

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	27/09/2022 15:37 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 12:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	ALONG BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8421H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG LIXIANG JOYCE
NRIC No	SXXXX823Z
Email Address	Onglixiang@yahoo.com.sg
Mobile Phone No	(Phone) +65-97805603
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	AD 1.6 GLS AT
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	1591

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001790667-01

DRIVER

Name of Driver	ONG HUA BENG
NRIC No	SXXXX357F
Date Of Birth	23/03/1958
Occupation	Indoor

Date Of Driving Pass	25/04/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93684749
Alt. Phone Number	-
Email Address	Onglixiang@yahoo.com.sg
Address	APT BLK 511 JURONG WEST ST 52 #07-88
Address complement	-
Postcode	640511
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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	WIFE
Gender	Female

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

ON 27/9/22 AT ABT 1200HRS I WAS AT BUKIT TIMAH ROAD. I WAS WAITING STATIONARY FOR MY GRANDSON TO FETCH HIM FROM SCHOOL. VEHICLE B: SMB3593X OVERTAKE FROM MY RIGHT SIDE & HIT ONTO MY RIGHT SIDE BUMPER.

* I WISH TO STATE THAT THERE WAS A JAMMED TO QUEUE TO GO INTO THE SCHOOL. I LEAVE A BIG SPACE FOR BUS TO ENTER THE BUS-STOP.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

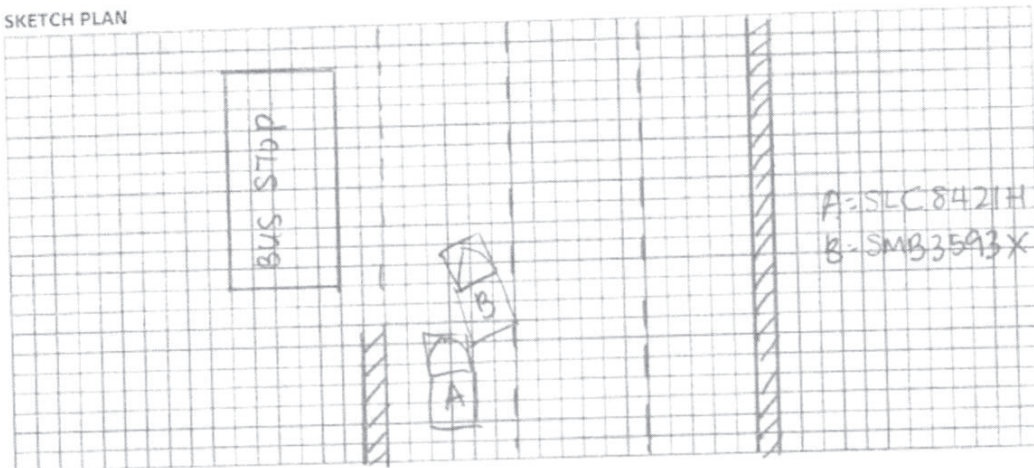
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3593X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ABDUL RAHMAN BIN ABDULLAH TAN
Passport No/FIN	GXXXX642M
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/9/22 at abt 1200HRS I was at Bukit Timah road. I was waiting stationary for ^{my} grandson to fetch him from school. Vehicle B: SMB3593X overtake from my right side & hit onto my right side bumper.

queue to

*I wish to state that there was a jammed to go into the school. I leave a big space for bus to enter the bus-stop.

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.:

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