

# 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 ..... 06/09/2022 12:47 (SGT)  
Reported by ..... Both  
Date of Accident ..... 05/09/2022 16:20 (SGT)  
Exact Location of Accident ..... Orchard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC9659J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WANG YEE CHOON  
NRIC No ..... S8123596A  
Email Address ..... JASON@KHOONYONG.COM  
Mobile Phone No ..... (Phone) +65-90060059  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Glc250  
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 ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... AIS/2002/0000391/000001

### DRIVER

Name of Driver ..... WANG YEE CHOON  
NRIC No ..... S8123596A  
Date Of Birth ..... 31/07/1981  
Occupation ..... Indoor

Date Of Driving Pass .....	13/11/2000
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90060059
Alt. Phone Number .....	-
Email Address .....	JASON@KHOONYONG.COM
Address .....	BLK 302A PUNGGOL PLACE #11-245
Address complement .....	-
Postcode .....	821302
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 - Cross Junction
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	JACATIN
Gender .....	Female

#### 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

I WAS DRIVING ALONG ORCHARD TURN TOWARDS NGEE ANN CITY. OUT OF SUDDEN, VEHICLEB (SHD3099E) DRIVE OUT FROM TAKASHIMAYA SHOPPING CENTRE EXIT CROSS WITHOUT STOPPING AND HIT OTNO MY VEHICLE A REAR RIGHT SIDE 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 .....	SHD3099E
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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

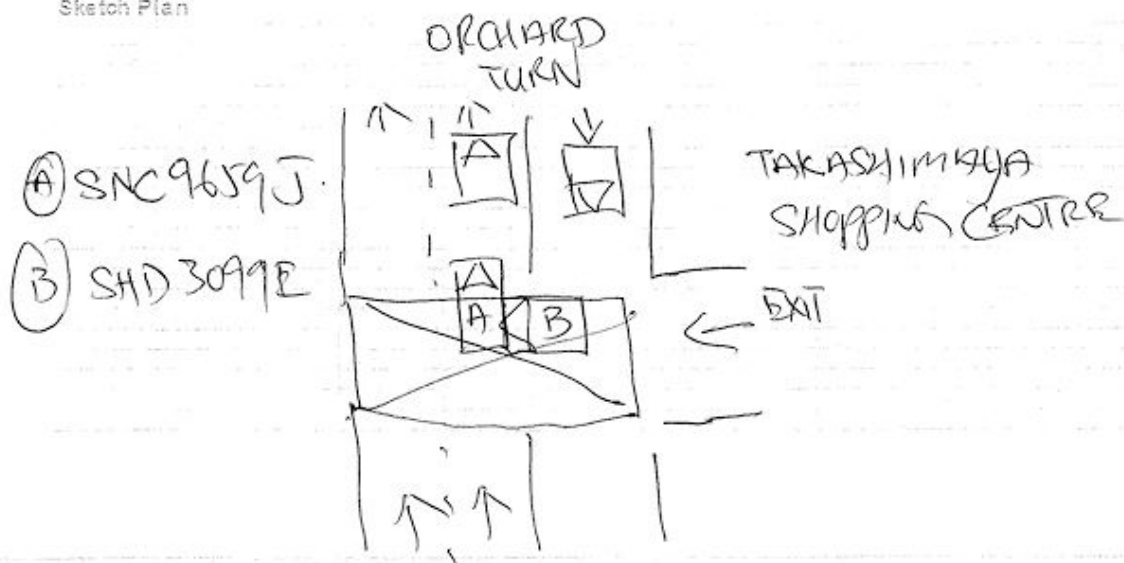
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  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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/are 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.

\* YL  
Policyholder's Signature / Date & Time  
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I WAS DRIVING ALONG ORCHARD TURN TOWARD  
 TIGRE AND CITY. OUT OF SUDDEN VEHICLE (B) SHD 3099E  
~~DRE~~ DROVE OUT FROM TAKASHIMAYA SHOPPING CENTRE  
 EXIT CROSS WITHOUT STOPPING AND HIT OFD MY  
 VEHICLE (A) REAR RIGHT SIDE PROTRION.

Declaration

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

x

Policyholder's Signature / Date &  
 Time

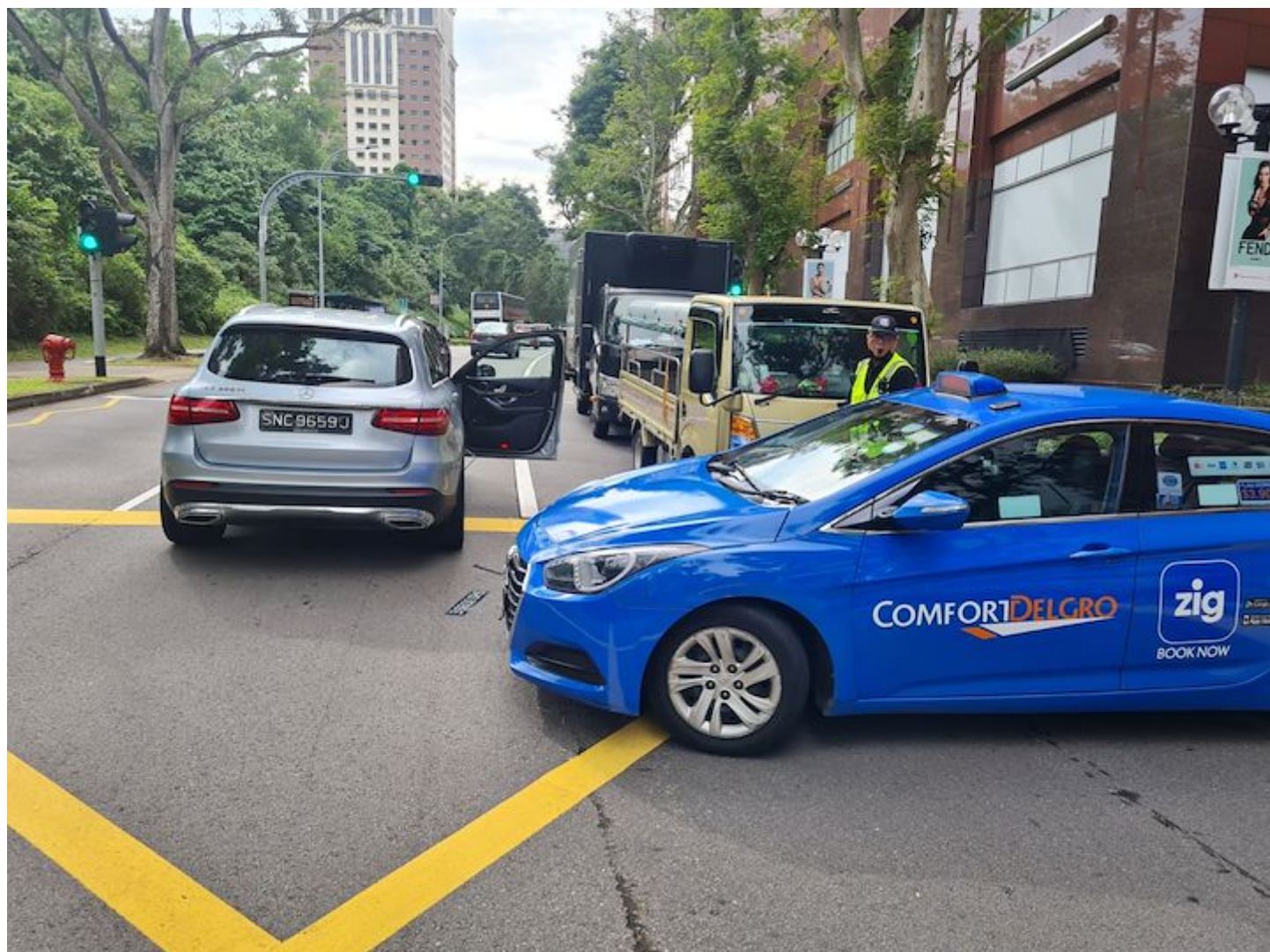
*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre  
 Personnel























A I S



## ERN TE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/2022/0000391/000001
Insured	WANG YEE CHOON (WANG YICHUN)
Usage	Social, Domestic & Pleasure Purposes excluding Hire & Reward
Make & Model	MERCEDES BENZ GLC250 4MATIC (R18 LED)
Attachment	NIL
Engine Capacity/Tonnage	1991cc
Engine Number	27492031400622
Chassis Number	WDC2539462F415609
Registration Number	SNC9659J
Estimated Value	Market Value at time of Loss
Coverage	Comprehensive - Authorised Workshop
Deductible	0
Period of Insurance	08-Jul-22 to 07-Jul-23
Hire Purchase	Toyota Financial Services Singapore Pte Ltd
Issued By	Agency Distribution on 08-Jul-22

We hereby certify that this Cover Note is issued in accordance with the provisions of  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed for and On Behalf of  
 Allianz Insurance Singapore Pte Ltd

Authorised Signatory

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