

## 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 .....	28/10/2024 15:55 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/10/2024 07:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER CHANGI EAST TOWARDS PIE TUAS
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SND6327G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAM SOK KUAN
NRIC No .....	SXXXX365A
Email Address .....	SOKKUANLAM@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-98464332
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	NOTE E-POWER 1.2L PREMIUM
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 .....	1198
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	17/01/2022
Chassis no .....	JN1FAAE13Z0900649
Effective Date/Time of Ownership .....	15/04/2023 11:04 (SGT)

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	LAM SOK KUAN
NRIC No .....	SXXXX365A
Date Of Birth .....	10/09/1975
Occupation .....	Indoor
Driving Pass Date .....	15/04/1998
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	26 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98464332
Alt. Phone Number .....	-
Email Address .....	SOKKUANLAM@YAHOO.COM.SG
Address .....	BLK 37 MARIAM WAY - SINGAPORE 508556
Address complement .....	-
Postcode .....	-
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 - 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 .....	2
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) .....	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? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN. I WILL BE REPAIRING MY CAR AT HING LEE MOTOR CAR

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	94297MID
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

Describe Circumstance of the Accident

ON THE STATED TIME AND DATE, I WAS DRIVING VEHICLE A, SND6327G WHEN  
VEHICLE B, 94297MID FILTER INTO MY LANE AND COLLIDED ONTO ME.

### Declaration

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)

# SKETCH PLAN

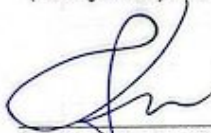
## IMPORTANT NOTICE

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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.

## 6. 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

UPPER CHANGI EAST TOWARDS PIE TUAS

A: SND6327G

B: 94297MID



vJun2022

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**SINGAPORE  
POLICE FORCE**



G/20241028/7026

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## POLICE REPORT (NP299)

Report No. G/20241028/7026

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 28/10/2024 10:27		Vide Report No.		Station Diary No.	
Name Of Informant LAM SOK KUAN		Address 37 MARIAM WAY SINGAPORE 508556			
ID Type / ID No. NRIC NO / S7570365A		Contact No. Home/Office:                      Mobile: 98464332			
Nationality SINGAPORE CITIZEN		Email Address SOKKUANLAM@YAHOO.COM.SG			
Occupation Accountant (excluding tax accountant)		Sex Female	Age 49	Date of Birth 10/09/1975	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 28/10/2024 07:15 - 28/10/2024 07:25		Location Of Incident 690 UPPER CHANGI ROAD EAST UPPER CHANGI MRT STATION SINGAPORE 485990			

**Brief details:**

I was driving along the Upper Changi Road East towards PIE on the left lane when the military tanker with car plate no. 94297 MID at the right next lane cut into my lane, the tanker knocked into the rear of my car, caused the signal light to come off and dent to the rear of my car's right-side door. No injury was sustained during the accident

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: 28/10/2024 10:27
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	





SINGAPORE  
POLICE FORCE



G/20241028/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241028/7026

Subjects Involved			
Victim			
Person Name	LAM SOK KUAN		
ID Type	NRIC NO	ID No	S7570365A
Sex	Female	Age	49
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Accountant (excluding tax accountant)
Address	37 MARIAM WAY SINGAPORE 508556	Mobile No	98464332
Email Address	SOKKUANLAM@YAHOO.COM.SG	Is Informant A Victim?	Yes
Person Name	LAM SOK KUAN (Informant)		

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: 28/10/2024 10:27
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.



## ADDENDUM


### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA2924ASM003 Vehicle Registration No: SND6327G  
Name (as shown in NRIC) : LAM SOK KUAN NRIC/FIN/Passport No : SXXXX365A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 37 MARIAM WAY - SINGAPORE 508556 Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98464332  
Email Address : SOKKUANLAM@YAHOO.COM.SG  
Date of Accident : 28/10/2024 Time of Accident : 07:00  
Place of Accident : UPPER CHANGI EAST TOWARDS PIE TUAS  
Insurance Company : Allianz Insurance Singapore Pte. Ltd.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT

  
Policyholder / Driver's Signature  
Date: 29/10/24

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: