

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	07/03/2022 17:16 (SGT)
Date of Accident	04/03/2022 19:33 (SGT)
Exact Location of Accident	220A Pasir Ris Street 21, Singapore 511220
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2632C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW LING LING
NRIC No	S7413288Z
Email Address	j15_chew@hotmail.com
Mobile Phone No	(Phone) +65-96734395
Alternative Phone No	+65-96734395

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
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	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000303084-01
Cover Note Number	-

DRIVER

Name of Driver	CHEW LING LING
NRIC No	S7413288Z

Date Of Birth	01/05/1974
Occupation	Indoor
Date Of Driving Pass	05/08/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96734395
Alt. Phone Number	+65-96734395
Email Address	j15_chew@hotmail.com
Address	BLK 221 PASIR RIS ST 21 #08-114
Address complement	-
Postcode	510221
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	Hit and run / Vandalism / Damaged whilst parked
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 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

ON THE ABOVE DATE, TIME AN LOCATION, I PARKED MY VEHICLE AT THE SAID LOCATIN. ON 05/03/2022 AT 11 ISH, MY HUSBAND WENT TO THE CAR AND DISCOVER THAT OUR VEHICLE GOT HIT AT THE SIDE. THERE'S A NOTE ON THE WINDSCREEN AND MY HUSBAND CONTACTED THE DRIVER AND WAS TOLD BY THE DRIVER TO PROCEED WITH INSURANCE CLAIMS.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8945K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-8287352

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

This form is correctly filled out if you have read the conditions of the policy and the information is completed by the Policyholder and/or the Authorized Director. The information must be truthful and accurate as possible and will be used to settle any claims and to defend or settle any claims against the policy liability.

If the Policyholder or Authorized Director provides false information, the Insurer may void the policy and refuse to pay any claims under the policy.

Any false reporting may be referred to the Police for investigation.

The policyholder is entitled to the services of the G.A.B. Road Management Centre (G.A.B.R.M.C.) to assist in the claims process. The G.A.B.R.M.C. is a non-profit organization that provides free services to policyholders who have been involved in an accident.

The Insurer will not be liable for any loss or damage to the vehicle or contents of the vehicle if the report is made and the policy is voided.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My motor, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, store, 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 insurers who have insured vehicles I involved in this accident (all insured) (I who have insured vehicles) involved in this accident that be collectively referred to as the "Insurers", the Motor Vehicle Insurers (Law firms), the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes) 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) Providing and/or providing me with instructions or responding to my enquiries by me.

(iv) In finalizing my claims (including the handling of correspondence, statements, notices, reports, and any other documents and/or disclosure of my and personal data about me, including about a history of the same or with us or an external third party, including all such as, and/or:

(a) In complying with applicable law in a business or regulatory context, including any applicable laws, and/or (b) for the purposes of:

(i) Collecting, store, disclose and/or process my Personal Information for the purposes of the above Purpose; and

(ii) My Personal Information may/are collected by any of the Insurers and/or law firms and/or parties which provides or reports relating to the claims/law firms, which may be stored and/or used for purposes of the above Purpose;

(iii) My Personal Information will be transferred and/or processed by any of the Insurers and/or law firms and/or parties which provides or reports relating to the claims/law firms, which may be stored and/or used for purposes of the above Purpose;

(iv) My Personal Information will be transferred and/or processed by any of the Insurers and/or law firms and/or parties which provides or reports relating to the claims/law firms, which may be stored and/or used for purposes of the above Purpose;

(v) My Personal Information will be transferred and/or processed by any of the Insurers and/or law firms and/or parties which provides or reports relating to the claims/law firms, which may be stored and/or used for purposes of the above Purpose;

(vi) My Personal Information will be transferred and/or processed by any of the Insurers and/or law firms and/or parties which provides or reports relating to the claims/law firms, which may be stored and/or used for purposes of the above Purpose;

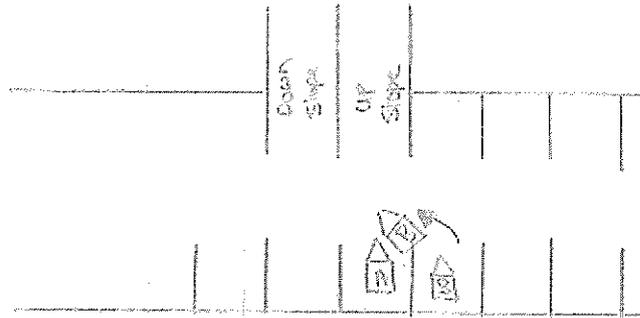
[Signature]
Name: [Name]
Address: [Address]

[Signature]
Name: [Name]
Address: [Address]

Name: [Name]
Address: [Address]

[Signature]

DATE: 5/31/2018



(A) SMC 2632C
 (B) SMC 8452K
 420A PASSE 175
 ST 21 CORPORA

DESCRIPTION OF INCIDENT FROM (A) OR (B) ABOVE:

On the above date time location I parked my vehicle off the said location.

On the 5/31/2018 @ 11:15h, my husband went to the car and discover
 that our vehicle got hit on the side. There also a noise on the windshield
 and my husband contacted the driver, was told by the driver to proceed with
 Insurance claim.