

# 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 .....	07/09/2022 11:54 (SGT)
Reported by .....	Driver
Date of Accident .....	06/09/2022 18:55 (SGT)
Exact Location of Accident .....	Tampines Ave 1, Singapore
Additional Location Information .....	TAMPINES AVE 1 TWDS TAMPINES SAFRA
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMK9995H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOVINDARAJU GOPINATHAN CHETTIAR
NRIC No .....	SXXXX835I
Email Address .....	GOVINCHETTIAR@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96216686
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001313112

### DRIVER

Name of Driver .....	PREM DESMOND GOPINATHAN
NRIC No .....	SXXXX855J
Date Of Birth .....	13/03/1989
Occupation .....	Indoor

Date Of Driving Pass .....	23/06/2010
Driving experience .....	12 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96246242
Alt. Phone Number .....	-
Email Address .....	KEKIMONUKU@GMAIL.COM
Address .....	72 MARIAM WALK
Address complement .....	-
Postcode .....	507115
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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

AS PER SKETCH PLAN ATTACHED

#### 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 .....	SMR6578L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN BOON LAY
NRIC No .....	SXXXX734D

Contact Number ..... (Phone) +65-97585425  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

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7. By the lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date  
& Time



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



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

SKETCH PLAN

A) SMK 9995H

B) SMR 6578L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

6/9/22  
It was a red light and my vehicle was stationary.  
I suddenly felt an impact from the back and realised that I was rear ended.

DECLARATION

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

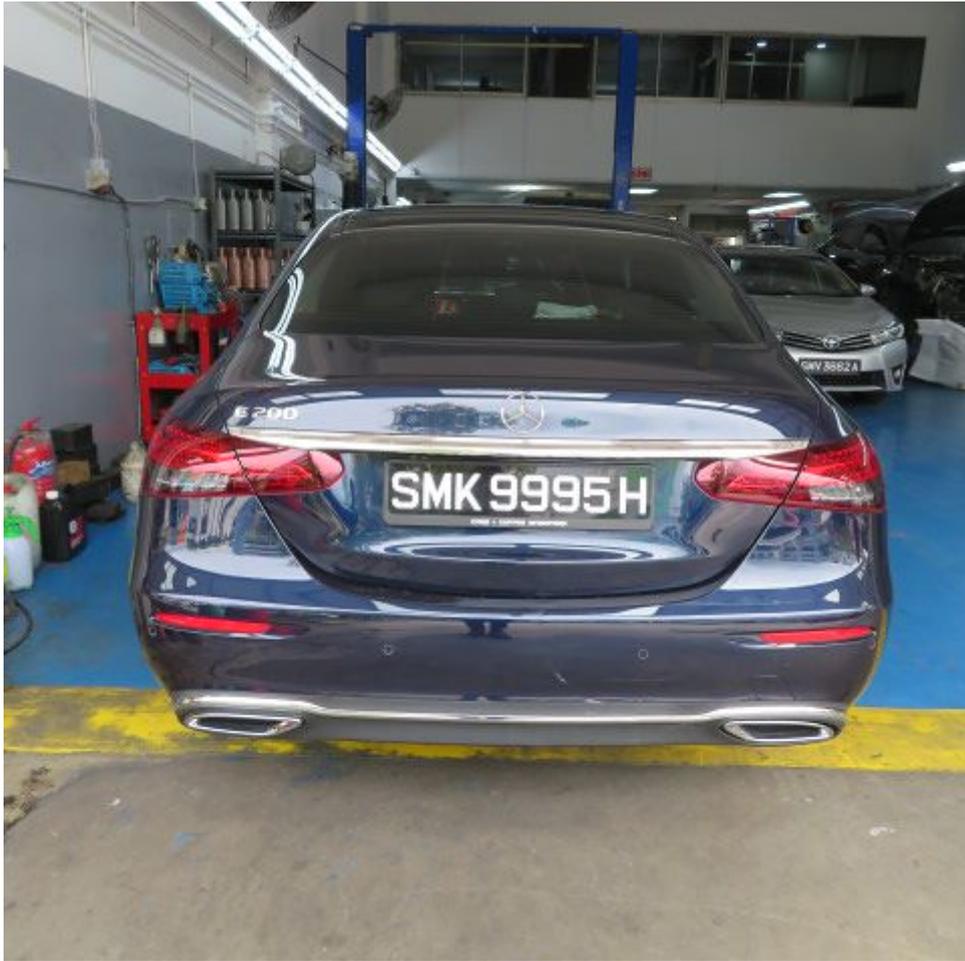
Policyholder's Signature  
Date & Time:

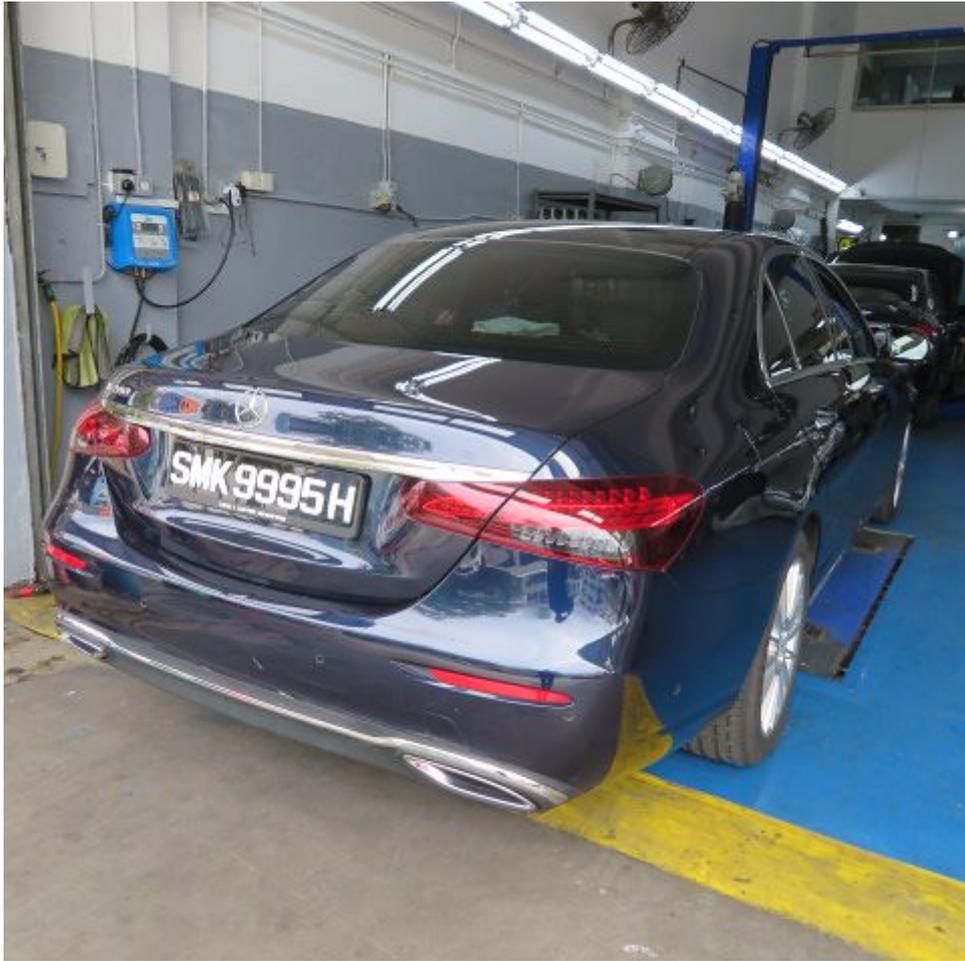
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

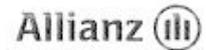


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:









Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE  
ALLIANZ MOTOR PROTECT

ORIGINAL

Date	:	23 March 2022
Policy Number	:	SP2001313112
Type of Cover	:	ALLIANZ MOTOR PROTECT
Plan Type	:	Comprehensive
Intermediary	:	BENG LIEN LIM
Intermediary Code	:	0000241
Policyholder	:	GOVINDARAJU GOPINATHAN CHETTIAR
Correspondence Address	:	72 MARIAM WALK SINGAPORE 507115
Replacing Cover Note No.	:	NA
Period of Insurance	:	From 15/04/2022 To 14/04/2023
Premium Payable	:	S\$ 1550.48
GST 7%	:	S\$ 108.54
Total Premium Payable	:	S\$ 1659.02

Make and Model	:	Mercedes Benz E200 2.0ITS			
Agreed Value	:	MARKET VALUE	Off Peak Car	:	No
Registration No.	:	SMK9995H	Good Driver Discount	:	Yes
Year of Manufacture	:	2020	Body Type	:	Sedan
Engine Capacity	:	1991.0	Engine No.	:	26492030349834
Chassis No.	:	W1K2130802A909321	Wind Screen	:	UNLIMITED
Hire Purchase Owner	:	UNITED OVERSEAS BANK LIMITED	No Claims Discount	:	40 %
Optional Coverage	:	NCD Protector Preferred Workshop for Accident Repairs Medical Expenses Personal Accident Benefits			
Named Drivers	:	GOVINDARAJU GOPINATHAN CHETTIAR PREM DESMOND GOPINATHAN NG AH HUAY			
Excess	:	Own Damage Excess In Singapore	S\$	800.00	
	:	Own Damage Excess Outside Singapore	S\$	NA	
	:	Windscreen Excess	S\$	100.00	