

## 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	09/09/2022 17:57 (SGT)
Reported by	Both
Date of Accident	07/09/2022 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	96 PUNGGOL DRIVE #05-14 (S) 828797
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7459G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA ZHONG LIE, JUSTIN
NRIC No	SXXXX018G
Email Address	nitsujchua90@gmail.com
Mobile Phone No	(Phone) +65-87386675
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	FORTE K3 1.6A EX
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	CHUA ZHONG LIE, JUSTIN
NRIC No	SXXXX018G
Date Of Birth	31/03/1990
Occupation	Outdoor

Date Of Driving Pass	15/04/2010
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87386675
Alt. Phone Number	-
Email Address	nitsujchua90@gmail.com
Address	96 PUNGGOL DRIVE #05-14 (S) 828797
Address complement	-
Postcode	-
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	Collided into Property
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	PASSENGER
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH 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	QX1924A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

## SKETCH PLAN

### 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

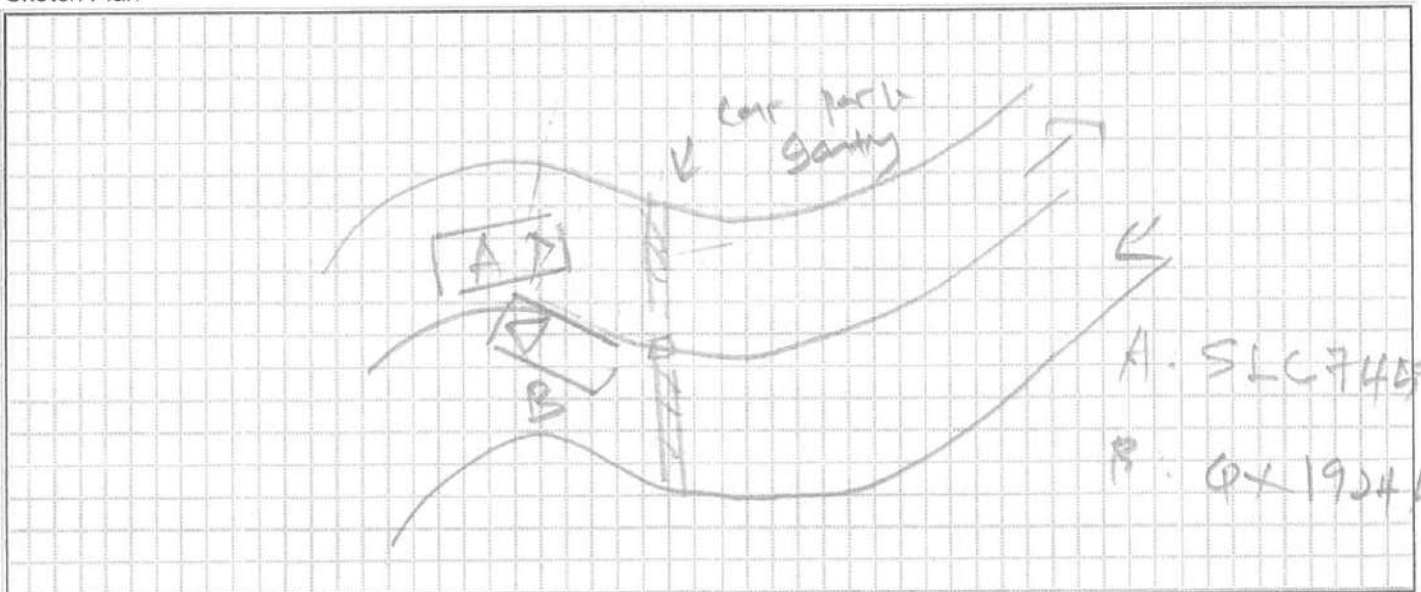
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Ref to attached police report

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

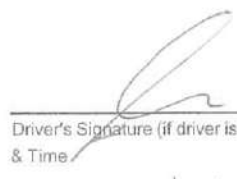
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

  
9/9/2012

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

  
9/9/2012

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



POLICE REPORT (NP299)

Report No. F/20220909/7038

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 09/09/2022 17:09	Vide Report No.	Station Diary No.
Name Of Informant CHUA ZHONG LIE, JUSTIN	Address 96 PUNGGOL DRIVE #05-14 SINGAPORE 828797	
ID Type / ID No. NRIC NO / S9011018G	Contact No. Home/Office:	Mobile: 87386675
Nationality SINGAPORE CITIZEN	Email Address NITSUJCHUA90@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 32
Institution/School Name	Date of Birth 31/03/1990	Race Chinese
	Language English	
Date/Time Of Incident 07/09/2022 18:50 - 07/09/2022 18:50	Location Of Incident 96 PUNGGOL DRIVE #05-14 SINGAPORE 828797	

**Brief details.**

I was sending my colleague Dominic Lee to Blk 172C Edgedale Plains on 07/09/2022 at about 6.50PM. While I was turning in to the carpark before the Gantry, a police car by the Car Plate of QX1924A was coming out (opposite direction) of the Gantry, I notice the space was insufficient to move due to his bigger SUV CAR, I stop to allow him to pass, however, the police car stop, access the situation, and proceed to move forward causing the knock and scratch on the right side of my vehicle.

Subjects Involved
Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2022 17:09
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220909/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220909/7038

Person Name	CHUA ZHONG LIE, JUSTIN		
ID Type	NRIC NO	ID No	S9011018G
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Sales manager	Address	96 PUNGGOL DRIVE #05-14 SINGAPORE 828797
Mobile No	87386675	Is Informant A Victim?	Yes
Person Name	CHUA ZHONG LIE, JUSTIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2022 17:09
Officer In-Charge Of Case:	Classification Of Case: