

# 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 ..... 12/11/2021 19:48 (SGT)  
Date of Accident ..... 11/11/2021 01:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP3698D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEN KAILIN  
NRIC No ..... S9174553D  
Email Address ..... chen\_kailin@hotmail.com  
Mobile Phone No ..... (Phone) +65-96715658  
Alternative Phone No ..... +65-96715658

### VEHICLE PARTICULARS

Manufacturer ..... Maserati  
Model ..... GRANTURISMO  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 4700

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SP2000075596  
Cover Note Number ..... 04/11/2020 - 07/01/2022

### DRIVER

Name of Driver ..... CHEN KAILIN  
NRIC No ..... S9174553D

Date Of Birth .....	19/04/1991
Occupation .....	Indoor
Date Of Driving Pass .....	08/03/2013
Driving experience .....	8 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96715658
Alt. Phone Number .....	+65-96715658
Email Address .....	chen_kailin@hotmail.com
Address .....	BLK 439B BUKIT BATOK WEST AVE 6 #14-971
Address complement .....	-
Postcode .....	652439
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 .....	Side Swipe
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ANG YIZHEN SHERMAINE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SLS828L
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) .....	-


**SKETCH PLAN**

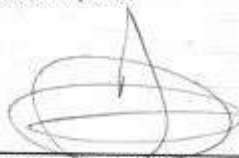
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' 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.

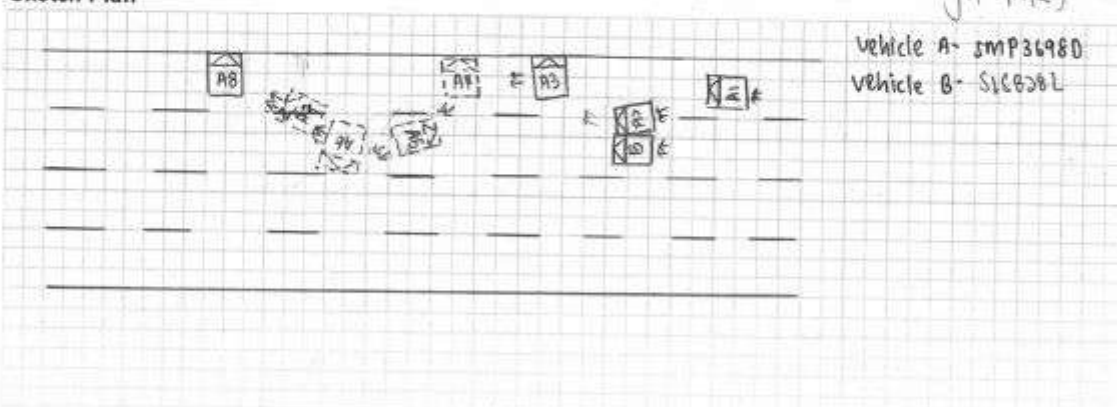
SMP 3698D (Allianz)  
DOA: 11/11/21 @ 0155

Policyholder's Signature / Date & Time:  12/11/21

Driver's Signature (if driver is not the policyholder) / Date & Time:  12/11/21

Witnessed by Reporting Centre Personnel:  12/11/21

**Sketch Plan**



**Describe Circumstances of the Accident**

On the stated date and time, I, vehicle A (SMP3698D) was travelling straight at the stated location on the extreme right lane. suddenly, my vehicle skidded to the left and collided into vehicle B (S158262). Thereafter my vehicle continue to skid to the fencing on the right and turn 360 degree ... collided onto the fencing of the PIE.

I preferred JWA International Pte Ltd to repair my vehicle.

**Declaration**

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel (AMK)


**SINGAPORE  
POLICE FORCE**


T/20211111/2005

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No: T/20211111/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2021 04:24	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: CHEN KAILIN			Address: APT BLK 439B BUKIT BATOK WEST AVENUE 8 #14-971 SINGAPORE 652439	
ID Type / ID No.: NRIC NO / S9174553D			Contact No.: Home/Office:	Mobile: 96715658
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 19/04/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: INTERIOR DESIGNER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2021 02:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1028				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS828L	Car	FORD	MUSTANG 2.3 GTDI AT	Orange	Slightly Damaged	0
SMP3698D	Car	MASERATI	GRANTURIS MO S 4.7 A	White	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3698D	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000053324	04/11/2020	07/01/2022



**SINGAPORE  
POLICE FORCE**



T/20211111/2005

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20211111/2005

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/11/2021 at about 0208hrs I was driving along PIE towards Tuas my vehicle bearing register number: SMP3698D, suddenly my vehicle skid and collided on the side of the vehicle bearing register number: SLS 828L. Thereafter I collided onto the fencing of the PIE. There was no one injury. My vehicle rear was seriously damaged and back wheel suspension seriously damaged. TP was at scene and issued an case card ref to E/20211111/0019. Both parties have exchange particular for insurance claim. I here to lodge report under the instruction of Traffic Police.



**SINGAPORE  
POLICE FORCE**



T/20211111/2005

3 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20211111/2005

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
D /  
SCSGT(1) SIM WEI YANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/11/2021 04:24

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

Classification Of Case:

SINGAPORE  
POLICE FORCE

SN 37

SIGNATURE