

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 18/10/2022 17:16 (SGT)
Reported by Both
Date of Accident 14/10/2022 11:15 (SGT)
Exact Location of Accident 16 Joo Seng Rd, Singapore 360016
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY1726H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NUR HAFIZAH BTE ABDUL FATTAH
NRIC No S8632135A
Email Address FARIN.AHMAD@GMAIL.COM
Mobile Phone No (Phone) +65-86068793
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number P000010884

DRIVER

Name of Driver MOHD SHAFARIN BIN AHMAD
NRIC No S7434177B
Date Of Birth 30/10/1974
Occupation Outdoor

Date Of Driving Pass	03/03/1999
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87808035
Alt. Phone Number	-
Email Address	FARIN.AHMAD@GMAIL.COM
Address	BLK 242 HOUGANG STREET 22 #01-69
Address complement	-
Postcode	530242
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FY261K
Insurance Company of Other Vehicle Owned by Driver	Etiga Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Wet

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

I AM GOING UP THE CARPARK WHEN VEHICLEB FROM THE OPPOSITE DIRECTION CUT ACROS MY LANE AND COLLIDED INTO MY VEHICLE'S FRONT RIGHT PORTION.

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	SMA492D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN


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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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:

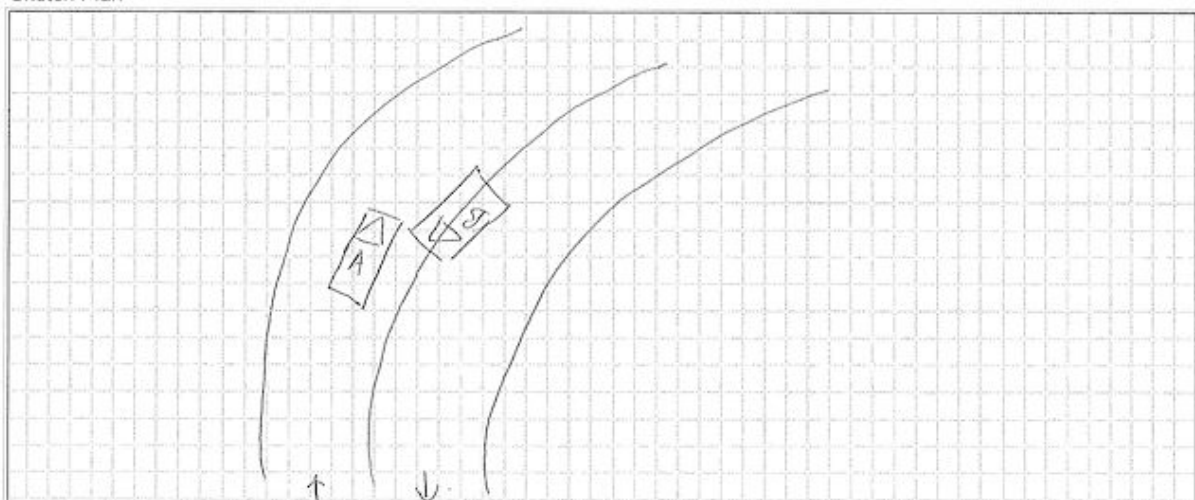
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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SMB


Describe Circumstance of the Accident

I am going up the carpark when vehicle B from the opposite direction cut across my lane and collided into my vehicle's front right portion.

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

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

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X22A1000J Vehicle Registration No: 3JY 1726H

Name (as shown in NRIC): MOHD SHAFARIN BIN AHMAD NRIC/FIN/Passport No: S7434177B

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 8780 8035

Email Address: _____

Date of Accident: 14/10/22 Time of Accident: 11.15

Place of Accident: 16 JOO SENG RD

Insurance Company: ALLIANZ

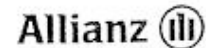
(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

— AMEND DATE OF ACCIDENT.

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:



Allianz Insurance Singapore Pte. Ltd.

COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Date of Issue	: 04/08/2022		
Cover Note Number	: P000010884		
Plan Name	: ALLIANZ COMMERCIAL MOTOR INSURANCE		
Plan Type	: Comprehensive - AUTHORISED WORKSHOP		
Vehicle Usage	: Personal - PHV		
Policyholder/Insured	: Nur Hafizah bte Abdul Fattah		
Nature of Business	:		
Sum Insured	: MARKET VALUE AT TIME OF LOSS		
Period of Insurance	: From 06/08/2022 To 05/08/2023 (both dates inclusive)		
Make and Model	: Toyota Wish		
Registration Number	: SJY1726H	Private Hire Use	: YES
Year of Registration	: 2010	Seating Capacity	: 2 INCLUDING DRIVER
Capacity / Tonnage	: 2 CC	Body Type	: Hatchback
Chassis Number	: ZGE200052591	Windscreen	: UNLIMITED
Engine Number	: 2ZR0557450	No Claim Discount	: 10%
Hire Purchase Owner	: UNIQUILUS CREDIT LEASING PRIVATE LIMITED		
Named Driver	: MOHD SHAFARIN BIN AHMAD		
Excess	: Own Damage	S\$	2,000.00
	Young, Elderly &/or Inexperienced Driver	S\$	3,000.00
	Liabilities to Third Parties	S\$	2,000.00
	Windscreen	S\$	100.00
Issued By	: Woon Ching, Clara (Cai WenQin) Chua 96941620		

We hereby certify that this Cover Note is issued in accordance with the provisions of
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of
Allianz Insurance Singapore Pte. Ltd.

Authorised Signatory

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