

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	21/03/2022 15:27 (SGT)
Date of Accident	20/03/2022 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BAY SANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9864D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJ LEASING PTE LTD
Company Reg No	201825171E
Email Address	SJMOTOR@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-85255530
Alternative Phone No	(Office) +65-85255530

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SPMF1000000404
Cover Note Number	-

DRIVER

Name of Driver	LEE KHAI YUEN
NRIC No	S2193464Z

Date Of Birth	23/10/1967
Occupation	Outdoor
Date Of Driving Pass	31/08/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96329109
Alt. Phone Number	-
Email Address	DARREN.LEE.KY@HOTMAIL.COM.SG
Address	BLK 666B JURONG WEST ST 65 #10-205 S642666
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

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 STATEMENT ATTACHED

ATTACHMENT(S)

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

Vehicle Registration Number	SHB1327X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
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

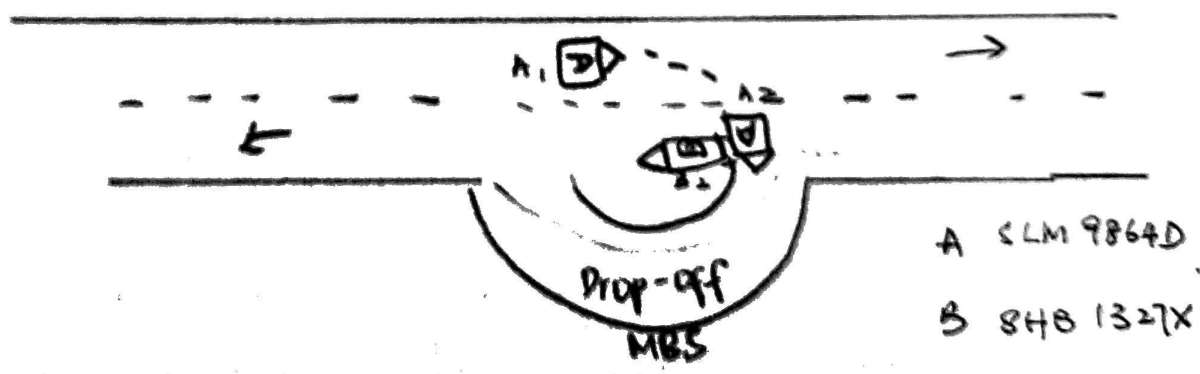
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to ensure its proper recording.
2. The Police report is **submitted by the Police Officer** and the Accident Report is **submitted by the Police Officer**.
3. Information provided by the Police Officer is **subject to the Police Officer's discretion** and is not a guarantee of accuracy.
4. The Police Officer's report is **subject to the Police Officer's discretion** and is not a guarantee of accuracy.
5. Any false reporting may be **persecuted by the Police** for fraud.
6. The report is **submitted by the Police Officer** and the Accident Report is **submitted by the Police Officer**.
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Policyholder's Signature / Driver's Signature (if driver is not the policyholder) / Date
 Time & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was turning right to drop-off my customers and suddenly felt an impact from my right. Vehicle B reversed and did not check and collided onto my vehicle.

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Time



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

[Signature]

Witnessed by Reporting Centre
Personnel

[Signature]