

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	17/12/2024 17:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/12/2024 21:25 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	X SIMS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL5348K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RENTLAH LEASING PTE LTD
Company Reg No	201939286N
Email Address	ANDYOH19@GMAIL.COM
Mobile Phone No	(Phone) +65-81448811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500
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	SP2031419877

DRIVER

Name of Driver	JOVIN CHAN WEI LIE
NRIC No	T0317351D
Date Of Birth	19/06/2003
Occupation	Indoor
Driving Pass Date	25/06/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82074119
Alt. Phone Number	-
Email Address	JOVINCHAN3@GMAIL.COM
Address	450A SENG KANG WEST WAY #19-325
Address complement	-
Postcode	791450
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	HUI XUAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT - T/20241217/7011

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 SMX6958S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person JOVIN CHAN WEI LIE
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SNL5348K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you thereby consent to the archiving of this report at the centre and to copies of the report being made available thereon.
8. Consent under the Personal Data Protection Act (PDPA):
I understand, acknowledge, agree and consent that:
(a) My insurer, my broker and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information (such as my name) 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 insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in this accident (all insurers) collectively referred to as the "Insurers", the Insurers' Agent/Insurers, the "Mandatory Agents" of Singapore and any relevant government agency/authority (such as the police, traffic department, etc.).
(b) processing, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigations relating to the claims;
(c) investigating the accident and/or my claims;
(d) compiling and/or dealing with my individual claims, relating to my insurance policy;
(e) administering my claims, including the making of payments, interest, dividends, bonuses, rewards or policies to me, which may involve disclosure of certain personal data about me to third parties for such purposes as well as in the normal course of my business and/or for comparison with any available data base for such purposes as well as in the normal course of my business.
(f) all insurers who have insured vehicles involved in this accident and the Insurers' Agent/Insurers, may be permitted to collect, use, disclose and/or process my Personal Information for the purpose of the above purposes;
(g) my Personal Information may be disclosed by any of the insurers and/or the GIA to their third party service providers or agents (including their sub-agents), which may be used by such third party service providers or agents for the purpose of the above purposes.

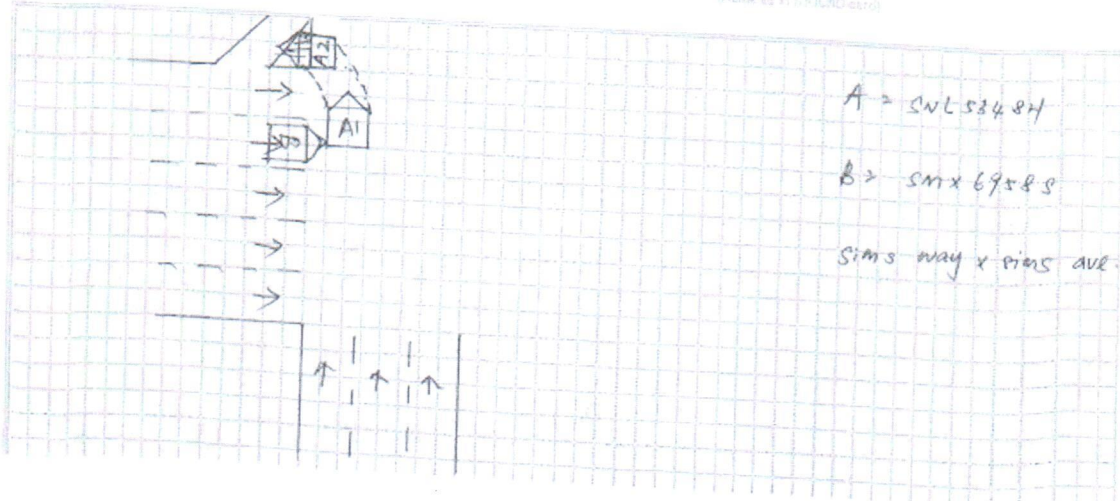


Policyholder's Signature / Date & Time

Others Signature (if applicable) / Date & Time

Witnessed by (Personnel Centre Personnel)
(Please fill in NRICD card)

Sketch Plan



Describe Circumstance of the Accident

*Refer police Report
7/2024 1217/2011*

Declaration

I/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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241217/7011

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Report No. T/20241217/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2024 03:15		Vide Report No.: G/20241216/0150		Station Diary No.:	
Informant's Particulars					
Name of Informant: JOVIN CHAN WEI LIE			Address: 450A SENGKANG WEST WAY #19-325 SINGAPORE 791450		
ID Type / ID No.: NRIC NO / T0317351D			Contact No.: Home/Office:		Mobile: 82074119
Nationality: SINGAPORE CITIZEN			Email: JOVINCHAN3@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 19/06/2003	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2024 21:25	Type of Location: X Junction
Location: sims way x sims ave				
Lamp Post Number: 6		Road Surface: Dry		
Weather: Clear		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Traffic Flow: Dual Carriage Way		Anyone conveyed by ambulance: No		
Type of Collision: Between Moving Vehicles - Head To Side				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX6958S	Motor car	TOYOTA		Blue		1
SNL5348H	Motor car	MAZDA		Black		1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20241217/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241217/7011

CONTINUATION OF REPORT

Driver			
Name	GULAN MANSOOR ALAM S/O GULAM RASUL		ID No. T0101872D
Related Vehicle	SMX6958S (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	JOVIN CHAN WEI LIE		ID No. T0317351D
Related Vehicle	SNL5348H (Motor car)		Contact No. 82074119
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	16/12/2024	Date Discharge	17/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	HUI XUAN		ID No. NIL
Related Vehicle	SNL5348H (Motor car)		Contact No. 91724612
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was moving along sim's ways towards CTE. Upon moving off I was hit by the side which led to me hitting in the traffic light. I do have some picture and video regarding the incident. The accident happened near Kallang MRT.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241217/7011

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Report No. T/20241217/7011

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR HASLINDA BINTE ABDUL HALIM
Contact No.: 97586521

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
17/12/2024 03:15

Classification Of Case:

This report is lodged at Sengkang NPC Kiosk 1
NP168