

## 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

27/01/2022 14:00 (SGT)

Date of Accident

26/01/2022 21:30 (SGT)

Exact Location of Accident

Near CRV6+GP Singapore

Additional Location Information

GAMBAS AVE SLIP RD TO WOODLANDS AVE 12 (TWDS SLE)

Country/State of Loss

Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB4324L

INSURED/POLICYHOLDER

Is company?

Yes

Name Of Registered Owner

ACTX LEASING

Company Reg No

53417919C

Email Address

ACTX.AC@GMAIL.COM

Mobile Phone No

(Phone) +65-97485239

Alternative Phone No

+65-97485239

VEHICLE PARTICULARS

Manufacturer

Toyota

Model

Axio

Variant

-

Exact purpose for which vehicle was being used at time of accident

Private hire

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party

Vehicle Category

Private hire

Transmission

Auto

CC

1496

INSURANCE COMPANY

Name of Insurance Company

Allianz Insurance Singapore Pte. Ltd.

Type of Coverage

Comprehensive

Fleet Policy

Yes

Policy Number

SP2000564100

Cover Note Number

-

DRIVER

Name of Driver

ONG CHEE SENG

NRIC No

S1319616H

Accident report SW0C221R0002

16/03/1958  
Outdoor  
15/08/1983  
38 YEARS AND 5 MONTHS  
Male  
(Phone) +65-82185129  
-  
CSONGPAUL@GMAIL.COM  
BLK 502 ANG MO KIO AVE 5 #06-3744  
-

560502  
No  
Hirer  
No

Birth  
on  
Driving Pass  
experience  
er  
Mobile Number  
Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
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  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
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) 2  
Has the driver been approached by unknown person(s) No  
soliciting/offering accident claims assistance?

PASSENGER 1

Name  
Gender

SHAH  
Male

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 TO 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 SGW6139R  
Vehicle Manufacturer Toyota  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car

Driver  
Number  
s complement  
Code  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name  
Phone  
Email

SHAH  
(Phone) +65-85017067



## SKETCH PLAN

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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.

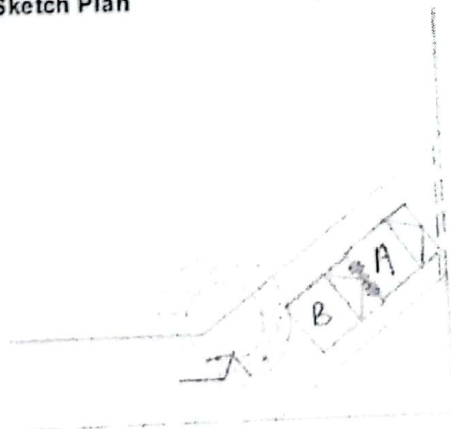


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - 81B 4324L

B - 8GW 6139R

Describe Circumstances of the Accident

On 26/01/2022 at 21:00hrs, I was driving my Vehicle A (SLB 4824L) at GAMENS AVE OUR RD to WOODHAMS AVE 12. I stopped at the stop line to check for oncoming vehicles from the main Road. Suddenly I felt an impact from the rear of my Vehicle A (SLB 4824L). I alighted to check and realised that Vehicle B (SHW 6189R) front portion collided onto the rear portion of my vehicle A (SLB 4824L). We exchanged particulars for insurance claim.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel