

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	16/12/2024 17:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/12/2024 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JUNCTION BETWEEN RAFFLES LINK AND RAFFLES BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1982R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHOON MENG
NRIC No	S8013847D
Email Address	GLOBALVENTURES.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-98529939
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD 2.5 CVT ELEGANCE S/R
Variant	-
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	2494
Vehicle Fuel	Petrol
First Registration Date	20/03/2018
Chassis no	JTNGF3DH708008818
Effective Date/Time of Ownership	07/08/2024 04:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030199525-01

DRIVER

Name of Driver	CHUA CHOON MENG
NRIC No	S8013847D
Date Of Birth	13/05/1980
Occupation	Outdoor
Driving Pass Date	04/12/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-98529939
Alt. Phone Number	-
Email Address	GLOBALVENTURES.SG@GMAIL.COM
Address	BLK 55 NEW UPPER CHANGI ROAD 09-1452 SINGAPORE 461055
Address complement	-
Postcode	461055
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	3
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	GRAB PASSENGER
Gender	Female

PASSENGER 2

Name	GRAB PASSENGER
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

REFER TO THE SKETCH PLAN

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 SH8380H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -

SKETCH PLAN

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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.

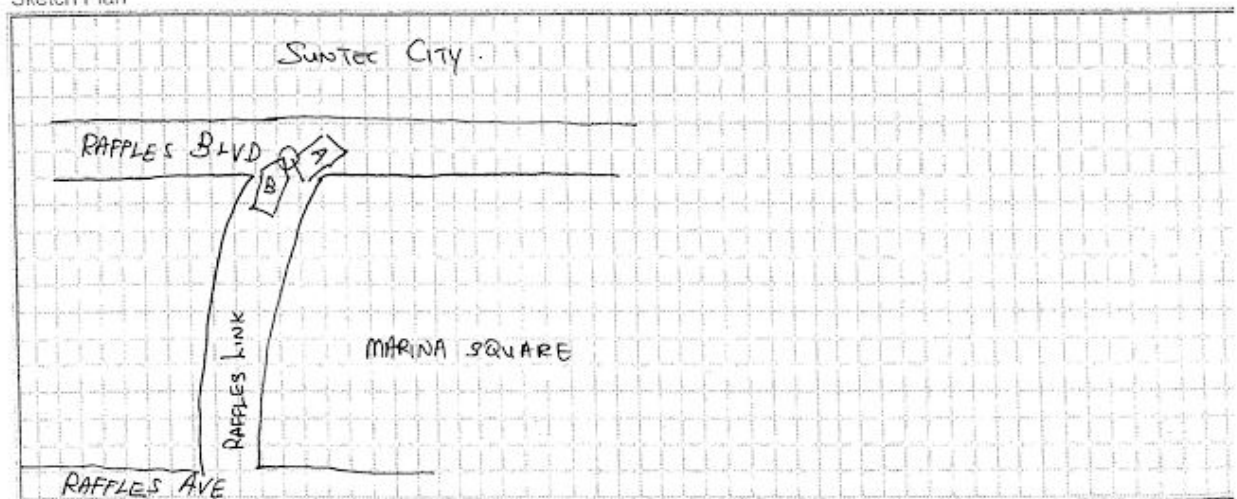

Policyholder's Signature / Date & Time

16/12/24
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Person's personnel
(Name as in NRIC/ID card)



Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 14th December 2024 (Saturday) @ about 7:45pm along 1 Raffles Link leading onto Raffles Blvd road. I picked up passenger along 1 Raffles link and was setting off towards destination 300 Canberra Road. As I was exiting 1 Raffles Link onto Raffles Blvd @ the stop line, I stopped to watch for oncoming traffic @ the stop line. As I was about to move, a comfort delgro taxi SH8380H, driven by MR TAY JIN HWEI S72025163 bang onto the rear left of my vehicle SLX1982R.

Damages were incurred at the bumper and boot car boot as shown in pictures taken. No other injuries incurred/sustained by passenger onboard & myself.

We took down particulars & exchanged details accordingly. I parted ways thereafter & I continued to send passenger on board to their destination @ 300 Canberra Road.

No Video

Third party Claim @ Chuan Ho Auto Service



Declaration

I/We declare the foregoing particulars are true in every respect.



16/12/24

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

