

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 09/05/2022 10:42 (SGT)
Date of Accident 07/05/2022 20:15 (SGT)
Exact Location of Accident Pavilion Cir, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3605U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SARASWATHI D/O RAMACHANDRAN
NRIC No S1735488D
Email Address IDSTASHA@GMAIL.COM
Mobile Phone No (Phone) +65-90118959
Alternative Phone No +65-90118959

VEHICLE PARTICULARS

Manufacturer BMW
Model 218I GC MSPT, LED HL, FL
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2001457397
Cover Note Number -

DRIVER

Name of Driver ASHA TAMIZH KANNAN
NRIC No S9811074G

Date Of Birth	31/03/1998
Occupation	Indoor
Date Of Driving Pass	22/02/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96349387
Alt. Phone Number	-
Email Address	LOSTASHA@GMAIL.COM
Address	12 LEITH PARK
Address complement	-
Postcode	547963
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

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) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KAYAL SUBRAMANIAM
Gender	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

-

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	SKE113B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MS SANDY
Contact Number	(Phone) +65-91441133
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**

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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' law yers/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")

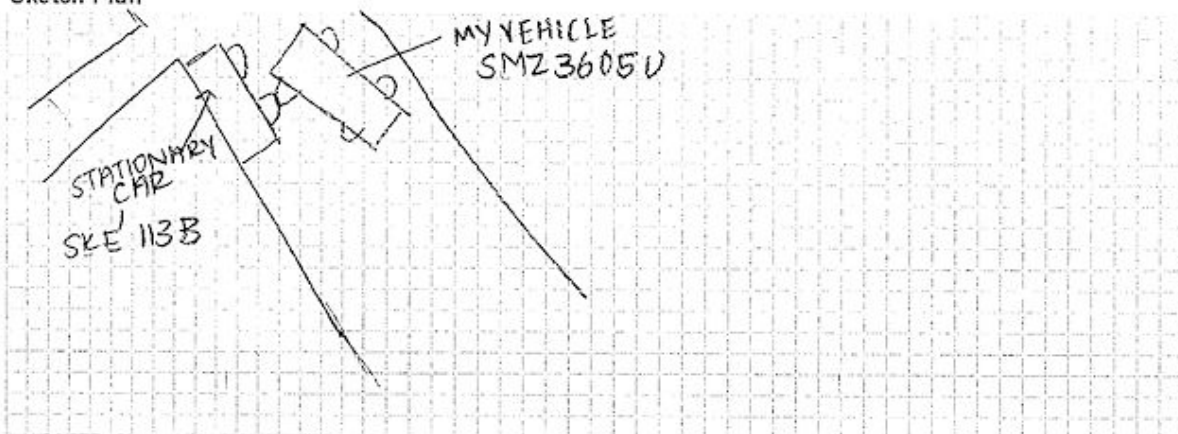
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 09 May 2022
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel


Sketch Plan


Describe Circumstances of the Accident

LICENSE PLATE: SMZ3605U	ACCIDENT DATE & TIME: 7 May 2022, 8.15pm
CONTACT NUMBER: 9634 9387	E-MAIL ADDRESS: lbtasha@gmail.com
LOCATION: Pavilion Circle (opposite 37 pavilion circle specifically)	
<p>On 7 May 2022, Saturday at 8.15pm on Pavilion Circle, the car had swerved to the left and hit the back right wheel of an empty stationary car with the number plate SKF113B. Immediately after the collision, I came out of the car and observed that the front left wheel of my car had given way. The stationary car was parked at the side of the road.</p>	
<p>The following important information should be noted:</p> <ul style="list-style-type: none"> → The car swerved on a downslope road and hit the car that was parked on the slope → It was raining → Accident occurred in a landed estate → Many cars were parked on the left side of the lane → I had done an emergency brake when the car swerved to the left → No physical injuries from both side from the collision → The other car owner may be claiming against the policy. 	
<p>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.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 9/may @ 9.10am


 Driver's Signature (if driver is not the policyholder) / Date & Time
 9/may @ 9.10am


 Witnessed by Reporting Centre Personnel



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001457397-01
 Date of Issue : 2022-03-31
 Coverage : Comprehensive
 Policyholder : SARASWATHI D/O RAMACHANDRAN
 Period of Insurance : 23 April 2022 to 22 April 2023 (both dates inclusive)
 Registration No. : SMZ3605U
 Chassis number of Vehicle : WBA12AK0307H64353

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with the his/her permission

**Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

Limitation as to Use*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.


The Policy does not cover:

- (a) use for hire or reward
 (b) use for racing, pace-making, reliability trials or speed testing
 (c) use for the carriage of goods (other than samples) in connection with any trade or business
 (d) use for any purposes in connection with the Motor Trade

**Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

31 March 2022
 Issued Date


 Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000053 INFINITUM FINANCIAL ADVISORY PTE LTD

Excess	: Own Damage Excess	SGD	1,000.00
	: Own Damage Excess outside of Singapore	SGD	NA
	: Windscreen Excess	SGD	100.00

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