

# 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 ..... 24/09/2021 11:57 (SGT)  
Date of Accident ..... 22/09/2021 13:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE SLIP ROAD TOWARDS PAYA LEBAR  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX7498U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRAN TORINO PTE LTD  
Company Reg No ..... 2XXXX383C  
Email Address ..... seanljj96@gmail.com  
Mobile Phone No ..... (Phone) +65-66656141  
Alternative Phone No ..... (Office) +65-66656141

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... COROLLA ALTIS CLASSIC 1.6 CVT  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... SP2000233732  
Cover Note Number ..... 23/08/2021 TO 22/08/2022

### DRIVER

Name of Driver ..... QUEK GUAN SEAH  
NRIC No ..... SXXXX422B

|                                                                    |                                             |
|--------------------------------------------------------------------|---------------------------------------------|
| Date Of Birth .....                                                | 26/03/1953                                  |
| Occupation .....                                                   | Outdoor                                     |
| Date Of Driving Pass .....                                         | 14/06/1974                                  |
| Driving experience .....                                           | 47 YEARS AND 3 MONTHS                       |
| Gender .....                                                       | Male                                        |
| Mobile Number .....                                                | (Phone) +65-83574883                        |
| Alt. Phone Number .....                                            | -                                           |
| Email Address .....                                                | seanlj96@gmail.com                          |
| Address .....                                                      | APT BLK 659 JALAN TENAGA #05-138 (S) 410659 |
| Address complement .....                                           | -                                           |
| Postcode .....                                                     | -                                           |
| 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  |

#### 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 WITH ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SLM7153K    |
| 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 .....                              | QUEK GUAN SEAH                              |
| Gender .....                                              | Male                                        |
| Phone No .....                                            | (Phone) +65-83574883                        |
| Address .....                                             | APT BLK 659 JALAN TENAGA #05-138 (S) 410659 |
| Address Complement .....                                  | -                                           |
| Post Code .....                                           | -                                           |
| Approximate Age Years Old .....                           | -                                           |
| Injuries Sustained .....                                  | -                                           |
| Injured person in which vehicle? .....                    | SKX7498U                                    |
| Were seat belts worn? .....                               | -                                           |
| Was this injured conveyed to hospital by ambulance? ..... | -                                           |

**SKETCH PLAN**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

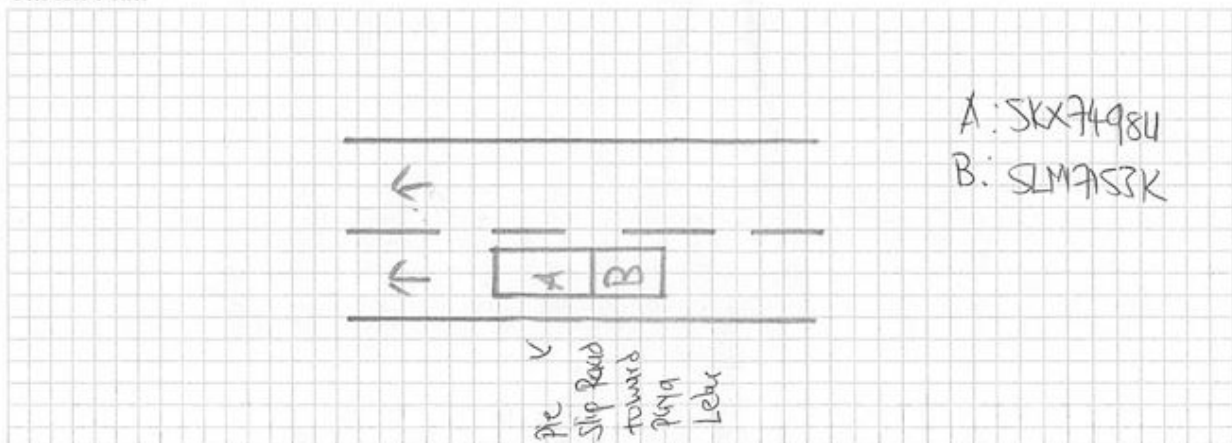
*[Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

I was traveling the Slip Road towards Paya Lebar suddenly I feel a impact from the rear of my vehicle I go down check the vehicle B collided on to the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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



Witnessed by Reporting Centre Personnel































Allianz Insurance Singapore Pte. Ltd.

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**CERTIFICATE OF INSURANCE**


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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 : SP2000233732  
 Date of Issue : 23 AUGUST 2021  
 Coverage : COMPREHENSIVE  
 Policyholder : GRAN TORINO PTE LTD  
 Finance Company : TAI THONG LEE TRADING PTE LTD  
 Period of Insurance : 23 AUGUST 2021 To 22 AUGUST 2022 (both dates inclusive)  
 Registration Number : SKX7498U  
 Chassis Number of Vehicle : MR053REH104539416

**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 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.

\* 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).

23 AUGUST 2021

Issue Date

Hicham Raissi  
 Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000044 ANIKA INSURANCE BROKERS &amp; CONSULTANTS PTE LTD

|        |                                          |     |         |
|--------|------------------------------------------|-----|---------|
| Excess | : Section 1 : Own Damage                 | SGD | \$1,800 |
|        | Section 1 : Windscreen                   | SGD | \$100   |
|        | Section 2 : Liabilities to Third Parties | SGD | \$1,800 |

Allianz Insurance Singapore Pte. Ltd. \* UEN 201903913C

79 Robinson Road #09-01 Singapore 068997 | Tel: +65 6714 3369 | Website: www.allianz.sg