

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 22/08/2022 14:09 (SGT)
Reported by Both
Date of Accident 19/08/2022 21:00 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2338P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIAM ZHENG XI
NRIC No S9723179F
Email Address ZHENGXICHIAM@GMAIL.COM
Mobile Phone No (Phone) +65-83390123
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 car
Transmission Auto
CC 1395

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2000562906

DRIVER

Name of Driver CHIAM ZHENG XI
NRIC No S9723179F
Date Of Birth 07/07/1997
Occupation Indoor

Date Of Driving Pass	28/05/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83390123
Alt. Phone Number	-
Email Address	ZHENGXICHIAM@GMAIL.COM
Address	BLK 133 RIVERVALE STREET #14-702
Address complement	-
Postcode	540133
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	Collision - Head to Rear
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

VEHICLE B IN FRONT JAM BRAKE. I BRAKE BUT UNABLE TO STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SJB6793B
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

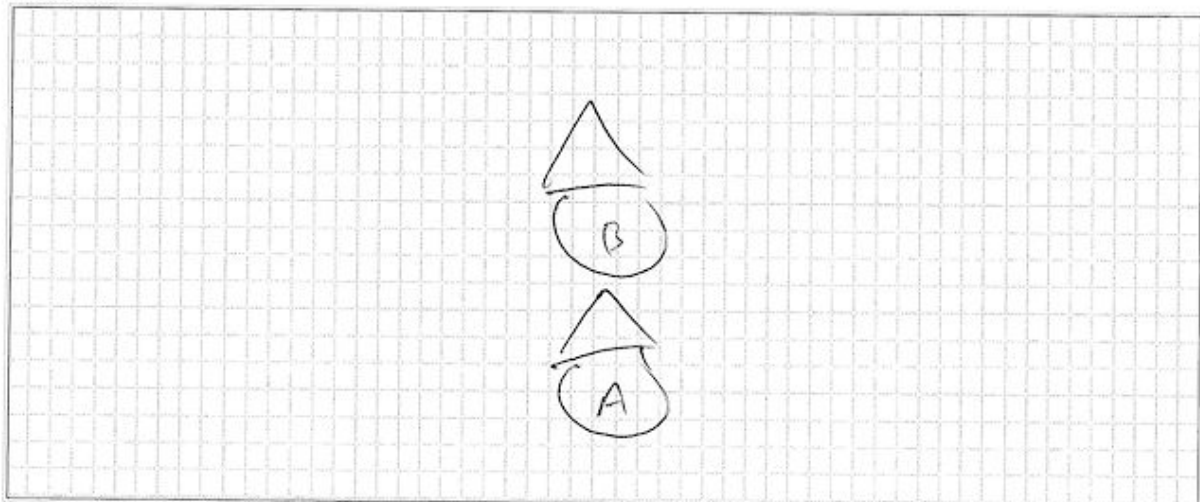
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

 1230pm.
22/8/22
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Vehicle B in frame jam brake, I ~~could~~ brake
but unable to stop in time and hit onto
Vehicle B rear portion.

Declaration

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

 1230 hrs.
22/8/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















Allianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903913C

GST Registration No.: 201903913C

Address: 79 Robinson Road #09-01 Singapore 068897

Tel: +65 6714 3369

Website: www.allianz.sg

Allianz Contact Centre

Tel: 1800 222 1818 (Local)

+65 6222 1919 (Overseas)

Email: customerservice@allianz.com.sg

PRIVATE CAR SCHEDULE

CHIAM ZHENG XI
133 RIVERVALE STREET #14-702
SINGAPORE 540133

Policyholder Name	: CHIAM ZHENG XI	Product Type	: ALLIANZ MOTOR PROTECT
Replacing Covering Note No.	: NA	Form	: MX1
Policy No.	: SP2000562906	Account Code	: 0000180
Period of Insurance	: From 21 SEPTEMBER 2021 To 20 SEPTEMBER 2022	Issue Date	: 20 SEPTEMBER 2021
Premium before GST	: SGD 2,092.72	jk 24.8.2022 ✓	
GST (7 %)	: SGD 146.50		
Total Premium Payable	: SGD 2,239.22		
Insurance Cover	: COMPREHENSIVE		
Agreed Value	: MARKET VALUE	Off-Peak Car	: N
Registration No.	: SMR2338P	Good Driver Discount	: N
Make and Model	: Volkswagen GOLF	Seating Capacity	: 5
Year of Manufacture	: 2017	Body Type	: Hatchback
Engine Capacity	: 1395 CC	Engine No.	: CZC893552
Chassis No.	: WWZZZAUZJW118224	WindScreen	: UNLIMITED
Hire Purchase Owner	: UNITED OVERSEAS BANK LIMITED	No Claim Discount	: 0 %
Optional Coverage	Preferred Workshop for Accident Repairs Medical Expenses Personal Accident Benefits		

Named Drivers

CHIAM ZHENG XI