SF0G247D0001 / FOCUS AUTO PTE LTD ENTRY DATE & TIME: 13/07/2024 10:34 (SGT) SUBMITTED BY: Joseph Tung VERSION: 1 (13/07/2024 10:34 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Actual Driver

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 13/07/2024 10:34 (SGT) Reported by Actual Driver Date of Accident 12/07/2024 20:20 (SGT) **Exact Location of Accident** Singapore Additional Location Information LORONG 21 GEYLANG

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDU276M

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner **XU KAH LIM** NRIC No SXXXX496F **Email Address** CHARLESVOON168@GMAIL.COM Mobile Phone No

(Phone) +65-96623818 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 530E LED NAV Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Auto

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2000677615-01

DRIVER

Name of Driver **VOON SOUTH SHIONG** NRIC No SXXXX191B Date Of Birth 02/04/1973 Occupation Indoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Clear Wet

15/03/1997

S539619

Spouse No

No

Male

27 YEARS AND 4 MONTHS

CHARLESVOON168@GMAIL.COM

(Phone) +65-96623818

43 CHARLTON ROAD

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) No soliciting/offering accident claims assistance? Translator's name Translator's ID

Translator's phone number Translator's email

Police Station Name Police Station Phone No

Police Station Address

If yes, against whom?

DETAILS OF POLICE ACTION

Alt. Police Station Phone No.

Original language used in the statement

Was the accident reported to the police?

Was notice of intended Prosecution given?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant XD5972G

Vehicle Colour	-
Vehicle Category	Government
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

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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:

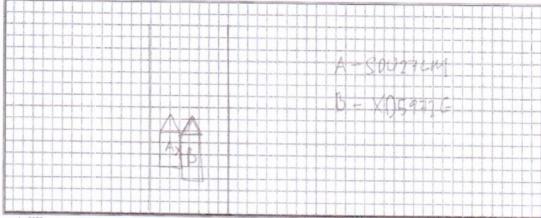
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



vJun2022

Refer to Police	feart		
aration declare the foregoing particulars a	re true in every respect.		
	Oh		4
yholder's Signature / Date & Time	Actual Driver's Signature (if driver i	s not the policyholder) With (Nan	essed by Reporting Centre Pen ne as in NRIC/ID card)





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20240712/7103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2024 22:56		ade:	Vide Report No.:	Station Diary No.:		
Informant	's Particular	s				
Name of Informant: Voon South Shiong			Address: 43 Charlton Rd SINGAPORE 539619			
ID Type / ID No.: NRIC NO / S7374191B		1B	Contact No.: Home/Office:	Mobile: 96623818		
Nationality:			Email: charlesvoon168@gmail.com			
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant: Driver			
Race:			Language: English			
Occupation: ICT sales and services professional			Driving Licence Information Class:	Date of Expiry:		

Type of Accident: Non-Injury Government Property		Drink Drive: No	Date/Time of Accident: 12/07/2024 20:20	Type of Location Straight Road
Location:				
LORONG 21 GEY	LANG			
		Road Surface:		
		Road Surface: Wet		
Clear			Tra	ffic Volume:
Weather: Clear Traffic Flow: One Way		Wet	Tra Hea	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SDU276M	Motor car	BMW	530e	White	Seriously Damaged	4
XD5972G	Fire Engine			Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SDU276M	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000677615	05/12/2023	04/12/2024



T/20240712/7103

2 of 3

Report No. T/20240712/7103

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

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians	s Injured: NIL	Use of Ped	estrian (Crossin	g: NA
Driver					
Name	Voon South Shiong		ID No.		S7374191B
Related Vehicle	SDU276M (Motor car)		Conta	ct No.	96623818
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree of	Injury	NIL	

Brief Details.

I am the driver of the vehicle No. SDU276M, a white BMW 530e parked inside lot #13, within the white box (can be seen in picture) around 5pm at Lot 21 Geylang. I returned to car around 8.20pm, and saw a SCDF Fire Engine # XD5972G trying to squeeze in between cars parked illegally on the double yellow line (right) and my car (left). By then my car has already been scratched from the rear bumper to the driver door as can be seen in picture. I immediately asked the driver to stop, to inform him, he has scratched my car to prevent further damage. However, he continue to drive through with the guidance of the colleague and these aggravate further damage until to the front bumper. After which one of SCDF colleague informed me, they will stop the fire engine truck after they clear the traffic and will come back to me. The driver has called to report to his station and also acknowledge I did not park illegally, provided me his detail as SSG FARHAN from Kallang Fire Station. He has given me a SCDF notice letter on how to file for the claim. As I am only able to attach 3 picture, please contact me to receive the remaining picture.



T/20240712/7103

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20240712/7103

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 22:56
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	