

# 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 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.

Vehicle Registration Number

Alternative Phone No

- 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 07/04/2022 12:03 (SGT) Date of Accident ..... 06/04/2022 18:20 (SGT) Exact Location of Accident Near Republic Blvd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

SJP831R

+65-96919627

INSURED/POLICYHOLDER Is company? Name Of Registered Owner TAN AIK CHIN NRIC No S7242776I Email Address ..... aikchintan@gmail.com Mobile Phone No (Phone) +65-96919627

### VEHICLE PARTICULARS

Mercedes Model ,...,..... E250 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 1991

## INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number SP2000881317-01 Cover Note Number

## DRIVER

TAN AIK CHIN NRIC No S7242776I

Date Of Birth	10/11/1070
Occupation	19/11/1972
Date Of Driving Pass	Indoor 07/07/1994
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96919627
Alt. Phone Number	+65-96919627
Email Address	aikchintan@gmail.com
Address	BLK 752 CHOA CHU KANG NORTH 5
Address complement	#12-205
Postcode	680752
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 faraign vahials involved in the assistant?	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
	No
Was any injured conveyed to hospital by ambulance?	- -
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
,	
DETAILS OF POLICE ACTION	
Was the assident reported to the nelice?	N
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
I WAS STOPPED AT THE JUNCTION DUE TO TRAFFIC LIGHT,	SUDDENLY I GOT HIT FROM THE BACK BY SMD 3525 H.
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF ATHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY
Valida Danistration Number	
Vehicle Registration Number	SMD3525H
Vehicle Manufacturer	Mitsubishi

Vehicle Registration Number	SMD3525H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ROHIT
Contact Number	(Phone) +65-97314387
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

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formiers be completed by the Policyholder and/or the Authorised Oriver.
- 3. Information provided must be as truthful and accurate as possible. Any will initropresentation or within many of material and accurate as possible. Any will initropresentation or within many of material and accurate as possible. Any will initropresentation or within many of material and accurate as possible. Any will initropresentation or within many of material and accurate as possible.
- 4. The lastic and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the securance companies.
- 5 Any talse reporting may be referred to the Police for investigation
- 8. The report will be forwarded by the insurers of the GA Records Management Centre established by the Garas of assurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application to interested parties
- 7. By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centry and to comes of partitions being made available inforesaid.
- a. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 an expensive who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall necessarily involved to as the "Insurers"), the insurers 'lawyers/law firm, 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 exceptions relating to the claims.
- (ii) investigating the accident and/or my plains:
- (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 onlices to me, which could insolve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of enveloces mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (a) all assurer(s) who have assired vehicle(s) involved in this accident and the losurers lawyers/lew firms, may we permitted to take turns, 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 GM, to their third party service or including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Palicy halder's Signature / Date & Oriver's Signature (# driver is not the policyholder) / Date

Tana Papatara (Papatara / Data /

150 A

& Time

Personne/ 1/21/2

Sketch Plan

A= SJP 831 R

connection, se broudelpaleit en	WAS	*	Hoppea	19H	le jo	metion	dul	to_	traffic	1945
adle	W4_	L	- 1° 1	);}	from	-ha	back	hy	SAP:	1.ght, 3525 H .
Eupen o washinson	<u>.</u>	Nation Washington			SARAKININ <del>MAN</del>	and the second second		_У_		
	1 yeles Stefannoldenness.									
again an ann an ann an an an an an an an an	man in the second	normal procession delication	The second secon					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
das annoneremoir il		n. ji			and the second s		· · · · · · · · · · · · · · · · · · ·			gyrzy <del>a may may mag district de la </del>
entitional city or city own to										
							edici i communication de la co			
- On the second	,			, <u>, , , , , , , , , , , , , , , , , , </u>						
	unimetrinen manne tittädilla	samunajiyee			<u> </u>					
and the second second		ggiaragga <b>a</b>								
auggeri pastpase in namera (190 en augres pastpase in 1915 erkener		Marris Terrify (\$55000		ingenius (m. 1940)	<u> </u>					and the second section of the second
butan broken kristoria (***	and the second second	one sign		nance consideration of the second					A CONTRACTOR OF THE PARTY OF TH	and the second s
and the second s	oloc-ryprogramma william	ARIL ALLES TRANSPORT		·						
- americana and Steph Miller fo	v : PSacStationer#40	coriònde								
		na, i voji koje					and the state of t		and the second s	exequence accounts to the second seco
. – wygogycznycznosodkie										
seer (mare output respects (mare out	en profitziologicamentolitisto	associa de colo								
			and the same of th							
		jungiruni seb <del>y</del>							******	
aemedeenam na n <del>a m</del>	olean ole	HAVE ON COMPA	teasidi				and the same of th			
0.21, A. COCOGOGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG										
				and the state of t					2000 government - 1000 government	
	_	***************************************								
Landage Comment	a manusidise	and the second				and an arrangement of the second				
- Longitudes of the con-	particularities	er				KORPONIA AND DESCRIPTION OF THE PERSON AND DESCRIPTION OF THE PERS	<u> Authores non marin ann an a</u>			yd (glit sig o et et fan de <del>de de arte</del> en oek en oek de de en gên oek en oek en op et et en oek en oek en oek
naco necesión no deserva	ik popularion in distrib				de considerato de ser é e e e e e e e e e e e e e e e e e e		and the second second second second			

Declaration

(17) to the foregoing particulars are true in every respect.

Folicy holds of a Signature / Onto &

Driver's Signature (¥ driver is not the policyholder) / Date & Tene

Witnessed by Reporting Tentre Sing Personnel Chang Qual Sing