

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 Submission	12/07/2023 16:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 07:14 (SGT)
Exact Location of Accident	Gali Batu Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8550T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH THIAM LAM
NRIC No	S7827222H
Email Address	ANTHONYKOH78@YAHOO.COM
Mobile Phone No	(Phone) +65-91447748
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2494

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003224162

DRIVER

Name of Driver	KOH THIAM LAM
NRIC No	S7827222H
Date Of Birth	15/09/1978
Occupation	Indoor

Date Of Driving Pass	02/09/1996
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91447748
Alt. Phone Number	-
Email Address	ANTHONYKOH78@YAHOO.COM
Address	APT BLK 182B WOODLANDS STREET 13 #30-745 S 732182
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	SYLVIE KOH RUI LIN
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 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	GBD6567Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM SIN YONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN5813Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL9124L
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	KOH THIAM LAM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	SYLVIE KOH RUI LIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN


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6. This report will be forwarded by the insurers to 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

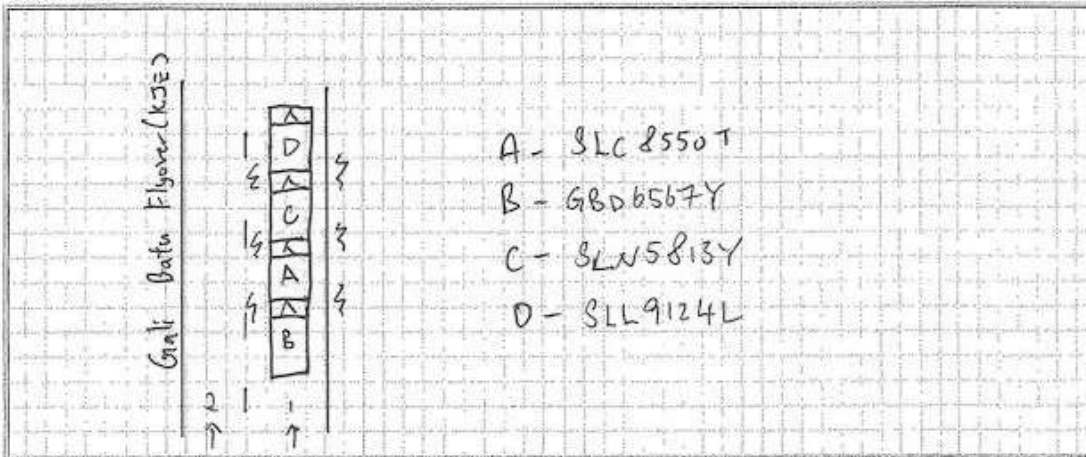
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 envelope/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
(Name as in NRIC/ID card)

Sketch Plan



The sketch plan shows a diagram of an accident scene on a grid. A vertical line is labeled 'Gali Batah (KJE)'. To the right of this line, there are four vehicles represented by rectangles, each with a license plate number written next to it:

- A - 3LC 2550 T
- B - 6BD 6567 Y
- C - 3LV 5813 Y
- D - 3LL 9124 L

Arrows indicate the direction of travel or movement of the vehicles.

Describe Circumstance of the Accident

As per above date and time, I was driving SL8550T along Oak Bottom Flyover on the extreme right lane towards KJE. Somewhere before lamp post no. 28287F, vehicles in front of me slowed down and stopped due to heavy traffic. I applied brake and stopped accordingly. Out of sudden, VEH(B) 6BD 6567Y which was behind me collided onto my vehicle rear portion. Due to the huge impact, my vehicle surged forward and collided onto VEH(C) 3LN 5813Y rear portion. I alighted and discovered I was involved in a 4-vehicles chain collision accident. After the accident, my vehicle rear portion, left side mirror, front portion and AC system were damaged and faintly as well as the undercarriage system.

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 & Time

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









































































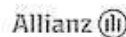












Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1967 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1925 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 163) OF THE REVISED EDITION (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1955 (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number: SP2030224162-01
 Date of Issue: 26 October 2022
 Coverage: Comprehensive
 Policyholder: KDH THIAM LAM
 Period of Insurance: 27 November 2022 to 26 November 2023 (both dates inclusive)
 Registration No: SLD0250T
 Chassis number of Vehicle: MR053AN5004011037

Persons or Classes of Persons Entitled to Drive:

- (a) The Policyholder
 (b) Any other person who is driving on the Policyholder's order or with his/her permission

Notwithstanding to whom the Motor Vehicle is lent, the driver must be licensed and must be named in the Motor Vehicle's insurance policy. The driver must also be named in the Motor Vehicle's insurance policy. The driver must also be named in the Motor Vehicle's insurance policy.

Limitation as to Use:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (a) use for hire or reward;
 (b) use for racing, speed-making, reliability trials or speed testing;
 (c) use for the carriage of goods (other than samples) in connection with any trade or business;
 (d) use for any purposes in connection with the Motor Trade.

Notwithstanding to whom the Motor Vehicle is lent, the driver must be licensed and must be named in the Motor Vehicle's insurance policy. The driver must also be named in the Motor Vehicle's insurance policy.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 163) and Part IV of the Road Transport Act, 1967 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

26 October 2022
 Issued Date

Richard Kassis
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Excess:
 - Own Damage
 - Windscreen Damage

SGD 500 500.00
 SGD 500 100.00

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