

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	05/11/2024 12:28 (SGT)
Reported by	Actual Driver
Date of Accident	04/11/2024 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2989T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANLI M&E ENGINEERING PTE.LTD.
Company Reg No	2XXXXX459E
Email Address	melissa@sanli.com.sg
Mobile Phone No	(Phone) +65-82653016
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr87aue4aa
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Manual
CC	1898
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030218464-01

DRIVER

Name of Driver	ELAVARASAN NEELAMEGAN
Passport No/FIN	GXXXX563N
Date Of Birth	10/05/1990
Occupation	Outdoor
Driving Pass Date	13/07/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82653016
Alt. Phone Number	-
Email Address	melissa@sanli.com.sg
Address	22 CHIN BEE DRIVE
Address complement	-
Postcode	619870
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	AFTER RAINING
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please Refer To Accident Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3943P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	TAN BENG TECK
NRIC No	SXXXX347A
Contact Number	(Phone) +65-97372750
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



Policyholder's Signature / Date & Time

J. Lim

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan diagram showing vehicle positions and movement:

- Vehicle A (Stationary) is at the bottom left, marked with a triangle and the letter 'A'.
- Vehicle B (Moving) is at the top left, marked with a triangle and the letter 'B'. An arrow indicates movement from Vehicle B towards Vehicle A.
- Vehicle C (Moving) is at the top right, marked with a triangle and the letter 'C'. An arrow indicates movement from Vehicle C towards Vehicle A.
- Vehicle D (Moving) is at the bottom right, marked with a triangle and the letter 'D'. An arrow indicates movement from Vehicle D towards Vehicle A.

Handwritten notes on the right side of the sketch plan:

- ① GBH 2989T
- ② YN 3943P

Describe Circumstances of the Accident

On 04.11.2024 at about 1120hrs, I parked my vehicle at Loyang Way. While parking all of a sudden a vehicle in front YN 3943P had reversed and hit onto my stationary vehicle. I try to honk him to alert but no to avail. He keep reversing and hit onto my stationary vehicle. I was inside my lorry waiting to pick up my colleague. That's all.

Declaration

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





















