ) CLAIM COVER AT OTHER WORKSHOP	() REPORTING ONLY
Policyholder's Signature 7 t	Date & Time Onvers	Signatura (if driver is not the p	olicyholder) / Date Witnessed by R	eporting Centre Personnel



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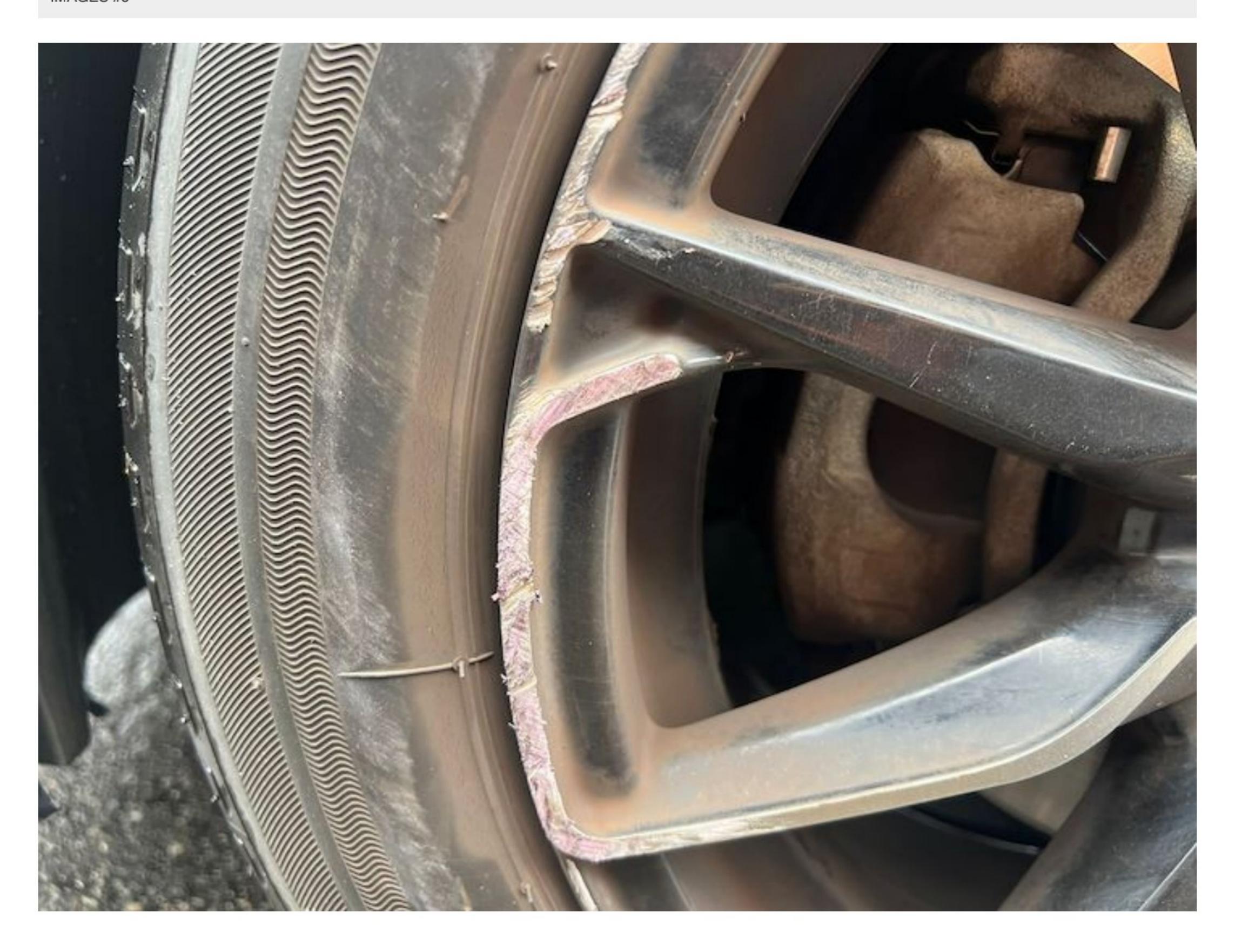


