

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	03/08/2024 10:46 (SGT)
Reported by	Actual Driver
Date of Accident	02/08/2024 09:50 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	ALONG PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6763Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYLLYS AUTO PTE LTD
Company Reg No	2XXXXX359K
Email Address	AOGANGEL13@GMAIL.COM
Mobile Phone No	(Phone) +65-96985643
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800
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	-

DRIVER

Name of Driver	SHA CHIN SIANG
NRIC No	SXXXX458D
Date Of Birth	20/09/1977
Occupation	Outdoor
Driving Pass Date	22/09/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92291888
Alt. Phone Number	-
Email Address	ALVIN235800@YAHOO.COM
Address	BLK 666 WOODLANDS RING RD
Address complement	#12-303
Postcode	730666
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)	1
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	-

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 TO ATTACH

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	SCM9098E
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	SHA CHIN SIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKQ6763Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

Refer to police report T/20240802/7103

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]



Reported by (Name as in NRICAD card)

Driver's Signature (Policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)

SKETCH PLAN

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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

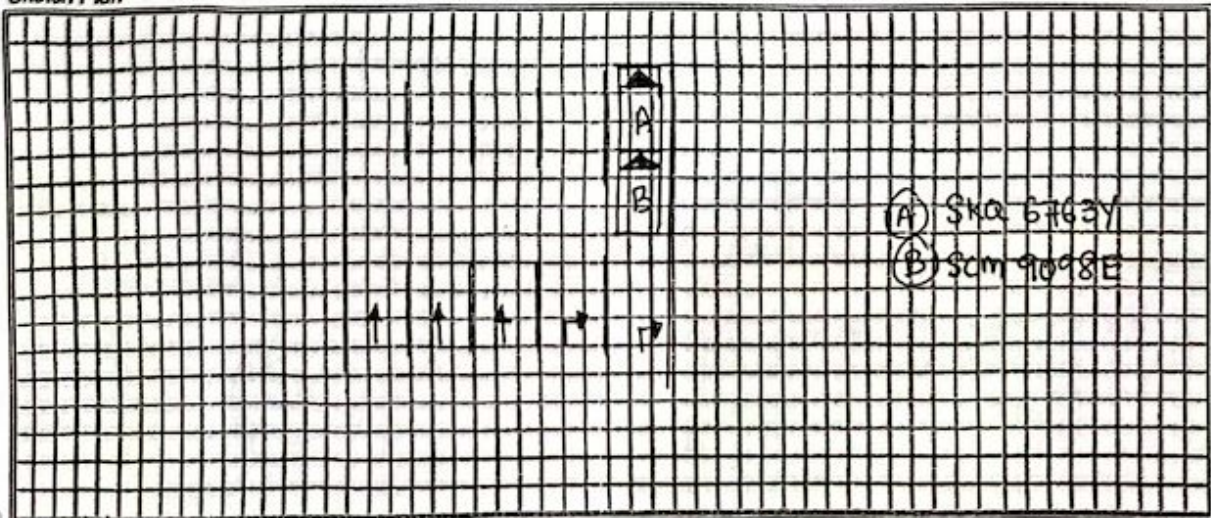
[Signature]

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



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

Sketch Plan















**SINGAPORE
POLICE FORCE**

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



T/20240802/7103

3 of 3

Report No. T/20240802/7103

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
BOON YEN KIAN
Contact No.: 65472079

NP168

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

Date/Time:
02/08/2024 17:35

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20240802/7103

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

1 of 3

Report No. T/20240802/7103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2024 17:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHA CHIN SIANG			Address: 666 WOODLANDS RING ROAD #12-303 SINGAPORE 730666		
ID Type / ID No.: NRIC NO / S7785458D			Contact No.: Home/Office: Mobile: 92291888		
Nationality: SINGAPORE CITIZEN			Email: ALVIN235800@YAHOO.COM		
Sex: Male	Age: 46	Date of Birth: 20/09/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2024 09:50	Type of Location: Straight Road
Location: JALAN AFIFI				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCM9098E	Motor car					0
SKQ6763Y	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240802/7103

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

2 of 3

Report No. T/20240802/7103

CONTINUATION OF REPORT

Driver			
Name	SHA CHIN SIANG	ID No.	S7785458D
Related Vehicle	SKQ6763Y (Motor car)	Contact No.	92291888
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, MY RENTAL VEHICLE A (SKQ6763Y) WAS STATIONARY AT THE PAYA LEBAR ROAD JUNCTION WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUDDENLY I FEEL AN IMPACT ON MY REAR. I ALIGHTED FROM MY CAR AND REALISED THAT VEHICLE B (SCM 9098E) HAD COLLIDED ONTO MY VEHICLE. FEW HOURS LATER, I FEEL PAIN ON MY BODY SO I WENT TO 888 PLAZA FAMILY CLINIC TO SEE THE DOCTOR AND GOT 3 DAYS MC.



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2007019544
 Date of Issue : 29 July 2024
 Coverage : COMPREHENSIVE - PREFERRED WORKSHOP
 Policyholder : SYLLYS AUTO PTE. LTD.
 Finance Company : -
 Period of Insurance : 29 July 2024 To 31 July 2025 (both dates inclusive)
 Registration Number : SKQ6763Y
 Chassis Number of Vehicle : ZGE206016210

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 or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.

* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

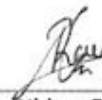
Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

29 July 2024


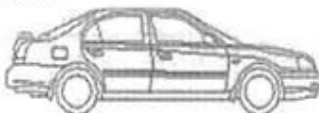




Issue Date



Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Excess	: Section 1: Own Damage	S\$	1,500.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities to Third Parties	S\$	1,500.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

SYLLYS AUTO PTE LTD Blk 8 Kaki Bukit Ave 4 #04-03 Premier @KB S(415875) Reg No. 201634359K			
VEHICLE RENTAL AGREEMENT			
Kindly fill up all of the details below			
CAR MODEL/CARPLATE:	SKQ6763Y Toyota Wish		
HIRER'S NAME:	Sha Chin Siang		
NRIC/PASSPORT NO.:	S7785458D	DOB:	20/09/1977
DRIVING LICENSE NO.:	S7785458D		
ADDRESS:	Blk 666 Woodlands Ring Road #12 - 303 S(730666)		
CONTACT NO.:	92291888	NEXT OF KIN CONTACT:	
HOME NO:			
RENTAL DEPOSIT:	\$500	UPFRONT RENTAL:	
DATE OF COMMENCE:	29/7/2024		
TIME OF COMENCE :	10am		
EMAIL:			
RENTAL RATE:	\$492 w/CDW per week		
FUEL LEVEL :			
CONTRACT VALDITY:	3 months	(After contract, 1 week notice to return car)	
VEHICLE MILEAGE:			
D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING			
Left Side	Right Side	REMARKS:	
		CDW Excess \$750/\$750	
Back			
			
Front			
			
Signed by THE OWNER		Signed by THE HIRER	
Name : SOO YI LIANG			
For and behalf of			
SYLLYS AUTO PTE LTD			