

# 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 Submission ..... 25/03/2021 08:29 (SGT)  
Date of Accident ..... 23/03/2021 14:30 (SGT)  
Exact Location of Accident ..... Smith St, Singapore  
Additional Location Information ..... OUTSIDE CAR PARK OF 335 SMITH STREET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKF7700E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PHILLIPS M CONNOR  
NRIC No ..... SXXXX574Z  
Email Address ..... WEB@103E.COM  
Mobile Phone No ..... (Phone) +65-96697700  
Alternative Phone No ..... (Office) +65-96697700

### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... 911  
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 ..... 3800

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SP2000217459-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PHILLIPS M CONNOR  
NRIC No ..... SXXXX574Z

Date Of Birth .....	09/09/1958
Occupation .....	Indoor
Date Of Driving Pass .....	31/12/1984
Driving experience .....	36 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96697700
Alt. Phone Number .....	(Office) +65-96697700
Email Address .....	WEB@103E.COM
Address .....	43 BLAIR ROAD
Address complement .....	-
Postcode .....	089943
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 on 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 .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material 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

#### 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

I WAS WAITTING AT END OF DEAD END STREET TO MAKE A U -TURN TO RETURN BACK OUT TO MAIN ROAD. I WAS STATIONARY , NOT MOVING. I WAITED FOR ONE CAR TO COME OUT OF THE CAR PARK & PASS IN FRONT OF ME, TO MY RIGHT; EXPECTING THE NEXT CAR TO DO THE SAME. HOWEVER THIS NEXT CAR ( THE OFFENDING CAR), INSTEAD DROVE STRAIGHT INTO THE FRONT OF MY NOT - MOVING CAR, EVEN THOUGH I HONKED MY HORN. MINOR DAMAGE TO THE FRONT OF MY CAR & HIS.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMQ3968U
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHING YEW HOCK (ZHENG YOUFU)

NRIC No .....	SXXXX532C
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 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. The 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.

**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.

*[Handwritten Signature]*  
24 MAR 2021

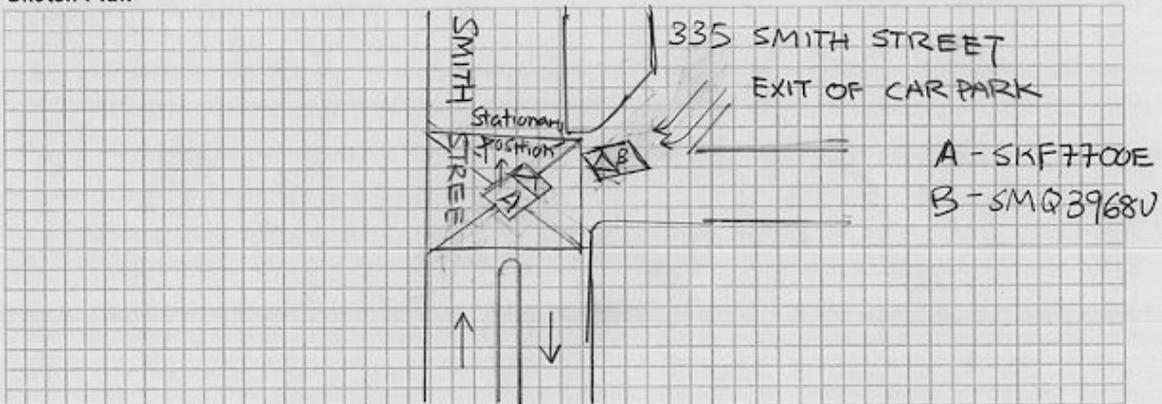


Policyholder's Signature / Date & Time  
24/3/2021 1330

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I WAS WAITING AT END OF DEAD END STREET TO MAKE A U-TURN TO RETURN BACK OUT TO MAIN ROAD.

I WAS STATIONARY, NOT MOVING.

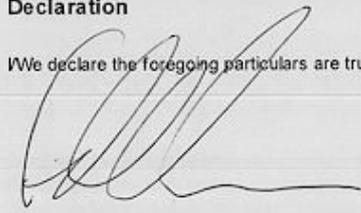
I WAITED FOR ONE CAR TO COME OUT OF THE CAR PARK & PASS IN FRONT OF ME, TO MY RIGHT; EXPECTING THE NEXT CAR TO DO THE SAME.

HOWEVER THIS NEXT CAR, (THE OFFENDING CAR), INSTEAD DROVE STRAIGHT INTO THE FRONT OF MY NOT-MOVING-CAR, EVEN THOUGH I HONKED MY HORN.

MINOR DAMAGE TO THE FRONT OF MY CAR & HIS.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
 24/7/2021 @ 1330

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



Witnessed by Reporting Centre Personnel

























