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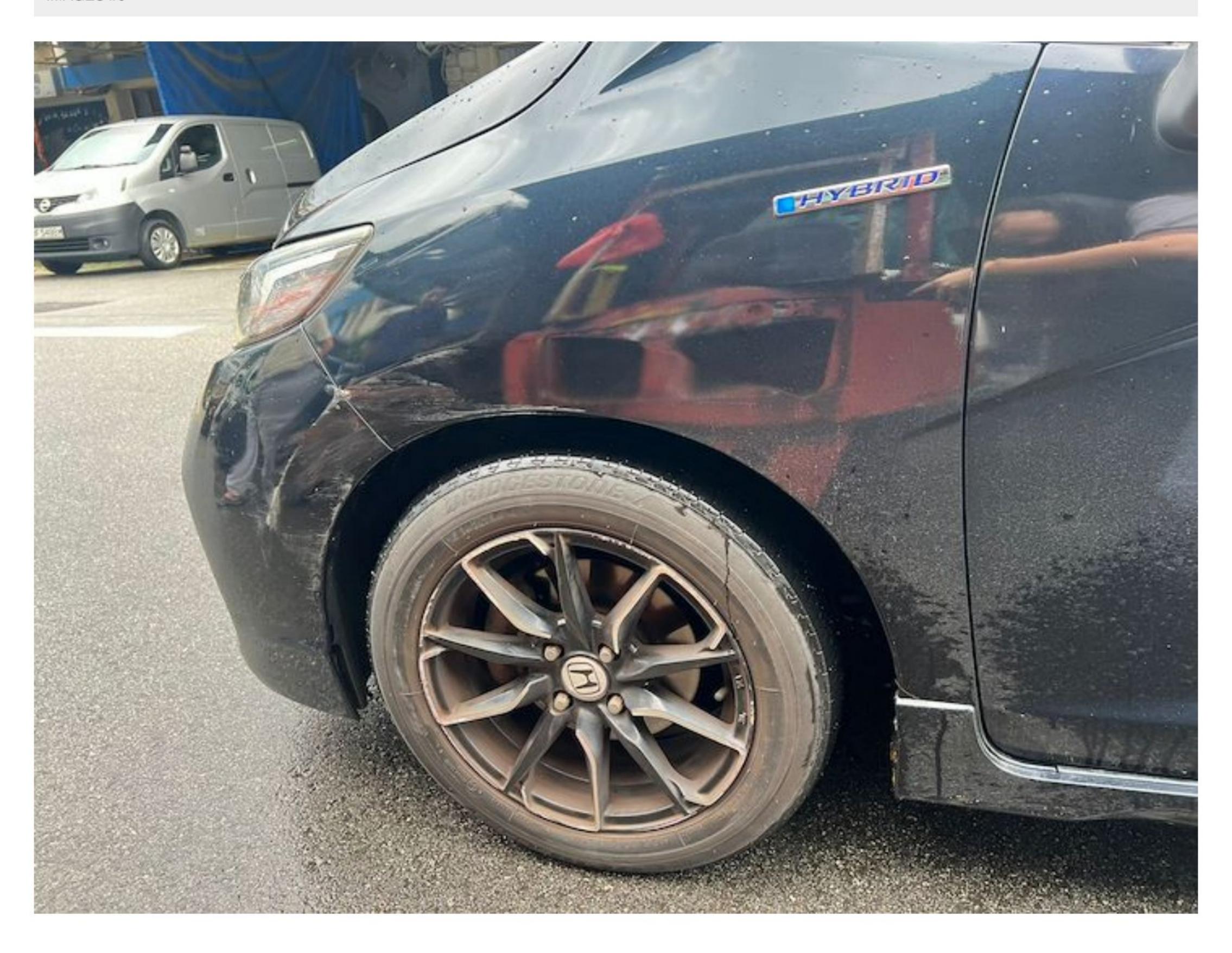


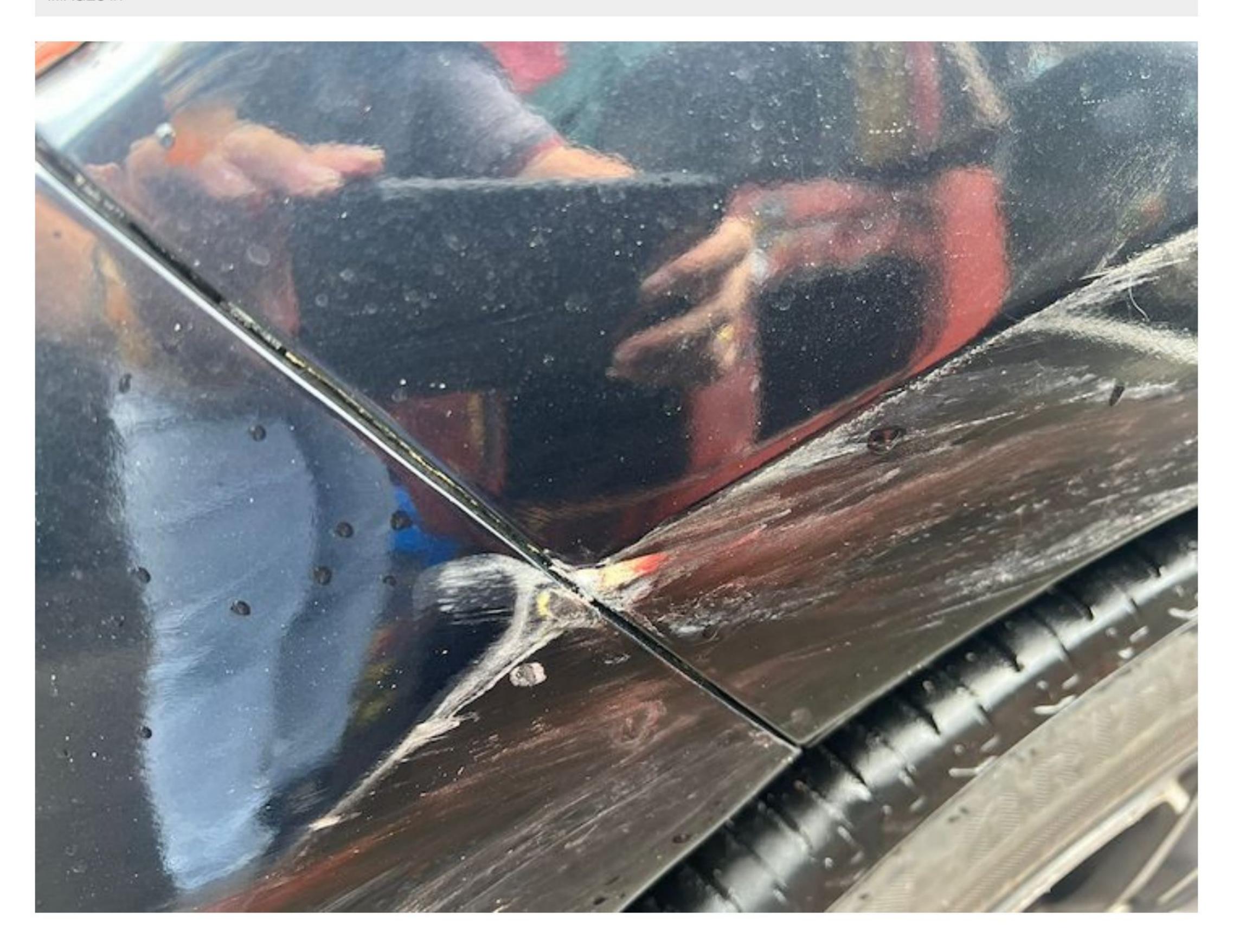
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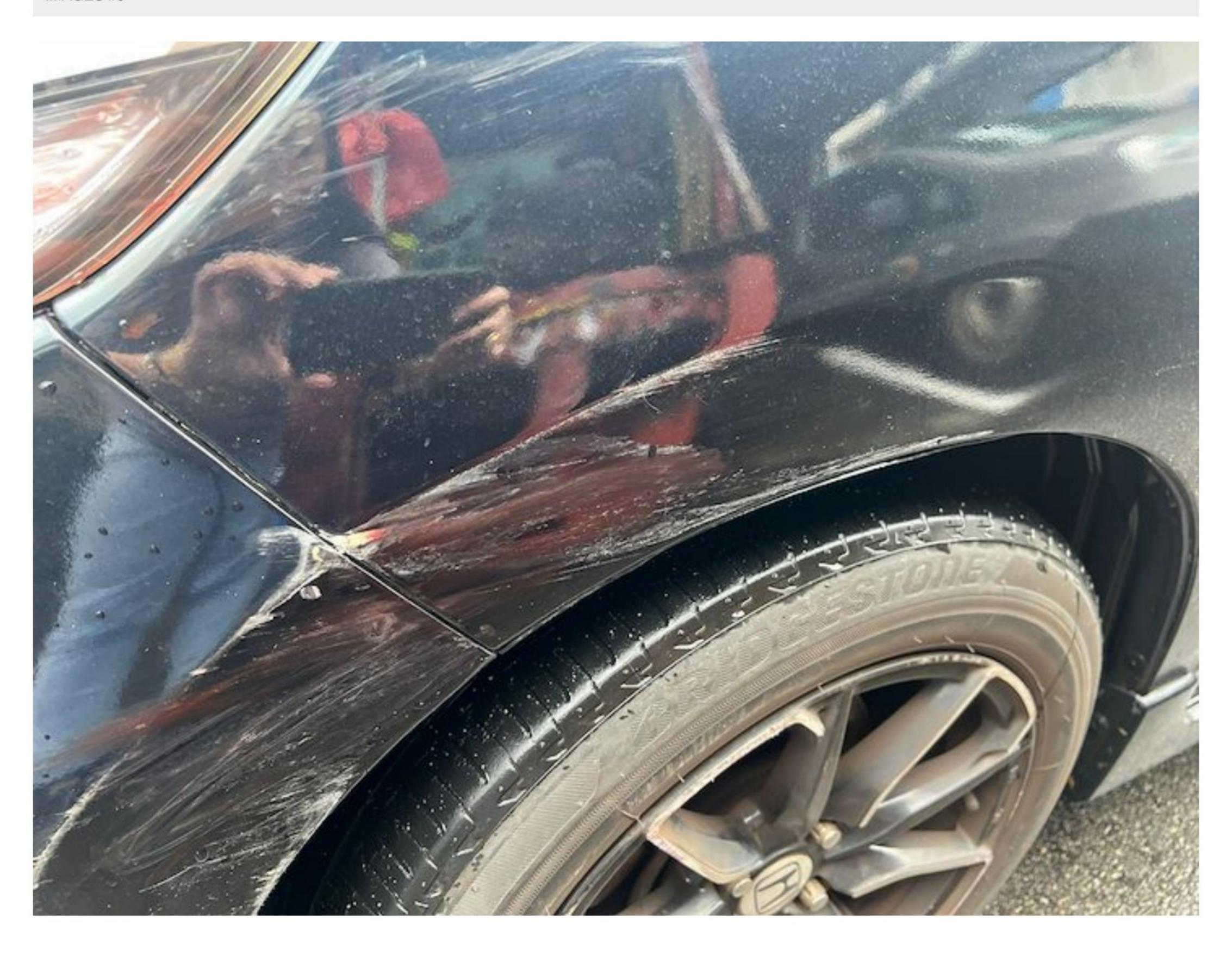


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