

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 17:52 (SGT)
Reported by	Owner
Date of Accident	30/09/2022 11:05 (SGT)
Exact Location of Accident	Dunearn Rd & Whitley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5813L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RUNI IRNANDARI ARNOWO
NRIC No	S6966010Z
Email Address	RIRNANDARI@GMAIL.COM
Mobile Phone No	(Phone) +65-96635318
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1400

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001838745-01

DRIVER

Name of Driver	LOW KIAN MIN
NRIC No	S6966718Z
Date Of Birth	19/11/1969
Occupation	Indoor

Date Of Driving Pass	24/01/2006
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97570453
Alt. Phone Number	-
Email Address	KIANMINLOW@YAHOO.COM
Address	567 REVOSE CRESCENT
Address complement	#04-05
Postcode	298088
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PARTNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ARNOWO, RUNI IRNANDARI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE BELOW SKETCH PLAN & POLICE REPORT.

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	SLE1186Y
Vehicle Manufacturer	Nissan
Vehicle Model	X-trail
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	HENG PUAY SHYAN
Contact Number	(Phone) +65-85882192
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HENG PUAY SHYAN
Gender	-
Phone No	(Phone) +65-85882192
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLE1186Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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/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

20/9/22 @ 1600

Sketch Plan

A- SLP5813L
B- SLE1186Y


Describe Circumstances of the Accident

Please refer to the below sketch plan & police report.


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 @ 1500



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 : SP2001836745-01
 Date of Issue : 2022-06-03
 Coverage : Comprehensive
 Policyholder : ARNOWO, RUNI IRNANDARI
 Period of Insurance : 09 June 2022 to 08 June 2023(both dates inclusive)
 Registration No. : SLP5813L
 Chassis number of Vehicle : WAUZZZF46HA163802

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 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.

