SK0L2224000B / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 04/02/2022 14:46 (SGT)

SUBMITTED BY: Boo Miow Hwa VERSION: 1 (04/02/2022 14:46 (SGT))



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Date of Accident **Exact Location of Accident** 

Additional Location Information

**BUKIT PANJANG RING ROAD** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Singapore

Vehicle Registration Number

SMQ9053U

04/02/2022 14:46 (SGT)

03/02/2022 17:30 (SGT)

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

ANG WEE BOON S7836341Z

angweeboon@hotmail.com (Phone) +65-94517102

+65-94517102

VEHICLE PARTICULARS

Manufacturer

Model 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?

Vehicle Category Transmission

**BMW** 

216I GRAN TOURER HALOGEN LIGHT

No - Claiming third party

Private car Auto 1499

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

No SP2000681106-01

Comprehensive

09/12/2021 TO 08/12/2022

Allianz Insurance Singapore Pte. Ltd.

DRIVER

Name of Driver NRIC No

ANG WEE BOON S7836341Z



Date Of Birth 03/12/1978 Occupation Indoor Date Of Driving Pass 21/04/2003

Driving experience 18 YEARS AND 10 MONTHS

Gender

Mobile Number (Phone) +65-94517102 Alt. Phone Number

+65-94517102

Email Address angweeboon@hotmail.com

Address 30 SEGAR ROAD #08-11 (S) 677721 Address complement

Postcode

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 to Rear

Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Νo 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) 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? Nο

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGT198A

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Private car Name of Driver YUNG

Contact Number (Phone) +65-90675980

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 Formatist be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as pospible. Any wilful misrepresentation or widtholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Formby 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 GM Records Management Centre established by the General Insurance Association of Singapore (CIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the longement 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)

funderstand, 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 yersitaw fame, the Monetary Authority of Singapore and any relevant government agency/authority (such as the poice), for the purpose(s) of
- (ii) 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 clams.
- (by carrying out and/or dealing with my instructions or responding to any enquires by me
- (iv) administering my claims (including the mailing of correspondence, statements, invoces, reports or notices to mall 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) with have issured 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 uncluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

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