

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 | 23/11/2022 11:59 (SGT) |
| Reported by | Both |
| Date of Accident | 21/11/2022 07:25 (SGT) |
| Exact Location of Accident | 529 Hougang Ave 6, Block 529, Singapore 530529 |
| Additional Location Information | OPEN CARPARK OF BLK 529 HOUGANG AVENUE 6 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SNE9704B |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LAI JIA'EN YVONNE |
| NRIC No | SXXXX216I |
| Email Address | YVONNE.LAI@YMAIL.COM |
| Mobile Phone No | (Phone) +65-93216574 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 430i |
| 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? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2000 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | sp2001681141-01 |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | LAI JIA'EN YVONNE |
| NRIC No | SXXXX216I |
| Date Of Birth | 07/03/1987 |
| Occupation | Indoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 20/09/2005 |
| Driving experience | 17 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-93216574 |
| Alt. Phone Number | - |
| Email Address | YVONNE.LAI@YMAIL.COM |
| Address | BLK 529 HOUGANG AVENUE 6 |
| Address complement | - |
| Postcode | 530529 |
| 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 | Collided into Parked Vehicle |
| 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) | 0 |
| 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 | 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 SKETCH

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 | SMQ7335U |
| 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 | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

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- 5. **Any false reporting may be referred to the Police for investigation**.
- 6. The report will be forwarded by the insurers of the GA 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 insurers) 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 purposes 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

Sketch Plan



(A) SNE97048

(B) SMG 7335 U

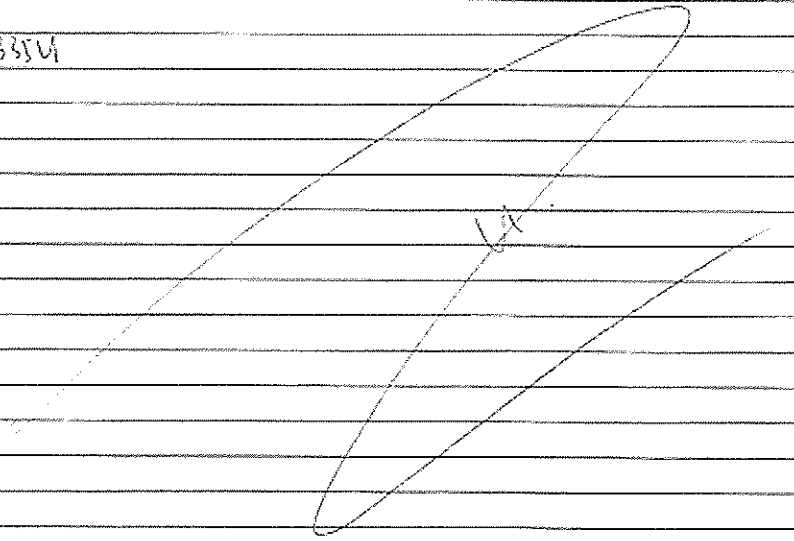
Describe Circumstances of the Accident

On 20/11/2022 at about 21:00hrs, I parked my car and everything was intact. 21/11/2022 at about 03:30hrs when I got back to retrieve my car, I realised my front portion damaged. I checked with my CCTV footage and realised that SM673354 hit into my car. On the night of 21/11/2022, I managed to contact the driver of SM673354 and was told that he will pay for the damages. However on 22/11/2022, he did not respond therefore, I come to make a insurance report for accident claim purpose.

I have attached the traffic police report, emails, photos for reference.

(A) SNE 6704B


(B) SM673354




Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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



**SINGAPORE
POLICE FORCE**



T/20221121/7056

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

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Report No. T/20221121/7056

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|-----------------|------------|-------------|
| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
| SNE9704B | ALLIANZ INSURANCE SINGAPORE PTE LTD | SP2001681141-01 | 27/04/2022 | 26/04/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------|-----------------------------------|---------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | | |
| Name | LAI JIA'EN YVONNE | ID No. | S87072161 | |
| Related Vehicle | SNE9704B (Car) | Contact No. | 93216574 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |

Brief Details

On 21 Nov'22 (Monday) morning, around 7.30am when I left home and went down to start my vehicle (Car plate number SNE 9704B), I realized there were damages seen on the front bumper (driver side). I downloaded a video and captured some photos from my car camera and saw a white Honda vehicle turning out from the right side of where I parked my vehicle is. The driver was turning out from his/her left, hit & run. My vehicle was stationery at the point of time and nobody was in my vehicle when it happened. The white Honda driver drove off w/o stopping to check the damages.



**SINGAPORE
POLICE FORCE**



T/20221121/7056

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

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Report No. T/20221121/7056

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| |
|---|
| Signature Of Officer Recording The Report: Not applicable |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / TPIB / SUFYAN BIN KHAIRI Contact No.: 65476148 |

| |
|--|
| Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Date/Time: 21/11/2022 19:35 |
| Classification Of Case: |

This report is lodged at Hougang NPC Kiosk 1
NP166