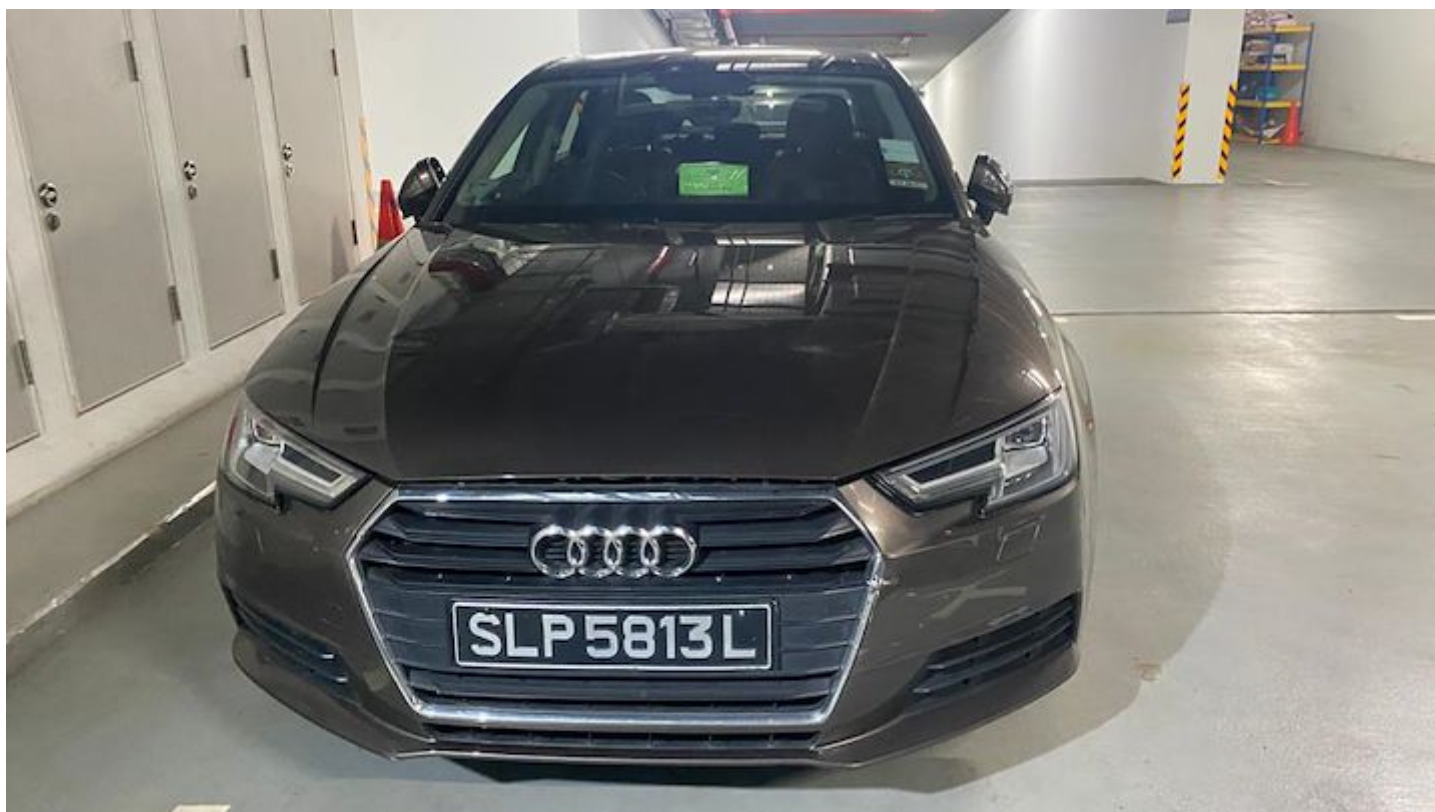
03 June 2022
 Issue d Date


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

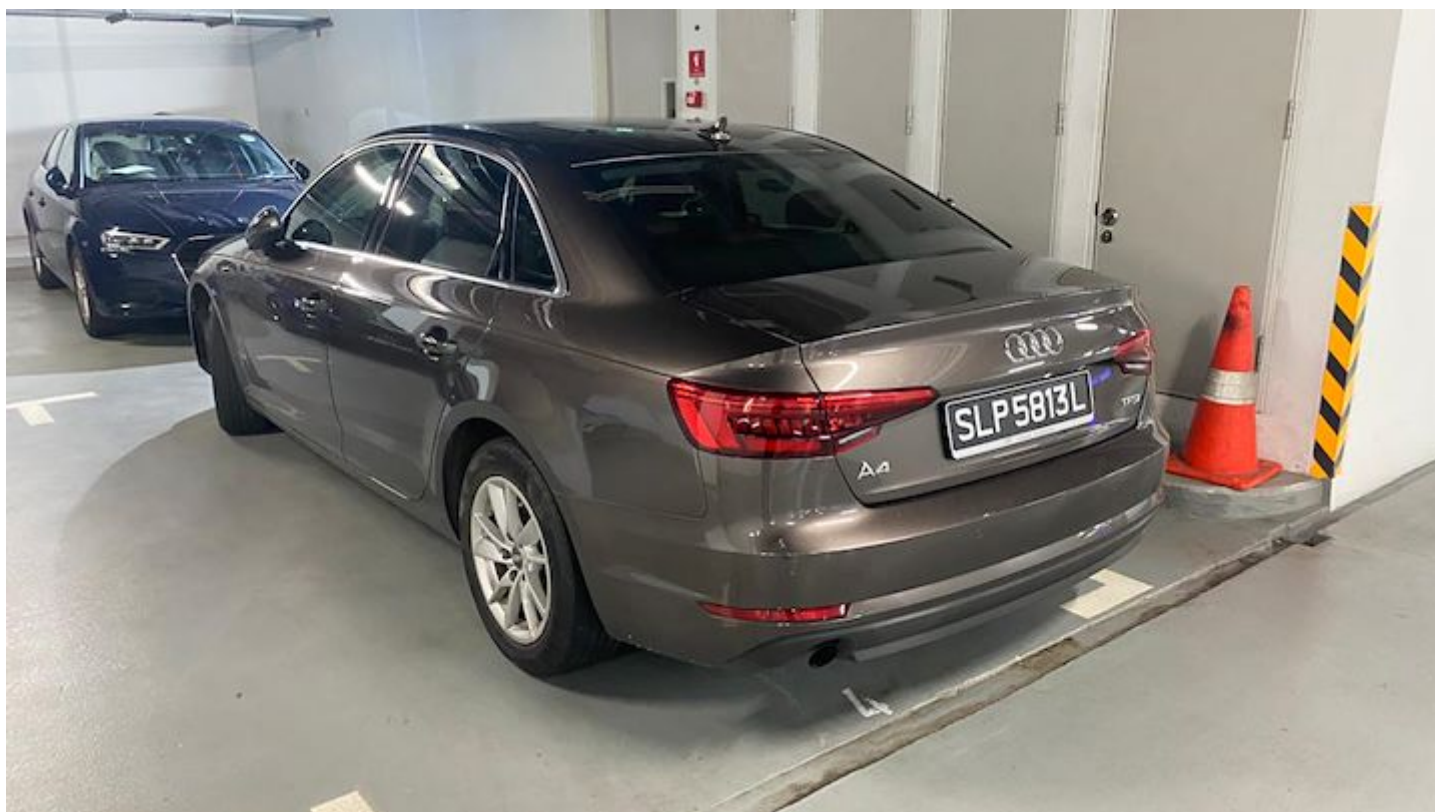
Excess : Own Damage
 : Windscreen Damage

