

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	14/11/2022 15:41 (SGT)
Reported by	Both
Date of Accident	12/11/2022 14:55 (SGT)
Exact Location of Accident	Near 510 Choa Chu Kang Street 51, Block 510, Singapore 680510
Additional Location Information	Slip road of KJE towards Choa Chu Kang Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD4070H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Thundercarz
Company Reg No	53451831A
Email Address	tabatha@shariot.com
Mobile Phone No	(Phone) +65-88620101
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002119672

DRIVER

Name of Driver	Saloma Binte Ghani
NRIC No	S7127060B
Date Of Birth	11/08/1971
Occupation	Indoor

Date Of Driving Pass	12/02/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96806063
Alt. Phone Number	-
Email Address	ladyleo110871@gmail.com
Address	Block 462B Yishun Avenue 6
Address complement	#07-1141
Postcode	762462
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Shafie Bin Loqmann
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20221112/7055

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Retrieving

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3564D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Ku Soon Ming
Contact Number	(Phone) +65-93632466
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Saloma Binte Ghani
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD4070H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Shafie Bin Loqmann
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD4070H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

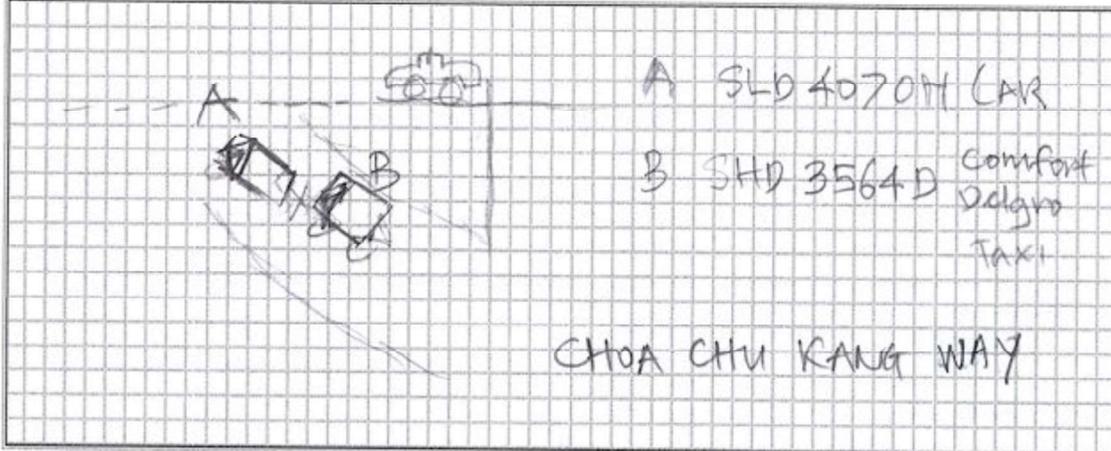
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]



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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Please refer to Police Report.

Declaration

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

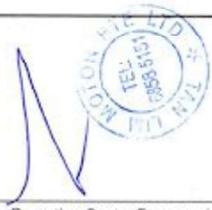


Adrian

Policyholder's Signature / Date & Time

Gill

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



N

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



















**SINGAPORE
POLICE FORCE**



T/20221112/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221112/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SHAFIE BIN MOHAMAD LOQMANN	ID No.	S7316447H
Related Vehicle	SLD4070H (Car)	Contact No.	87880812
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/11/2022	Date	12/11/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	SALOMA BINTE GHANI	ID No.	S7127060B
Related Vehicle	SLD4070H (Car)	Contact No.	96806063
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/11/2022	Date	12/11/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 12/11/2022 at about 1455hrs I was driving at KJE to the left filter lane out to Exit 3 Choa Chu Kang Way. As traffic was heavy at the main road, I must stop to give way to the main road vehicles to pass through. As the lane was about to clear, I was about to move my vehicle but suddenly there was a jerk from behind. I saw the Comfort Delgro taxi driver plate no SHD3564D hit the back of my Shariot Rental Car.

As the traffic was heavy at that time vehicles had built up at the back of the filter lane lining up so I decided to move forward to clear the filter lane to settle with the taxi driver. The taxi driver followed me and stop his taxi behind my car to settle the matter. The taxi driver identify himself as Ku Soon Ming and his contact number is 93632466. I am the driver of the car and my husband is the passenger. We sought treatment at the nearby 24H Central clinic nearby our home for sore lower back and headaches after that impact.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221112/7055

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Report No. T/20221112/7055

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2022 21:50
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168