

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	01/10/2022 10:10 (SGT)
Reported by	Both
Date of Accident	30/09/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF JOO CHIAT ROAD AND DUNMAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1485Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ho Seng Tai
NRIC No	SXXXX818F
Email Address	brianhosengtai@gmail.com
Mobile Phone No	(Phone) +65-97610579
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200 EXCLUSIVE (R18 LED)
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002495301-01

DRIVER

Name of Driver	Ho Seng Tai
NRIC No	SXXXX818F
Date Of Birth	22/10/1951
Occupation	Indoor

Date Of Driving Pass	26/12/1974
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97610579
Alt. Phone Number	-
Email Address	brianhosengtai@gmail.com
Address	94 MARSHALL ROAD (S) 424890
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	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

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	GBG5033L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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.

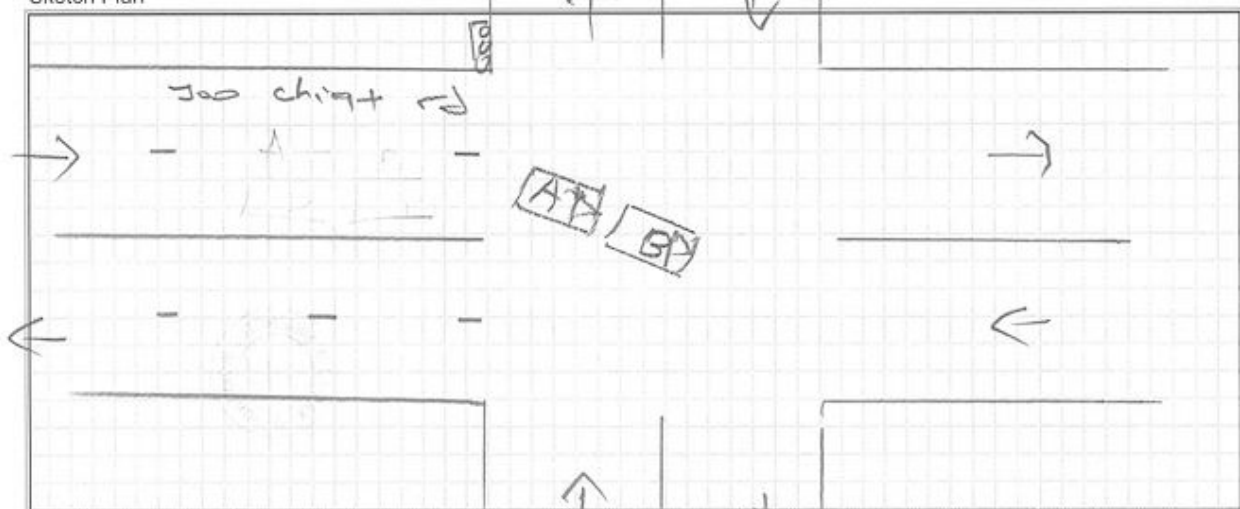


Policyholder's Signature / Date & Time

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

Both vehicles were making a right turn from Joo Chiat road to Dunman road.

Suddenly pedestrian dash out cross the road, causing both vehicles to brake.

I immediately brake my car, however still not able to react in time and hit into the rear of his van.

Note: Please note that your insurer may have 14 days 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

1/10/2022
9.45am



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

1/10/22
9.45am



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















































Allianz Insurance Singapore Pte. Ltd.

QUOTATION SLIP ALLIANZ MOTOR PROTECT

Date of Issue : 28 July 2022
 Quotation Number : SP2002495301-01
 Policyholder : Ho Seng Tai
 Policyholder Driving : Yes

Your vehicle

Make and Model : Mercedes Benz E200
 Body Type : Cabriolet Car Usage : Peak use – Personal & Work Commute
 Registration Number : Year of Registration : 2016
 Engine Capacity : 1991
 Year of Manufacture : 2016

Named Driver Details

Primary Driver

Gender : Male Date of Birth : 22 October 1951
 Driving Experience : 40 years Claims Experience : 0

Proposal

Plan Name : ALLIANZ MOTOR PROTECT
 Plan Type : Comprehensive
 Period of Insurance : From: 22 September 2022 To: 21 September 2023 (both dates inclusive)
 Safe Driver Discount : YES
 NCD : 50 %

Add-Ons

NCD Protector : Yes
 Personal Accident and Medical Expenses : Yes
 Own Damage Excess : S\$0.00
 Windscreen Excess : S\$100.00
 Premium with Preferred Workshop : S\$1,303.18 inclusive of GST

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