SGD 600.00
 SGD 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg







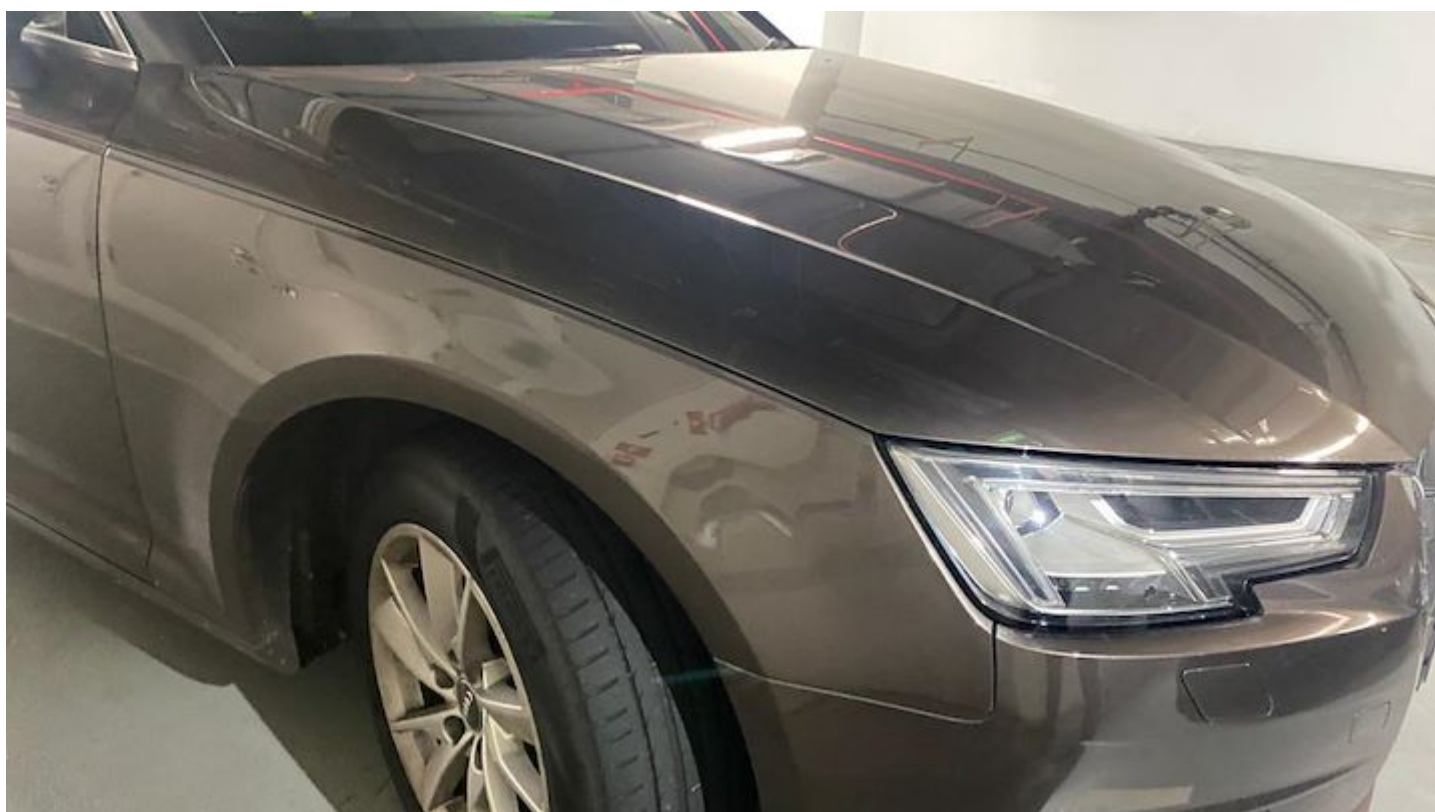














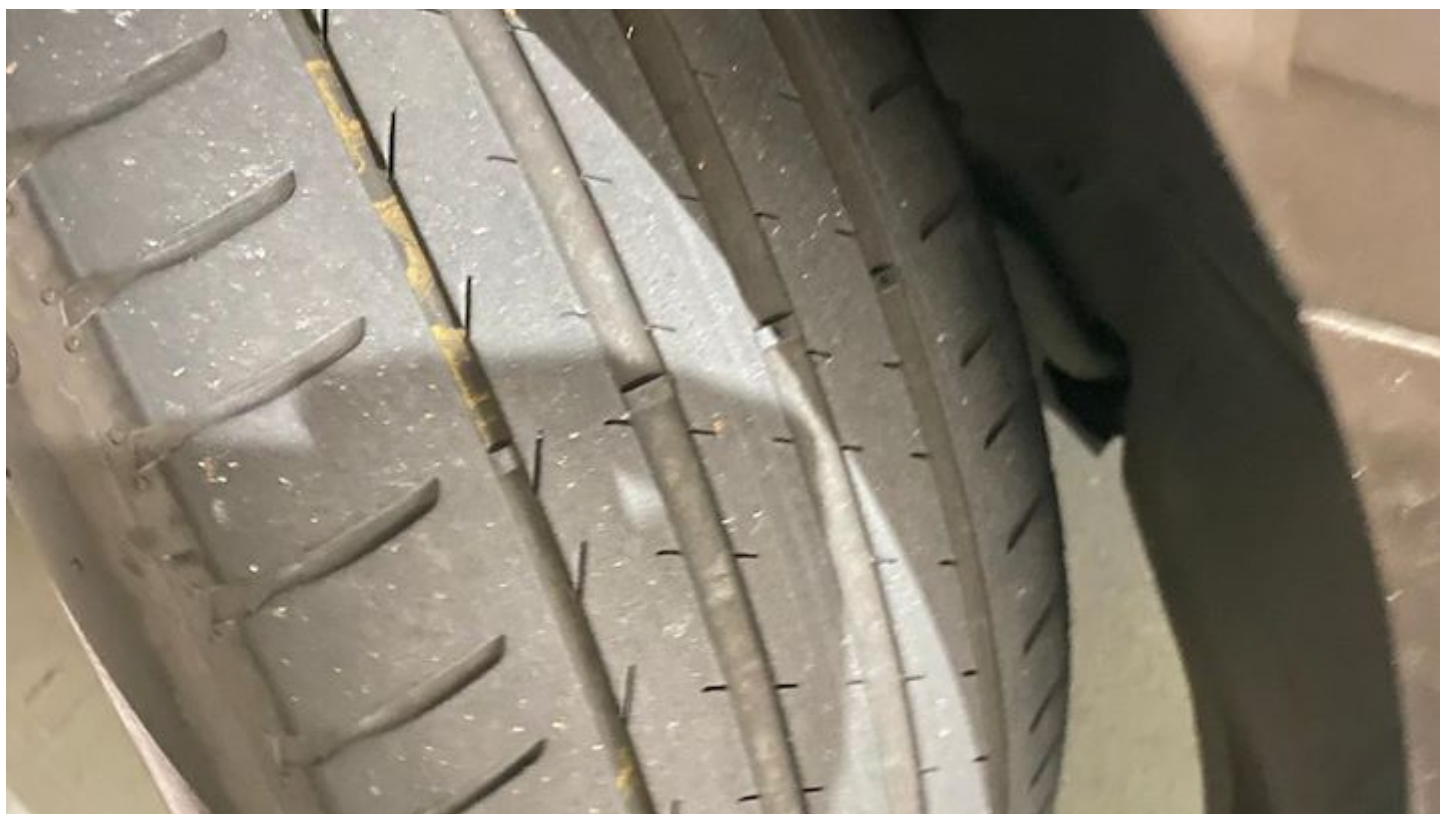




















**SINGAPORE
POLICE FORCE**



T/20220930/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4
Report No. T/20220930/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2022 14:15	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LOW KIAN MIN	Address: 56 TREVOSE CRESCENT #04-05 SINGAPORE 296088	
ID Type / ID No.: NRIC NO / S6966718Z	Contact No.: Home/Office:	Mobile: 97570453
Nationality: SINGAPORE CITIZEN	Email: KIANMINLOW@YAHOO.COM	
Sex: Male	Age: 52	Date of Birth: 19/11/1969
Race: Chinese	Language: English	Institution / School Name:
Occupation:	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2022 11:05	Type of Location: Bend
Location: Corner of Dunearn Road and Whitley Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE1186Y	Car	NISSAN	X Trail	Red	Slightly Damaged	0
SLP5813L	Car	AUDI	A4	Brown	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220930/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220930/7031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLE1186Y	EQ INSURANCE COMPANY LTD.			
SLP5813L	ALLIANZ GLOBAL CORPORATE & SPECIALTY AG SINGAPORE	SP2001838745	09/06/2022	08/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LOW KIAN MIN		ID No.	S6966716Z
Related Vehicle	SLP5813L (Car)		Contact No.	97570453
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	RUNI IRNANDARI ARNOWO		ID No.	S6966010Z
Related Vehicle	SLP5813L (Car)		Contact No.	96635318
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	HENG PUAY SHYAN		ID No.	S848486H
Related Vehicle	NIL		Contact No.	85882192
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/09/2022		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220930/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220930/7031

CONTINUATION OF REPORT

Brief Details.

The vehicle ahead of me and I both stopped before turning left into Whitley Road. The vehicle moved ahead and then stopped suddenly. As he was moving ahead, I also move forward. I hit his rear when he stopped. The is damage to both vehicles. The driver of the other vehicle has since complained of neck aches.



**SINGAPORE
POLICE FORCE**



T/20220930/7031

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220930/7031

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

This report is lodged at Orchard NPC Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/09/2022 14:15

Classification Of Case: