

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	31/10/2022 18:26 (SGT)
Reported by	Both
Date of Accident	30/10/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT MERAH LANE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EP8338E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SAI SING
NRIC No	SXXXX692F
Email Address	SOLLERSCAPITAL@GMAIL.COM
Mobile Phone No	(Phone) +65-83226888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gls400
Variant	D 4MATIC AMG LINE AUTO
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	2925

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP20002269793-01

DRIVER

Name of Driver	LEE SAI SING
NRIC No	SXXXX692F
Date Of Birth	18/07/1971
Occupation	Indoor

Date Of Driving Pass	22/06/1991
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83226888
Alt. Phone Number	-
Email Address	SOLLERSCAPITAL@GMAIL.COM
Address	9 NAMLY DRIVE
Address complement	-
Postcode	267426
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

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.

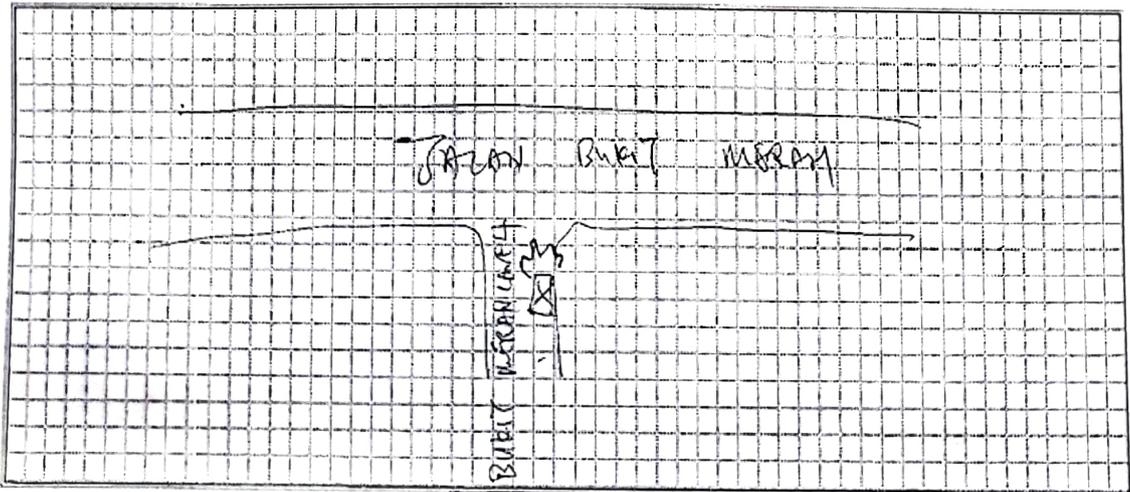
Policyholder's Signature / Date & Time

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: EP 8338 E	ACCIDENT DATE & TIME: 0830 30/10/22
CONTACT NUMBER: 83226888	E-MAIL: sellerscapital@gmail.com
LOCATION: BUKIT MERAU CARO 4	

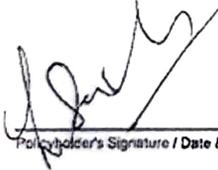
Refer to police report.

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: () CLAIM OWN POLICY () CLAIM THIRD PARTY () CLAIM ODTP AT OTHER WORKSHOP () REPORTING ONLY

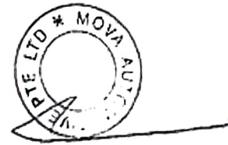
Declaration

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


Policyholder's Signature / Date & Time

31/10/2022 3:15pm

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



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

4/1/22



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20221030/2031

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Report No. T/20221030/2031

CONTINUATION OF REPORT

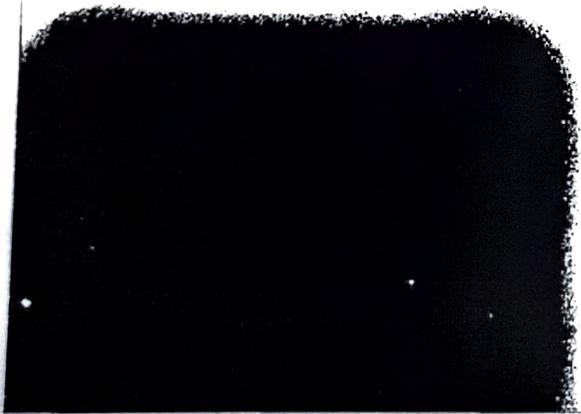
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE SAI SING	ID No.	S2204692F
Related Vehicle	NIL	Contact No.	83226888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/10/2022, at around 8.30am, I was driving along Jln Bt Merah in the direction of Queensway. Suddenly, I saw some smoke coming out from my car's bonnet. I then turned into Bukit Merah Lane 4, stopped my car, got out, and opened the bonnet. I saw a fire in the bonnet and I called for emergency services. SCDF soon arrived and put out the fire. Police also arrived at scene. The front bonnet area of my car is seriously burnt. I am lodging this report for insurance claim purposes.



Police S
Bukit
T D





**SINGAPORE
POLICE FORCE**



T/20221030/2031

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3
Report No. T/20221030/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's **Insurance Certificate** to this report. If you don't have the certificate with you now, please fax a copy to **65474885** stating the **report number** as reference.

Signature of Officer Recording The Report:

E /

SCSGT(1) KHOO XUREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2022 14:38

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Classification Of Case:

NP168