



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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/06/2024 11:46 (SGT) Both Policyholder and Actual Driver 19/06/2024 22:55 (SGT) Singapore Pasir Ris Street 51 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMJ3451E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

Tan Zhi Qin, Benjamin

SXXXX108I

fusionx3@gmail.com

(Phone) +65-96348124

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

Transmission

CC

Toyota Vios

Private use

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd.

SP2007484881-01

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

Tan Zhi Qin, Benjamin SXXXX108I 14/11/1985

Indoor



Driving Pass Date

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

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

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?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SMS9851Y

14/07/2009

Male

#12-737

511527

Yes

No

Clear

Dry

No

No

Yes

1

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

2

14 YEARS AND 11 MONTHS

Blk 527A Pasir Ris Street 51

(Phone) +65-96348124

fusionx3@gmail.com

Collision - Head to Rear



-
Private car
= 1
-
-
-
-
-
-
2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 Police for investigation.
- 6. The 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.

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

lunderstand, 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' law yers/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")

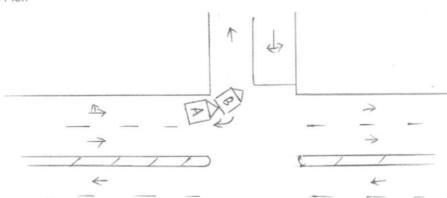
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
A
Attached traffic police Report no: 7/20240620/7000
no: 7/20240620/7000
The state of the s
Note. Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under
your own comprehensive policy. Please check your policy for more information.
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT

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



T/20240620/7000

1 of 3 Report No. T/20240620/7000

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2024 00:21		Vide Report No.:		Station Diary No.:		
Informant	's Particular	8				
Name of Informant: Benjamin Tan Zhi Qin			Address: 527A Pasir Ris St 51 #12-737 SINGAPORE 511527			
ID Type / ID No.: NRIC NO / S8539108I		Contact No.: Home/Office:	Mobile: 9634	Mobile: 96348124		
Nationality: SINGAPORE CITIZEN		Email: fusionx3@gmail.com				
Sex: Age: Date of Birth: Male 38 14/11/1985		Type of Informant: Driver				
Race: Chinese		Language: English				
Occupation: Police officer		Driving Licence Informat Class: 3	ion: Date of Expi	ry:		

Type of Accident:	Non-Injury Others		Date/Time of Accident: 19/06/2024 22:55	Type of Location: Near carpark gantry turning in from Pasir Ris St 51
Location:				
PASIR RIS STREE	ET 51			
		Road Surface: Dry		
Weather: Clear Traffic Flow: One Way		Road Surface:	114	ffic Volume: Traffic

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SMJ3451E	Motor car	TOYOTA	Vios	Silver	Slightly Damaged	0
SMS9851Y	Motor car	HONDA	Shuttle	White	Slightly Damaged	1

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



2 of 3 Report No. T/20240620/7000

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

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMJ3451E	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2007484881-01	08/09/2023	19/01/2025
SMS9851Y	NTUC Income Insurance Co-Operative Limited			

Details of Person I			25.007		
Any Pedestrian In	volved: No				
No. of Pedestrians	Injured: NIL	Use of Pedestrian Crossing: NA			
Driver					
Name	Benjamin Tan Zhi Qin		ID No.		\$8539108
Related Vehicle	SMJ3451E (Motor car)			ct No.	96348124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dischar	rge	NIL	
No. of Days grante	ed Medical Leave (MC) NIL	Degree of In	of Injury NIL		
Driver					
Name	EDROS BIN HARON SHAHAB		ID No.		S1307973J
Related Vehicle	SMS9851Y (Motor car)		Contact No.		90282716
Hospital/Clinic	NIL			of g e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	rge	NIL	À
No. of Days grant	ed Medical Leave (MC) NIL	Degree of In			

Brief Details.

While driving along Pasir Ris St 51, my vehicle SMJ3451E was turning into the carpark of Blk 569 Pasir Ris St 51. There was another white color Honda Shuttle bearing vehicle number SMS9851Y in front of my car. SMS9851Y was also turning into the gantry but the car stopped right in front of the carpark gantry. Within few seconds, I noticed that the vehicle SMS9851Y was reversing and I sounded my car honk, trying to reverse away but the rear of SMS9851Y had collided reversed into the front of my vehicle SMJ3451E.

My vehicle suffered dent, scratches at the front as well as the front bumper was dislodged. No one was injured and we both exchanged particulars.



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



3 of 3 Report No. T/20240620/7000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2024 00:21
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	