

# 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 .....	12/08/2022 17:17 (SGT)
Reported by .....	Both
Date of Accident .....	12/08/2022 13:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AT SOUTH BRIDGE ROAD IN FRONT OF GRIDS COFFEE AND BAR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT7221Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MANJA HABIB
NRIC No .....	SXXXXX074C
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? .....	Yes
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 .....	SXXXXX074C
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 .....	APT BLK 707 CHOA CHU KANG STREET 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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JPR9436
Vehicle Category .....	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	River Valley Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002789999
Alt. Police Station Phone No .....	(Fax) +65-62786427
Police Station Address .....	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN & POLICE REPORT

#### 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 .....	JPR9436
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	JPR9436
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## Describe Circumstances of the Accident

PLS REFER TO  
POLICE REPORT  
A/22020812/0072

## Declaration

We declare the foregoing particulars are true in every respect.

 12/8/22  
Policyholder's Signature / Date &  
Time  
@ 1615

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

  
Witnessed by Reporting Centre  
Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

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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>[Signature]</i></p> <p>Policyholder's Signature / Date &amp; Time</p> <p>Sketch-Plan 12/8/22 @ 1615</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p> <p>Tanjong Pagar</p>	<p><i>[Signature]</i></p> <p>Witnessed by Reporting Centre Personnel</p>
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UPPER CROSS STREET →

← SOUTH BRIDGE RD

double yellow line

grid of coffee & bar

JPR 9436

→ UPPER CROSS ST





















**SINGAPORE  
POLICE FORCE**



T/20220812/2064

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20220812/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/08/2022 15:53	Vide Report No.: A/20220812/0072	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: MANJA HABIB			Address: APT BLK 707 CHOA CHU KANG STREET 53 #02-122 SINGAPORE 680707		
ID Type / ID No.: NRIC NO / S7335074C			Contact No.: Home/Office: Mobile: 97803037		
Nationality: SINGAPORE CITIZEN			Email: MANJAHABIB@HOTMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 08/09/1973	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: In-house legal counsel			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2022 13:45	Type of Location: X-Junction
Location:  CROSS STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPR9436	Motorcycle					0
SMT7221Z	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT 3G24JZ	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220812/2064

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No. T/20220812/2064

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT7221Z	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2002150947	15/07/2022	14/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MANJA HABIB		ID No. S7335074C
Related Vehicle	NIL		Contact No. 97803037
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 12/08/2022 at around 1245hrs, I parked my vehicle (SMT7221Z) at South Bridge Road in front of Grids Coffee and Bar and walked to a nearby Mosque for prayer.

When I came out at 1345hrs, I walked to my vehicle and saw that a Motorcycle (JPR9436) was pinned under my vehicle. The ambulance was already attending to the owner of the motorcycle. subsequently, Traffic police came (A/20220812/0072). TP officers gave me a case card and advised me to lodge a police report.

I wish to inform that I was not in the my vehicle when the incident happen. My vehicle in-car camera did not capture the incident as the in-car camera will be switched off when I turn off my engine.

I wish to inform that one passerby approached me and provided me phone numbers +60 1116854805 and +65 84398859 which I believed to be the phone number of the motorcyclist.

My vehicle's damages are as follows:  
- A dent at the right rear bumper.





**SINGAPORE  
POLICE FORCE**



T/20220812/2064

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No. T/20220812/2064

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E /  
SGT 2 SEAH HAN WEE  
JEREMIAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/08/2022 15:53

Officer In Charge Of Case:

TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case:

NP168