

## 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 .....        | 16/09/2024 17:49 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 14/09/2024 18:30 (SGT)              |
| Exact Location of Accident .....      | Sembawang Rd, Singapore             |
| Additional Location Information ..... | TWDS GAMBAS AFTER MANDAI AVE        |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SND8201Y |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                                          |
|--------------------------------|------------------------------------------|
| Is company? .....              | Yes                                      |
| Name Of Registered Owner ..... | SHARP ENGINEERING & CONSTRUCTION PTE LTD |
| Company Reg No .....           | 201712732C                               |
| Email Address .....            | LAWLEENSDZ51T@GMAIL.COM                  |
| Mobile Phone No .....          | (Phone) +65-87895419                     |
| Alternative Phone No .....     | -                                        |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Mitsubishi                |
| Model .....                                                                        | Attrage                   |
| Variant .....                                                                      | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....                                                             | Private car               |
| Transmission .....                                                                 | Auto                      |
| CC .....                                                                           | 1200                      |
| 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 ..... | SP2009523735-01                       |

#### DRIVER

|                                                                    |                              |
|--------------------------------------------------------------------|------------------------------|
| Name of Driver .....                                               | SUBRAMANIAN ANANDHAN         |
| NRIC No .....                                                      | S8284419H                    |
| Date Of Birth .....                                                | 24/04/1982                   |
| Occupation .....                                                   | Indoor                       |
| Driving Pass Date .....                                            | 02/02/2005                   |
| Driving License Pass Class .....                                   | 3                            |
| Driving License Validity .....                                     | Valid                        |
| Driving experience .....                                           | 19 YEARS AND 7 MONTHS        |
| Gender .....                                                       | Male                         |
| Mobile Number .....                                                | (Phone) +65-87895419         |
| Alt. Phone Number .....                                            | -                            |
| Email Address .....                                                | LAWLEENSDZ51T@GMAIL.COM      |
| Address .....                                                      | BLK 54 CANBERRA DRIVE #04-25 |
| Address complement .....                                           | -                            |
| Postcode .....                                                     | 768440                       |
| Is the driver the policyholder? .....                              | No                           |
| 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 - 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? .....                                                                | 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, THE FRONT VEHICLE SLOWED DOWN AND TURN LEFT TO HIS DESIGNATED DIRECTION AND I SLOWED DOWN AND STOPPED. SUDDENLY, I FELT A GREAT IMPACT FROM MY REAR. AND I GOT OUT OF MY VEHICLE AND I REALISED VEHICLE B (GW5H) HAD BANGED ONTO MY REAR PORTION OF MY VEHICLE (SND8201Y).

#### 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 .....             | GW5H               |
| Vehicle Manufacturer .....                    | -                  |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| Name of Driver .....                          | -                  |
| Contact Number .....                          | -                  |
| Address .....                                 | -                  |
| Address complement .....                      | -                  |
| Postcode .....                                | -                  |
| Insurance Company Name .....                  | -                  |
| Nature Of Damage .....                        | -                  |
| Details of property damaged in accident ..... | VEHICLE B          |
| No. Of Passenger (Including Driver) .....     | -                  |

#### INJURED PERSONS DETAILS

##### INJURED 1

|                                                           |                      |
|-----------------------------------------------------------|----------------------|
| Name of injured person .....                              | SUBRAMANIAN ANANDHAN |
| Gender .....                                              | Male                 |
| Phone No .....                                            | -                    |
| Address .....                                             | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....                                           | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | -                    |
| Injured person in which vehicle? .....                    | SND8201Y             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

## SKETCH PLAN

## 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 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

VEHICLE A - SND8201Y  
VEHICLE B - GW5H

SENGANG ROAD

③ ② ①

vJun2022

1

## Describe Circumstance of the Accident

On the above mentioned date, time & accident location, the front vehicle slowed down and turn left to his designated direction. And I slowed down and stopped. Suddenly, I felt a great impact from my rear. And I got out of my vehicle and I realised Vehicle B (GW5H) had banged onto my rear portion of my vehicle (SND8201Y).

## 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)

















Allianz Insurance Singapore Pte. Ltd.

### 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. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2009523735-01  
 Date of Issue : 26 January 2024  
 Coverage : Comprehensive  
 Policyholder : SHARP ENGINEERING & CONSTRUCTION PTE LTD  
 Period of Insurance : 26 January 2024 to 25 January 2025(both dates inclusive)  
 Registration No. : SND8201Y  
 Chassis number of Vehicle : MMBSTA13ANH002115

**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

*\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

**Limitation as to Use\*:**

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover:**

- (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purposes in connection with the Motor Trade

*\*Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

26 January 2024

Issued Date

Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

|                   |                                              |     |        |
|-------------------|----------------------------------------------|-----|--------|
| Intermediary Code | : 0000384 VIRTUAL INSURANCE AGENCIES PTE LTD |     |        |
| Excess            | : Own Damage                                 | SGD | 600.00 |
|                   | : Windscreen Damage                          | SGD | 100.00 |

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg