# **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 05/11/2024 10:01 (SGT) Reported by **Actual Driver** Date of Accident 04/11/2024 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information SLIP ROAD FROM KEPPEL RD TWDS CANTONMENT LINK Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SJV6269T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM MING YUAN NRIC No SXXXX735H Email Address MINGYUAN.LIM@GMAIL.COM Mobile Phone No (Phone) +65-96602507 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Sienta 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 1496 Vehicle Fuel First Regisration Date Chassis no MHFZ28H3000063084 Effective Date/Time of Ownership

### INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004760162-01

DRIVER

Name of Driver YEOW WAI LEONG NRIC No SXXXX415C Date Of Birth 28/12/1978 Occupation Indoor Driving Pass Date 22/04/2008 Driving License Pass Class Driving License Validity Valid Driving experience 16 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96179899 Alt. Phone Number Email Address WLYEOW@GMAIL.COM Address 1B CANTONMENT ROAD #16-21 Address complement Postcode 085201 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 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) 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 LIM MING YUAN Gender Female PASSENGER 2 Name YEOW HAAU YAHN Gender Female PASSENGER 3 Name YEOW HAAU YENG Gender Female 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

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 SMH2556D Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver WANG ZHIYING NRIC No SXXXX963F Contact Number (Phone) +65-98662525 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SJV 6769T Veh B: SMH 2556D

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- 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)

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.

  "TAM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS."

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

Cantonment Link

Kepper Rd

#### Describe Circumstances of the Accident

VehA SJV 6269T
Veh B SWH 2556 D
On 4 Nov 2024 around 8 pm, I was driving along Keppel Road towards Cartonment Link for home with my wife, Lim Ming Yuan and two daughters when the accident happened.
At that slip road, I stopped for a moment for a peclestrian to cross at the Zebra crossing. Thereafter, I crossed the zebra crossing and had to stop again for a corr that was turning into Cantonment Link from my right.
A split second after that car passed, I released the brake and started to more off. Then, I felt a sudden huge bong from the rear of the car and my car jerked forward before I applied emergency brake to stop.
That was when the car SMH 25BGD hit my car.

## Declaration

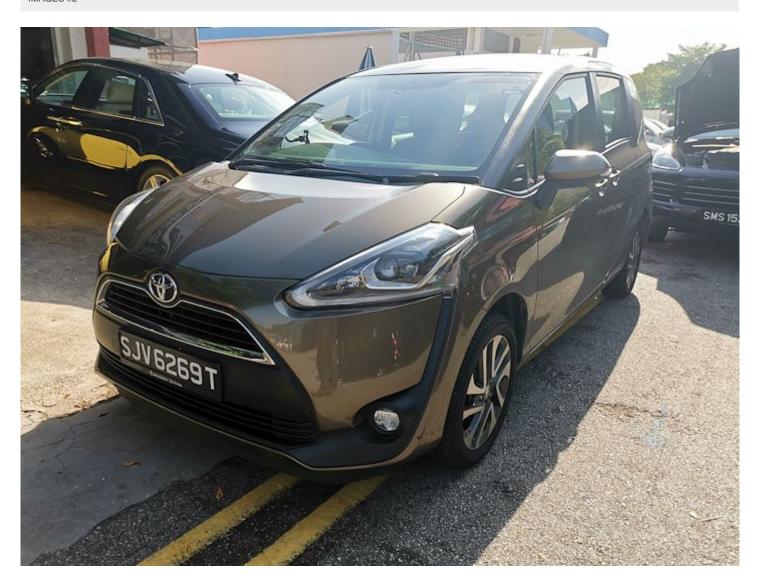
IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

