

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 20/7/2022

Time :

By Fax :

TO :

ALLIANZ INSURANCE SINGAPORE PTE LTD

Accident involving Your insured vehicle No. SLK63484 with
My vehicle No. SLM 8837P on 18/7/22 along SLE

1. I, the owner of Vehicle No. SLM 8837P intend to make a 3rd party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name :

NRJC :



LEE TEOO & CO
Advocates & Solicitors
101A Upper Cross Street #08-17
People's Park Centre Singapore 056358
Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 18 Jul 2022 / 18:20:00)

Vehicle Insurance Details

Vehicle No.:

SLK6348H

Make Description/Model:

HONDA / ACCORD 2.4L

Insurance Company Name:

ALLIANZ INSURANCE SINGAPORE PTE. LTD.

Business Transaction Reference No.:

20220719142327553284

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

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	19/07/2022 14:59 (SGT)
Reported by	Both
Date of Accident	18/07/2022 18:20 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE TO WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8837P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COH ENGINEERING PTE LTD
Company Reg No	2XXXXX974C
Email Address	COH.HQ@COH-ENGRG.COM.SG
Mobile Phone No	(Phone) +65-97823193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-002344

DRIVER

Name of Driver	LU YGOH CHING
NRIC No	SXXXX632Z
Date Of Birth	22/09/1975
Occupation	Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. 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

11/12/1997
24 YEARS AND 7 MONTHS
Male
(Phone) +65-97823193
-
COH.HQ@COH-ENGRG.COM.SG
66 TANNERY LANE #01-04G SINDO BUILDING
-
347805
No
DIRECTOR
No
-
-

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?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
3
No
-
-
-
-

PASSENGER 1

Name
Gender

LU ZHONG MING
Male

PASSENGER 2

Name
Gender

LU JIAN PING
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK6348H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of accident: 18/07/22 Time: 6.20pm Location: SLE TO woodlands
 My Vehicle: SLM 8837 P Vehicle B: SLK 6348 H Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

on 18/7/2022 6.20pm

I was travelling along SLE TO woodlands,
 traffic is heavy
 vehicle in front of me came
 to a stop so I slow down
 to a stop my vehicle
 (A) SLM 8837 P was stationary.
 suddenly I felt a knock from behind
 vehicle (B) SLK 6348 H
 has hit into the rear of my vehicle.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under
 your own policy. kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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

Accident Report Form