

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	16/04/2022 11:15 (SGT)
Date of Accident	14/04/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE (ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9140K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE GUAN WEE
NRIC No	SXXXX606J
Email Address	raymondleegw@yahoo.com.sg
Mobile Phone No	(Phone) +65-97472639
Alternative Phone No	+65-97472639

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
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?	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	SP2000384766
Cover Note Number	22/06/2021 TO 21/06/2022

DRIVER

Name of Driver	LEE GUAN WEE
NRIC No	SXXXX606J

Date Of Birth	01/03/1972
Occupation	Indoor
Date Of Driving Pass	02/02/1996
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97472639
Alt. Phone Number	+65-97472639
Email Address	raymondleegw@yahoo.com.sg
Address	APT BLK 298D COMPASSVALE STREET #11-64 (S) 544298
Address complement	-
Postcode	-
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	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

REFER WITH 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1133H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM ENG HOCK
Contact Number	(Phone) +65-97925866
Address	-
Address complement	-

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

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

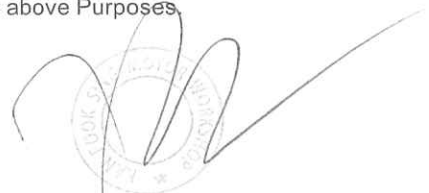
I understand, acknowledge, agree and consent that :

(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 :

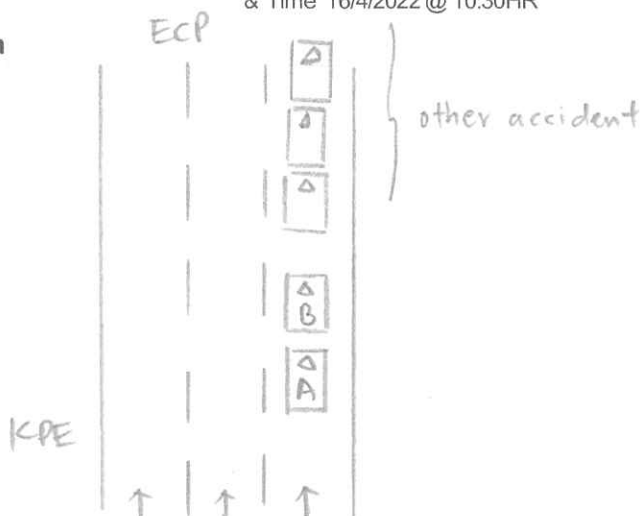
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 16/4/2022 @ 10:30HR


Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMA 9140K

B - SHC 1133H

Describe Circumstances of the Accident

ON THE MENTIONED DATE & TIME, I WAS DRIVING MY VEHICLE SMA9140K ALONG KPE TOWARDS ECP (TUNNEL) ON THE 1ST LANE OF 3 LANES ROAD. OUT OF A SUDDEN, VEHICLE IN FRONT SHC1133H (TAXI) STOPPED ABRUPTLY, I TRIED TO REACT BUT IT WAS STILL TOO LATE. AS A RESULT, MY VEHICLE ACCIDENTALLY HIT THE BACK OF THE SAID TAXI. AFTER ALIGHTED, I SAW THERE WAS ANOTHER ACCIDENT (3 VEHICLES) IN FRONT OF THE TAXI. I BELIEVE THAT WAS THE REASON CAUSING THE TAXI DRIVER MADE A E-BRAKE. NO CONTACT BETWEEN THE TAXI & THE FRONT VEHICLES.

Insurance Co.: ALLIANZ

Vehicle no.: SMA9140K

Date of accident: 14/4/2022 @ 18:15

Claim type: OD CLAM

Workshop: KAN FOOK SING MOTOR WORKSHOP

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.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time 16/4/2022 @ 10:30HR



Witnessed by Reporting Centre Personnel