

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 02/03/2022 16:36 (SGT)
Date of Accident 02/03/2022 13:15 (SGT)
Exact Location of Accident Punggol Field, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML5183E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG KIA WEE
NRIC No SXXXX614J
Email Address ANGKIAWEE@GMAIL.COM
Mobile Phone No (Phone) +65-87884032
Alternative Phone No +65-87884032

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver ANG KIA WEE
NRIC No SXXXX614J

Date Of Birth	23/04/1992
Occupation	Indoor
Date Of Driving Pass	28/09/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87884032
Alt. Phone Number	+65-87884032
Email Address	ANGKIAWEE@GMAIL.COM
Address	APT BLK 173C PUNGGOL FIELD
Address complement	#09-617
Postcode	823173
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	Raining
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)	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

PLEASE REFER TO THE SKETCH PLAN

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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) -

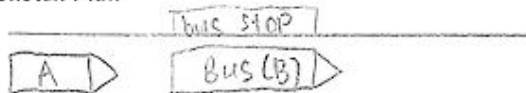
SKETCH PLANIMPORTANT NOTICE

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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.

 02/03/2022 4:08pm.
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

A: SML5183E
B: Unknown

Describe Circumstances of the Accident

LICENSE PLATE: <u>SML5183E</u> CONTACT NUMBER: <u>81884032</u> LOCATION: <u>Punggol Field</u>	ACCIDENT DATE & TIME: <u>02/03/2022 1:15PM</u> E-MAIL ADDRESS: <u>angkiawee@gmail.com</u>
<p>It was raining heavily and I did not see the bus stopping in front of the bus stop. As a result, I knocked into the bus, causing the damage. After that, the bus did not notice that I have knocked into it and drove off. There were no visible damage on the bus. As the bus drove off very quickly, I did not manage to catch its car plate number.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state: <input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.

4:08 PM
02/03/2022
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel