

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	16/10/2024 17:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/10/2024 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE TOWARDS AYE AT THE FIRST LANE AFTER BUKIT TIMAH ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM8599C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUN WEN KONG
NRIC No	SXXXX533I
Email Address	bamforte@gmail.com
Mobile Phone No	(Phone) +65-83218865
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Superb
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	1984
Vehicle Fuel	Petrol
First Registration Date	27/10/2023
Chassis no	TMBBM7NP2P7040173
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2008298773-01

DRIVER

Name of Driver	CHUN WEN KONG
NRIC No	SXXXXX533I
Date Of Birth	14/11/1969
Occupation	Indoor
Driving Pass Date	03/11/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83218865
Alt. Phone Number	-
Email Address	bamforte@gmail.com
Address	26 WOODSVILLE CLOSE
Address complement	#15-02
Postcode	357774
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	JULIAN CHUN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP (REFER TO POLICE REPORT)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8113U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	PRAKASH
Contact Number	(Phone) +65-90526624
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

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

INJURED PERSONS DETAILS

INJURED 1

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

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.

[Signature]

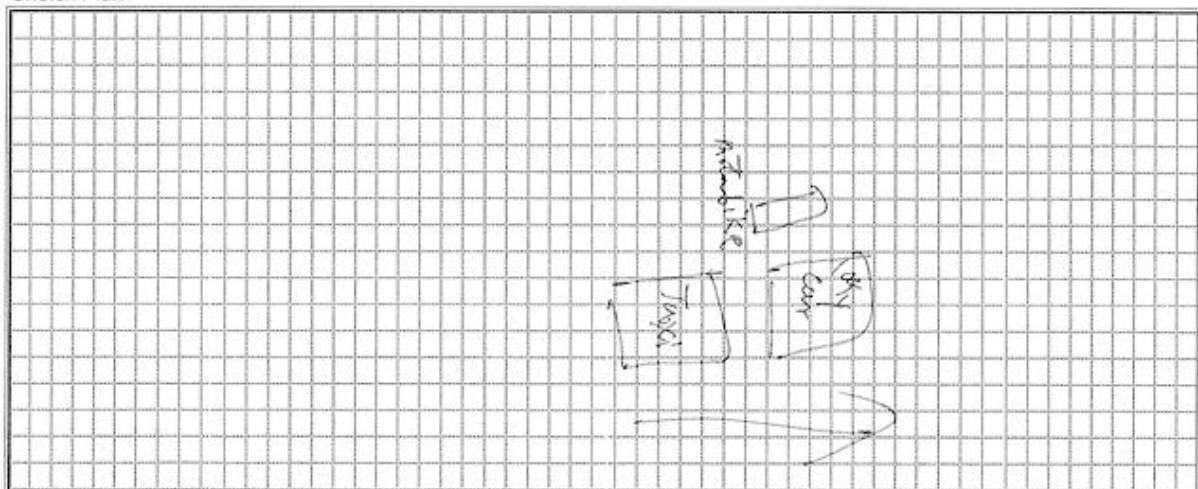
Policyholder's Signature / Date & Time

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

[Signature]

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Refer to Police Report: T/20241016/2056

Declaration

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

Policyholder's Signature / Date & Time


16/10/24
2.25pmActual Driver's Signature (if driver is not the policyholder)
/ Date & TimeWitnessed 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 : SP2008298773-01
 Date of Issue : 31 October 2023
 Coverage : Comprehensive
 Policyholder : CHUN WEN KONG
 Period of Insurance : 27 October 2023 to 26 October 2025(both dates inclusive)
 Registration No. : SNM8599C
 Chassis number of Vehicle : TMBBM7NP2P7040173

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.

31 October 2023

Issued Date

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

Intermediary Code : 0000403 ARF (ASIA PACIFIC) PTE LTD
 Excess : Own Damage
 : Windscreen Damage

SGD	600.00
SGD	0.00

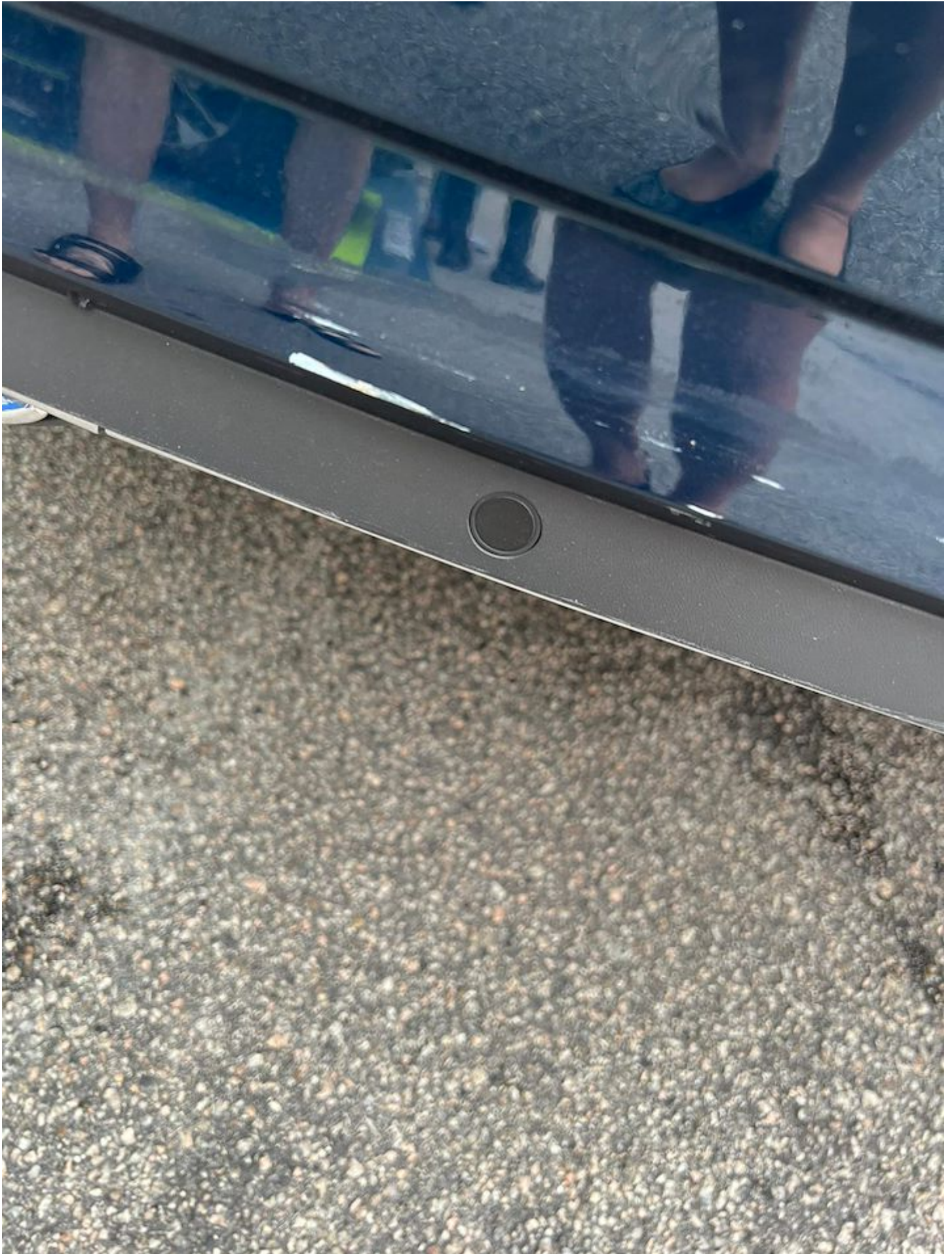




















**SINGAPORE
POLICE FORCE**



T/20241016/2056

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20241016/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2024 13:46	Vide Report No.: A/20241016/0039	Station Diary No.: 23
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Informant's Particulars

Name of Informant: CHUN WEN KONG	Address: 26 WOODSVILLE CLOSE #15-02 SINGAPORE 357774
ID Type / ID No.: NRIC NO / S6940533I	Contact No.: Home/Office: Mobile: 83218865
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 54 Date of Birth: 14/11/1969	Type of Informant: Driver
Race: Chinese	Language:
Occupation: Unemployed	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2024 09:00	Type of Location: Bend
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 505F				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8113U	Motor car				Slightly Damaged	2
SNM8599C	Motor car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241016/2056

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20241016/2056

CONTINUATION OF REPORT

Driver			
Name	CHUN WEN KONG	ID No.	S6940533I
Related Vehicle	NIL	Contact No.	83218865
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

16 October at around 0900hrs, I was driving my car, VRN SNM8599C, along CTE towards AYE at the first lane after Bukit Timah Road exit. Near lamppost LP505F before the tunnel, the car in front of me, unknown VRN, stopped out of a sudden before moving off again. As such, I jammed break and avoided collision with the car. However, the taxi behind me, VRN SHC8113U, swerved towards lane 2 and hit a motorcycle, unknown VRN, before hitting the back of my car.

The motorcyclist suffered injuries and was later conveyed by by an ambulance. The Traffic Police Officer (SSS T130019 Zulhimi) then seized my SD card and I was issued with an NP323 form vide A/20241016/0039.

Particulars of SHC8113U:

Name: Prakash
Contact number: 90526624

Particulars of the injured motorcyclist:

Name: Imran



**SINGAPORE
POLICE FORCE**



T/20241016/2056

3 of 3

Report No. T/20241016/2056

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SCSGT(2) RADITYA
SECONDATAMA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT CHEN WEIXIANG, BEN
Contact No.: 83823828

Signature Of Informant:

Date/Time:
16/10/2024 13:46

Classification Of Case:

NP168