



# 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	25/10/2024 17:17 (SGT)
Reported by	Actual Driver
Date of Accident	25/10/2024 08:50 (SGT)
Exact Location of Accident	Near 1192 Upper Serangoon Rd, Singapore 534787
Additional Location Information	-
Country/State of Loss	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLR9329G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TWINBIZ RENTAL PTE LTD
Company Reg No	201407909C
Email Address	TWINBIZRENTAL@N51.COM.SG
Mobile Phone No	(Phone) +65-88215151
Alternative Phone No	-

**VEHICLE PARTICULARS**

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797
Vehicle Fuel	Petrol-Electric
First Registration Date	31/08/2017
Chassis no	ZVW400026063
Effective Date/Time of Ownership	-

**INSURANCE COMPANY**

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031782595

**DRIVER**



Name of Driver	SIM WEI MING GAVIN
NRIC No	S8716698H
Date Of Birth	26/05/1987
Occupation	Indoor
Driving Pass Date	22/01/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91528314
Alt. Phone Number	-
Email Address	TWINBIZRENTAL@N51.COM.SG
Address	547B SEGAR ROAD #04-11 S 672547
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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	FBQ7013D
Vehicle Manufacturer	-

Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
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)

-  
-  
-  
Motorcycle  
PALANIYAPPAN PRAVENNATH  
(Phone) +65-90912342  
-  
-  
-  
-  
-  
-  
-





SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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.

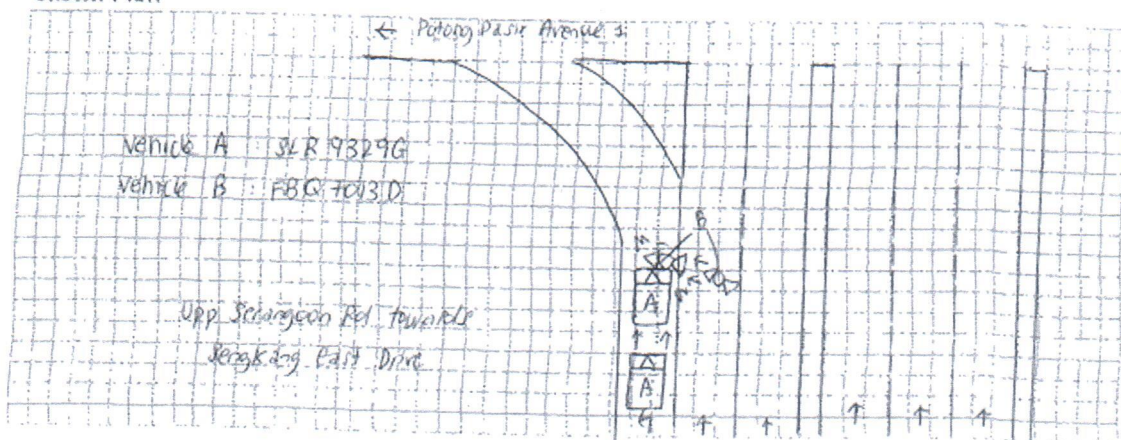


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SLR 9329 G) along upp Serangoon Rd towards Jeng Kang Fast Drive on the left lane of a 3 Lane Rd. Before Potong Pasir Ave 1, I was driving straight when suddenly, vehicle B (FBQ 7013 D) came out of mbetween 2 vehicles on the lane to my right (middle lane) into my lane. I immediately applied my brakes but my vehicle front portion collided into the left portion of vehicle B.

Video footage Attached.

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