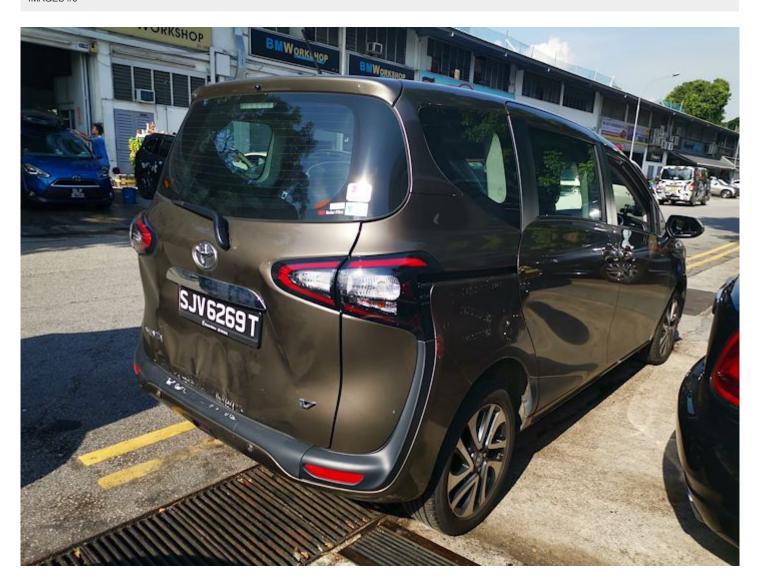




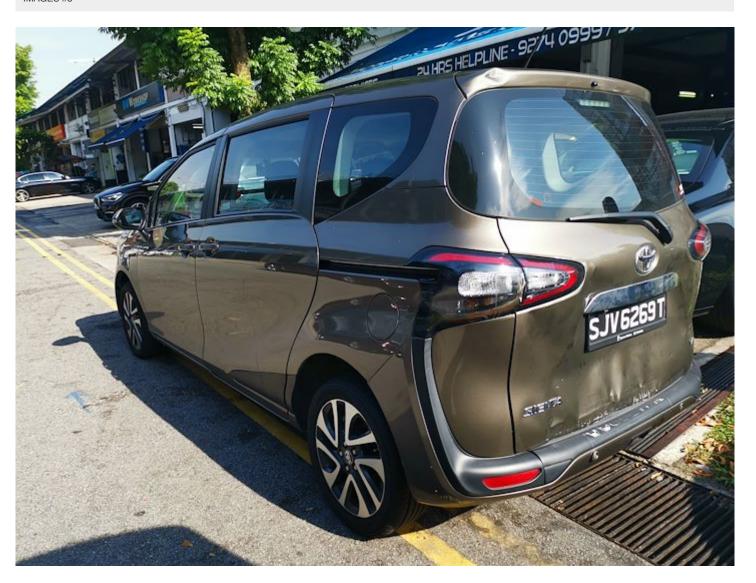




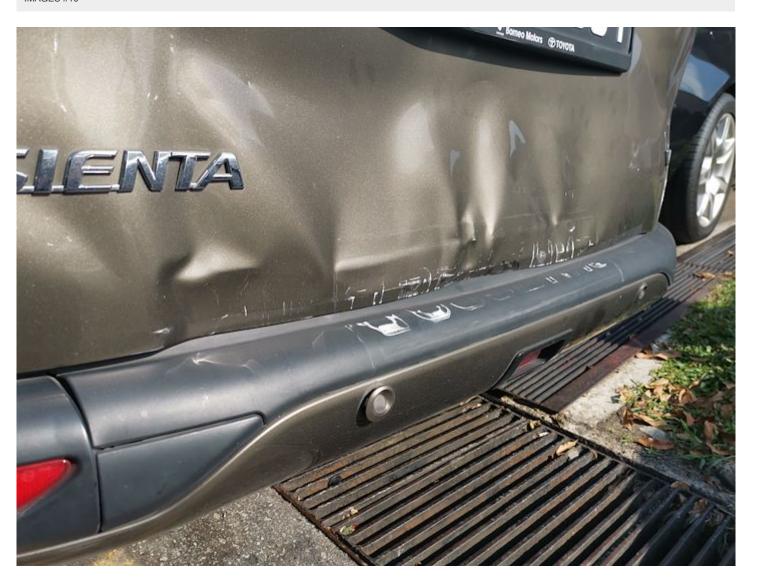




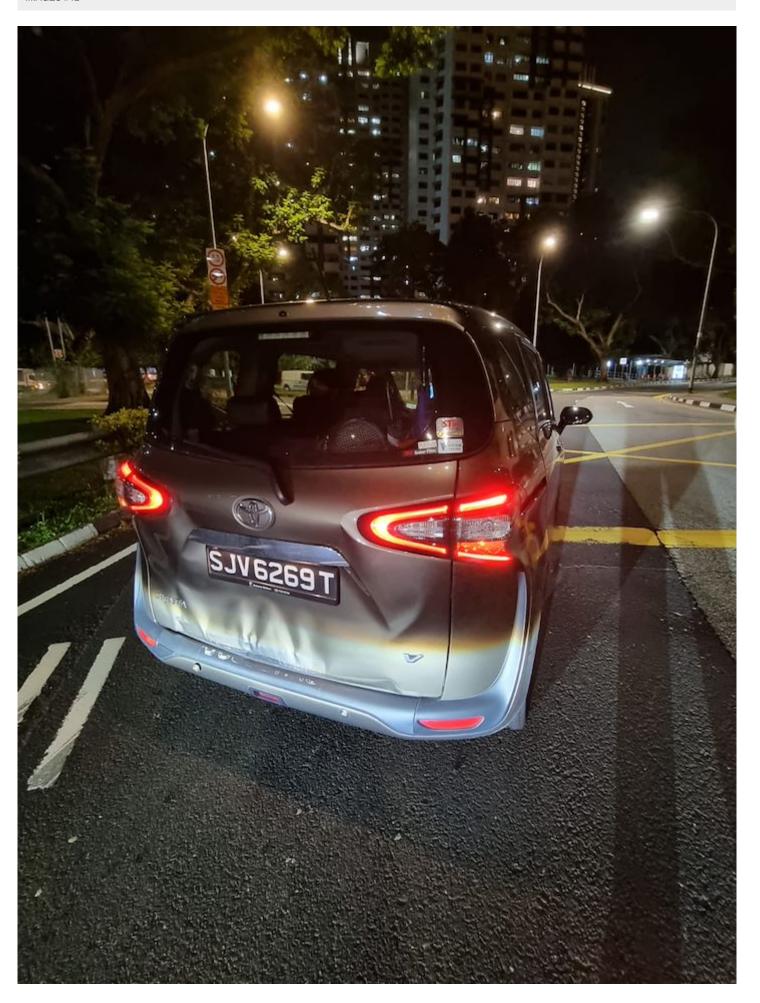


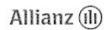












## Allianz Insurance Singapore Pte. Ltd.

#### 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 SP2004760162-01 19 March 2024 Date of Issue Comprehensive Coverage : Ming Yuan Lim Policyholder

: 03 APRIL 2024 to 02 April 2025(both dates inclusive) Period of Insurance

Registration No. : SJV6269T

MHFZ28H3000063084 Chassis number of Vehicle

#### 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 disgualched 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 Matar Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident last 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 (Cicapter 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

19 March 2024

Issued Date

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

: 0000374 SINGSAVER INSURANCE BROKERS PTE. LTD. Intermediary Code

: Own Damage Excess

: Windscreen Damage

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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