

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 17/10/2022 17:47 (SGT)
Reported by Both
Date of Accident 17/10/2022 09:15 (SGT)
Exact Location of Accident Pepys Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA2598U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner OW KIM LENG, VINCENT
NRIC No SXXXX930E
Email Address owkimleng@gmail.com
Mobile Phone No (Phone) +65-90612095
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 1998

INSURANCE COMPANY

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

DRIVER

Name of Driver OW KIM LENG, VINCENT
NRIC No SXXXX930E
Date Of Birth 25/04/1980
Occupation Indoor

Date Of Driving Pass	24/06/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90612095
Alt. Phone Number	-
Email Address	owkimleng@gmail.com
Address	APT BLK 113C MCNAR ROAD
Address complement	#23-250
Postcode	324113
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	Side Swipe
Weather Conditions	drizzling
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

PLEASE REFER TO THE SKETCH PLAN

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	SMA9898H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIVARAMAN S/O CHANDRAKASAN
NRIC No	SXXXX667J

Contact Number	(Phone) +65-88940262
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

17 Oct 2022 14:10hrs

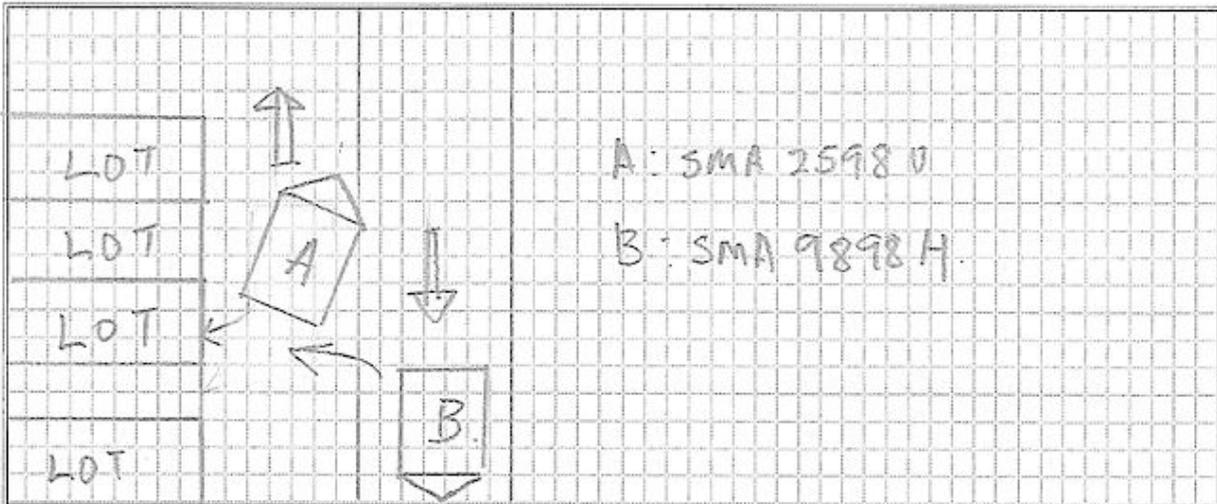
Policyholder's Signature / Date & Time

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	
VEHICLE NO: SMA 2598U	ACCIDENT DATE & TIME: 17 OCT 2022 09:15am
CONTACT NUMBER: 9061 2095	E-MAIL: Ouwkimleay@gmail.com
LOCATION: Pepys Road Off Street (P0031) public Carpark.	
<p>On 17 OCT 2022, 09:15am, I was waiting for a car lot at the incident place which is Pepys Road Off Street. There is a coffee shop nearby. Around 9:00am, there was a delivery van moving out of the car park lot.</p> <p>I moved my car a bit further up to allow the delivery van to move out.</p> <p>When the delivery van is out, I reversed my car slowly to the lot and then I saw this car trying to reverse in to the lot as well from the opposite lane. I slowed down and honk the car but the car still reversed into my car.</p> <p>I get off the car and try to look at the my car. The bumper came off and some paint is off as well. I signalled to the car owner of SMA 9898H. He seems not able to understand what's going and still insist to reverse into the lot.</p> <p>I shouted at him, that he has banged into my car then he unrolled his window and he said he me he need need to reverse in as he is blocking the road.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY	

Declaration

I/We declare the foregoing particulars are true in every respect.


 17 OCT 2022 14:19hrs
 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)













TOYOTA MOTOR CORPORATION JAPAN
MODEL ASU60R-ANTMI 1998 mL
ENGINE 8AR-FTS
FRAME No. JTEZB3GH70J002123
COLOR TRIM PLANT OPTION
1F7 EB21 A31
TMS/MLE U661E -03A 484











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: SM 1322AH000D Vehicle Registration No: SMA 25980
 Name (as shown in NRIC): OW KIM LENG VINCENT NRIC/FIN/Passport No: 930E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 113c McNair Rd # 23-250 Singapore (324113)
 Contact (Tel): 90612095 Mobile No.: 90612095
 Email Address: owkimleng@gmail.com
 Date of Accident: 17 OCT 2022 Time of Accident: 09:15 am
 Place of Accident: Pepus Rd, Singapore
 Insurance Company: Allianz Insurance Singapore Pte. Ltd.

(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:

I wish to make some amendment to the report I make on
17 Oct 2022.
1) the timing of the accident should be 09:15 am; not
9:51 am.
2) amend to claim own damage under my policy.

Policyholder / Driver's Signature
 Date: 28 OCT 2022

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: