

# 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 Actual 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 ..... 01/08/2022 12:49 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/07/2022 13:51 (SGT)  
Exact Location of Accident ..... 169 Upper Paya Lebar Rd, Singapore 534860  
Additional Location Information ..... UPPER PAYA LEBAR ROAD LEFT TURN TO AIRPORT ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH6204E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... OPTIMA WERKZ PTE LTD  
Company Reg No ..... 201212455W  
Email Address ..... kaitlyn.chio@ow.sg  
Mobile Phone No ..... (Phone) +65-91177568  
Alternative Phone No ..... (Office) +65-64811522

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Aqua  
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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SPMF1000000483

### DRIVER

Name of Driver ..... LAU ZHUXIAN  
NRIC No ..... S9122524G  
Date Of Birth ..... 04/07/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	14/12/2021
Driving experience .....	7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94573251
Alt. Phone Number .....	-
Email Address .....	SWISSLZX@HOTMAIL.COM
Address .....	BLK 289 CHOA CHU KANG AVENUE 3
Address complement .....	#07-264
Postcode .....	680289
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 .....	Collision - Change/cross lane
Weather Conditions .....	Drizzling
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 TO SKETCH PLAN.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJU2486P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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) ..... -

**SKETCH PLAN**

**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. The 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.
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

*[Signature]* 30/7/2022 10:08

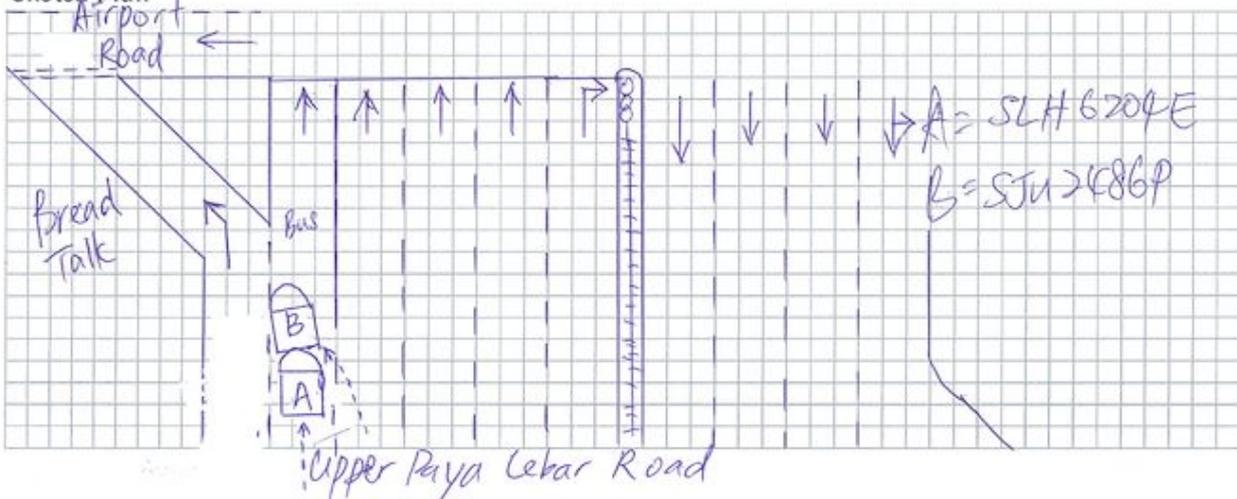
Driver's Signature (If driver is not the policyholder) / Date & Time



*[Signature]*

Witnessed by Reporting Centre Personnel **ARYCHUA** 30 JUL 2022

**Sketch Plan**



**Describe Circumstances of the Accident**

On 29/07/2022 @ 13:51 hours . I was driving along Upper Paya Lebar Road left turn to Airport Road .

Suddenly vehicle B: SJU2486P cut in to my lane and jam brake . I unable to brake in time then my vehicle A: SLH 6204E slightly hit to vehicle B: SJU2486P rear portion . We alighted and exchanged particular . No one was injured .

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*gh* 30/07/2022 09:58

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



*ARY*

Witnessed by Reporting Centre Personnel ARY CHUA 30 JUL 2022









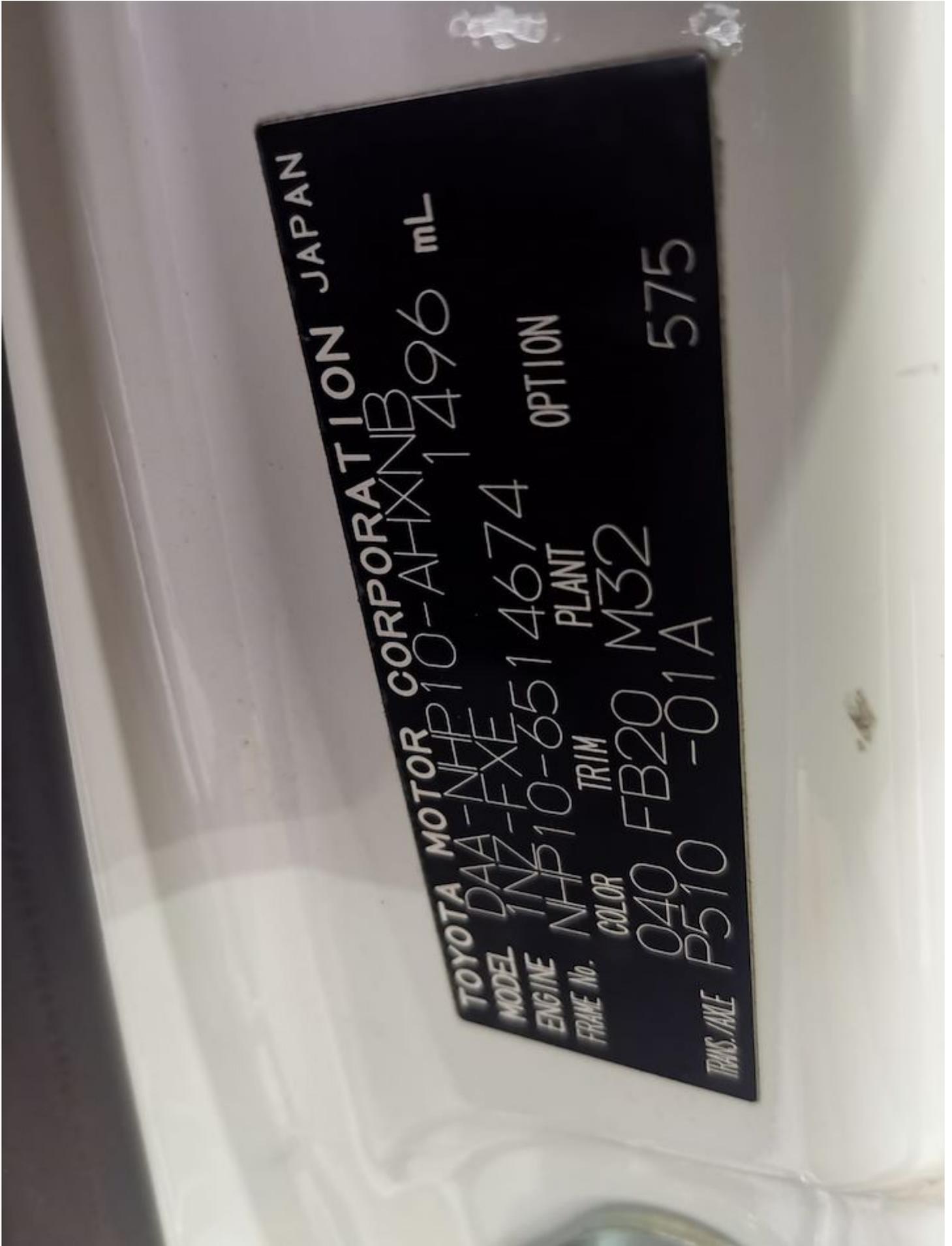












TOYOTA MOTOR CORPORATION JAPAN  
MODEL DAA-NHE  
ENGINE 1AZ-FXE  
FRAME No. NHP10-6514674  
COLOR 040  
TRIM FB20  
PLANT M32  
DISPLACEMENT 1496 mL  
TRANSM. P510  
OPTION 575



