

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	22/11/2024 17:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/11/2024 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY BEFORE PIE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV502U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Company Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
Variant	GRAND TOURER
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496
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	SP2031941053

DRIVER

Name of Driver	TOH KAI CHONG
NRIC No	S1727757Z
Date Of Birth	21/02/1965
Occupation	Outdoor
Driving Pass Date	08/08/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97927757
Alt. Phone Number	-
Email Address	HYMS@LIVE.COM.SG
Address	BLK 118 SERANGOON NORTH AVENUE 1 #06-219
Address complement	-
Postcode	550118
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 - 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	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)	2
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	UNKNOWN
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

PLEASE REFER TO SKETCH PLAN AND STATEMENTS

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	SJU2129X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 Circumstances of the Accident

On 16/11/24 at 1.30pm, my vehicle A (SRV 502U) was travelling along A6 to City before exit 12E. Vehicles in front slow down came to a stop, so I follow suit. Suddenly I felt an impact, vehicle B (SUU 2129X) from behind had hit into the rear portion of my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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



[Handwritten Signature]

Witnessed by Reporting Centre Personnel