

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 05/08/2022 17:20 (SGT)
Reported by Both
Date of Accident 05/08/2022 13:54 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG OUTRAM ROAD TOWARDS TIONG BAHRU BEFORE CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT7221Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MANJA HABIB
NRIC No S7335074C
Email Address MANJAHABIB@HOTMAIL.COM
Mobile Phone No (Phone) +65-97803037
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Passat
Variant Passat Comfortline 1.8 I TSI 132kW DSG
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 1800

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2000423616-01

DRIVER

Name of Driver MANJA HABIB
NRIC No S7335074C
Date Of Birth 08/09/1973

Occupation	Indoor
Date Of Driving Pass	20/09/1991
Driving experience	30 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97803037
Alt. Phone Number	-
Email Address	MANJAHABIB@HOTMAIL.COM
Address	BLK 707 CHOA CHU KANG ST 53
Address complement	#02-122
Postcode	680707
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	Side Swipe
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
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT2667C
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) -

Describe Circumstances of the Accident

On 5th August 2022 at about 1.54 p.m., I was driving along Sengkang Road towards Tiong Bahru before CTE. I was waiting in the queue to enter into CTE towards Ang AVE. The exact location is at the slip road of Sengkang Road to turn left to CTE → AVE.

A white BMW SKT 2667C side swiped my right side of the car and hit the right side mirror. I horned to indicate the car driver to stop we then drove. I was sporing my car was hit.

We then drive our car to a nearest car park at SGA and exchanged particulars.

The BMW car driver details as follows:

Foo wai min

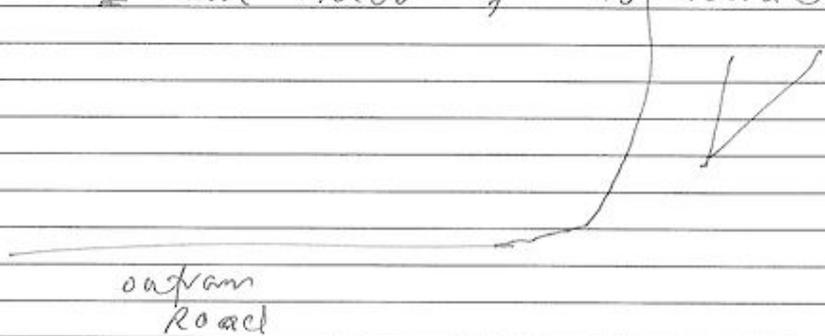
ic: 52597257J

Unit 130 Cantonment Road #22-02

Singapore: 089775.

The driver did not give me his hp number and drove off.

I have video of this accident.



Declaration

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

[Signature] 5/8/22

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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)**

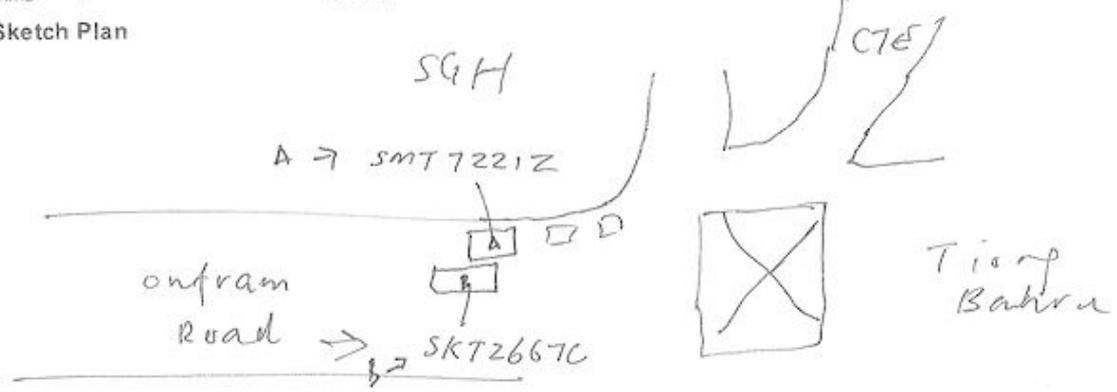
I understand, acknowledge, agree and consent that :

(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.

<p><i>Mary M</i> 5/8/22</p> <hr/> Policyholder's Signature / Date & Time	<p><i>[Signature]</i></p> <hr/> Driver's Signature (If driver is not the policyholder) / Date & Time	<p><i>dwis.</i></p> <hr/> Witnessed by Reporting Centre Personnel
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Sketch Plan













IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV1122850002 Vehicle Registration No: SMT 7221Z
 Name (as shown in NRIC): MANJA HABIB NRIC/FIN/Passport No: 074C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 707 CHOA CHU KANG ST 53 #02-122 Singapore (680767)
 Contact (Tel): _____ Mobile No.: 9780 3087
 Email Address: MANJA.HABIB @ HOTMAIL.COM
 Date of Accident: 5/8/2022 Time of Accident: 13:54
 Place of Accident: ALONG OUTRAM ROAD TOWARDS TIONG BAHRU BEFORE CTE
 Insurance Company: ALLIANZ INSURANCE SINGAPORE PTE. LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TYPE ERROR OF ADMINISTRATOR

Policyholder / Driver's Signature
Date:

dmis.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: