

## 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 .....	30/09/2022 17:18 (SGT)
Reported by .....	Owner
Date of Accident .....	29/09/2022 18:00 (SGT)
Exact Location of Accident .....	Keppel Bay View, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMJ7843G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	AXEL BADER
Passport No/FIN .....	G3391069Q
Email Address .....	AXEL.BADER@GMAIL.COM
Mobile Phone No .....	(Phone) +65-82015248
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1000

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001207703

#### DRIVER

Name of Driver .....	GABRIELA ALEYANDRA ROCATTI
Passport No/FIN .....	G3387603W
Date Of Birth .....	26/03/1984
Occupation .....	Indoor

Date Of Driving Pass .....	26/03/2001
Driving experience .....	21 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82015204
Alt. Phone Number .....	-
Email Address .....	GABYROCATTI@GMAIL.COM
Address .....	29 KEPPEL BAY VIEW
Address complement .....	#28-88
Postcode .....	098417
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Major/Minor Rd
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 I WAS COMING OUT OF MY PARKING SPACE, I COLLIDED INTO AN INCOMING CAR. THE CAR CAME FROM MY RIGHT , AS IT JUST TURNED AROUND THE CORNER OF THE CAR PARK. I'D CHECKED IN THAT DIRECTION ALREADY ALREADY, BUT I WAS ALREADY LOOKING IN THE DIRECTION I NEEDED TO GO ( MY LEFT) WHEN IT CAME AROUND.

#### 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 .....	SHC7611B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Yellow
Vehicle Category .....	Taxi

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**

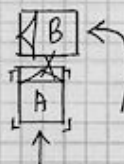
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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

**Sketch Plan**



A - SMJ7843G  
B - SHC7611B

## Describe Circumstances of the Accident

AS I WAS COMING OUT OF MY PARKING SPACE, I COLLIDED INTO AN INCOMING CAR. THE CAR CAME FROM MY RIGHT, AS IT JUST TURNED AROUND THE CORNER OF THE CAR PARK. I'D CHECKED IN THAT DIRECTION ALREADY, BUT I ~~WAS~~ WAS ALREADY LOOKING IN THE DIRECTION I NEEDED TO GO (MY LEFT) WHEN IT CAME AROUND.

## Declaration

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

Witnessed by Reporting Centre Personnel

30/9/2022 @ 1350























































Allianz Insurance Singapore Pte. Ltd.

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001207703-01  
 Date of Issue : 2022-03-11  
 Coverage : Comprehensive  
 Policyholder : Axel Bader  
 Period of Insurance : 20 March 2022 to 19 March 2023(both dates inclusive)  
 Registration No. : SMJ7843G  
 Chassis number of Vehicle : WAUZZZ8V0KA050576

### Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission

*\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

### Limitation as to Use\*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.


### The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

*\*Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

11 March 2022  
 Issued Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: SCB0000128 Allianz		
Excess	: Section1:Own Damage Excess	SGD	600.00
	: Section2:Own Damage Excess outside of Singapore	SGD	NA
	: Section3:Windscreen Excess	SGD	100.00
	: Section4:Liabilities to Third Parties		NA

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