# **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.

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   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 21/10/2024 16:20 (SGT) Reported by **Actual Driver** Date of Accident 20/10/2024 20:40 (SGT) Exact Location of Accident Near Republic Blvd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SNQ9598Y** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG WEI LING NRIC No SXXXX582I Fmail Address AMOS.94@HOTMAIL.COM Mobile Phone No (Phone) +65-82334182 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Bvd Model **SEAL PERFORMANCE** 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1999 Vehicle Fuel First Regisration Date Chassis no LGXCF6CD0P2166145 Effective Date/Time of Ownership

## INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2032869112-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	AMOS WONG ZI QI SXXXX158E 22/05/1994 Indoor 16/02/2013 3 Valid 11 YEARS AND 8 MONTHS Male (Phone) +65-81129119 - AMOS.94@HOTMAIL.COM BLK 8 WHAMPOA EAST #02-19 SINGAPORE 338520 No Spouse No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMT8924Y -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM BEE LIN
Contact Number	(Phone) +65-98434313
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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 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.
- 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' 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.

Policy folder's Signature / Dal &

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A=SN96598Y B=SMT8924Y

escribe Circumstances of the Accident	
while driving, I was in my designated lave on the right.	
while driving, I was in my designated lane on the right. The other other, who was in the left lane, dialed to maintain he	1
me, especially during a bend. The dritted but her lane and ente	4
mine.	
This readlited in a collison.	
	_
	_
*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM	_

## Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

























