

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 Authorised 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 Report	11/11/2020 16:10
Date Of Accident	11/11/2020 11:45
Exact Location Of Accident	501 WEST COAST DRIVE CAR PARK LOT 156
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8499E
Insured/Policyholder	
Name Of Registered Owner	CHIA SEO HOE
NRIC No	SXXXX071D
Email Address	ERICCHIA7071@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90215156
Alternative Phone No	OFFICE-90215156

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ALLIANZ GLOBAL CORPORATE & SPECIALTY SE - SINGAPORE BRANCH
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SGV0001246201-0001
Cover Note Number	

Driver

Name of Driver	CHIA SEO HOE
NRIC No	SXXXX071D
Date Of Birth	17/07/1967
Occupation	INDOOR
Date Of Driving Pass	14/11/1987
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90215156
Fax Number	
Contact Number	OFFICE-90215156

E-Mail Address	ERICCHIA7071@GMAIL.COM
Address	BLK 501 WEST COAST DRIVE #01-292
Postcode	120501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9449P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 11/11/2020
4:15 pm



Driver's Signature
(If driver is not the policyholder)

Date & Time: 11/11/2020

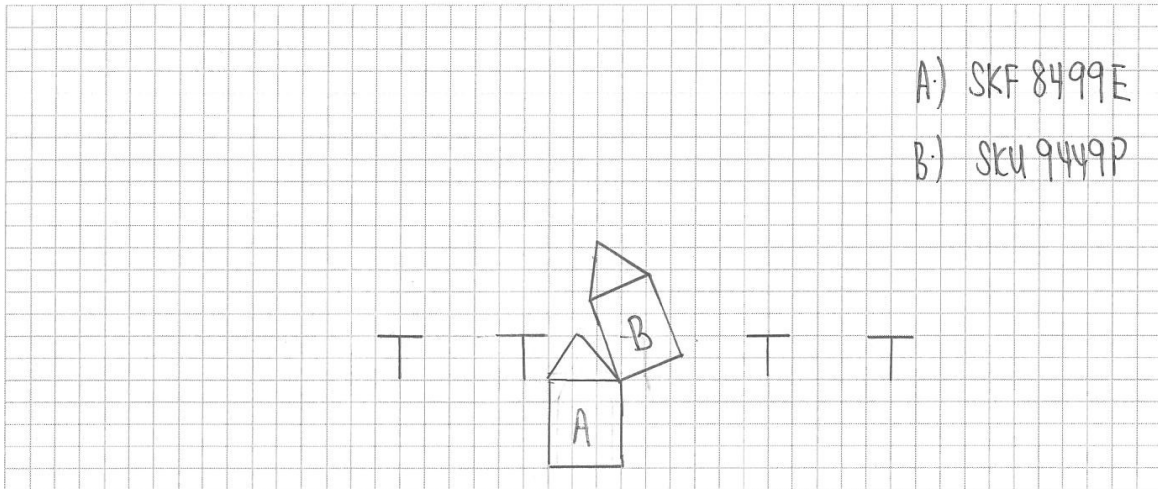


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




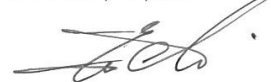
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 11.11.2020 at about 11.45 am, My Vehicle was parked at 501 West Coast Drive (Car park lot 156). Suddenly Vehicle B reverse and hit my Vehicle A,

DECLARATION

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


Policyholder's Signature
Date & Time: 11/11/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/11/2020
4.15 p.m


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**Allianz Global Corporate & Specialty SE
Singapore Branch**

Company Registration No. : T11FC0131K
Address : 12 Marina View, #14-01 Asia Square Tower 2, Singapore 018961
Tel : +65. 6297 2529 Fax : +65. 6297 1956
Website : <http://www.agcs.allianz.com>

Allianz Contact Centre
Tel : 1800 222 1818 or 65 6222 1919
Email : customerservice@allianz.com.sg


CERTIFICATE OF INSURANCE
FORM MX1

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)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SGV0001246201-0001
Coverage : COMPREHENSIVE
Policyholder Name : CHIA SEO HOE
Registration No. : SKF8499E
Period of Insurance : 22 MARCH 2020 to 21 MARCH 2021

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 the his/her permission

*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 has not been cancelled at the time of accident loss or damage.

Limitations as to Use* :

Used only for social, domestic and pleasure purposes.

The Policy does not cover:

- (a) use for hire or reward
(b) use for racing, pace-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

* Limitations rendered inoperative by Section 8 of the 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.

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) or Amendment, Act or Acts Passed in substitution thereof.

Allianz Global Corporate & Specialty SE Singapore Branch

Mark Mitchell
Chief Executive Officer

18 FEBRUARY 2020

Issue Date

Account Code : SCB0000011 Standard Chartered Bank

Excess:

OWN DAMAGE EXCESS	SGD	600.00
WINDSCREEN EXCESS	SGD	100.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

