

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 28/11/2022 14:38 (SGT)
Reported by Both
Date of Accident 28/11/2022 05:30 (SGT)
Exact Location of Accident 302 Choa Chu Kang Ave 4, Singapore 680302
Additional Location Information TOWARDS CHOA CHU KANG LOOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6871R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG JOO LIANG
NRIC No S1218729G
Email Address ALOYSIUS.NG@GMAIL.COM
Mobile Phone No (Phone) +65-97398228
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1598

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2001964206

DRIVER

Name of Driver NG JOO LIANG
NRIC No S1218729G
Date Of Birth 30/05/1956
Occupation Outdoor

Date Of Driving Pass	10/11/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-97398228
Alt. Phone Number	-
Email Address	ALOYSIUS.NG@GMAIL.COM
Address	BLK 51 CHOA CHU KANG LOOP #11-26
Address complement	-
Postcode	689682
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	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)	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

REFER TO SKETCH PLAN

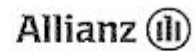
ATTACHMENT(S)

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	SG5532L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MR LIM
Contact Number	-

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



Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE
ALLIANZ MOTOR PROTECT

ORIGINAL

Date	:	07 June 2022		
Policy Number	:	SP2001964206		
Type of Cover	:	ALLIANZ MOTOR PROTECT		
Plan Type	:	Comprehensive		
Intermediary	:	KWG ASSOCIATES PTE LTD		
Intermediary Code	:	0000142		
Policyholder/Insured	:	NG JOO LIANG		
Correspondence Address	:	51 CHO A CHU KANG LOOP THE WARREN 11-26 SINGAPORE 689682		
Replacing Cover Note No.	:	NA		
Period of Insurance	:	From 10/07/2022 To 09/07/2023		
Premium Payable	:	S\$ 812.49		
GST 7%	:	S\$ 56.88		
Total Premium Payable	:	S\$ 869.37		
Make and Model	:	Toyota COROLLA		
Agreed Value	:	MARKET VALUE	Off Peak Car	: No
Registration No.	:	SMM6871R	Good Driver Discount	: Yes
Year of Manufacture	:	2019	Body Type	: Sedan
Engine Capacity	:	1598.0	Engine No.	: 1ZR0D97694
Chassis No.	:	MR053REH604598141	Windscreen	: UNLIMITED
Hire Purchase Owner	:	NA	No Claims Discount	: 50 %
Additional Cover	:	NCD Protector Preferred Workshop for Accident Repairs		
Named Drivers	:	NG JOO LIANG		
Excess	:	Own Damage	S\$	0.00
	:	Windscreen Damage	S\$	100.00

SKETCH PLAN

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 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

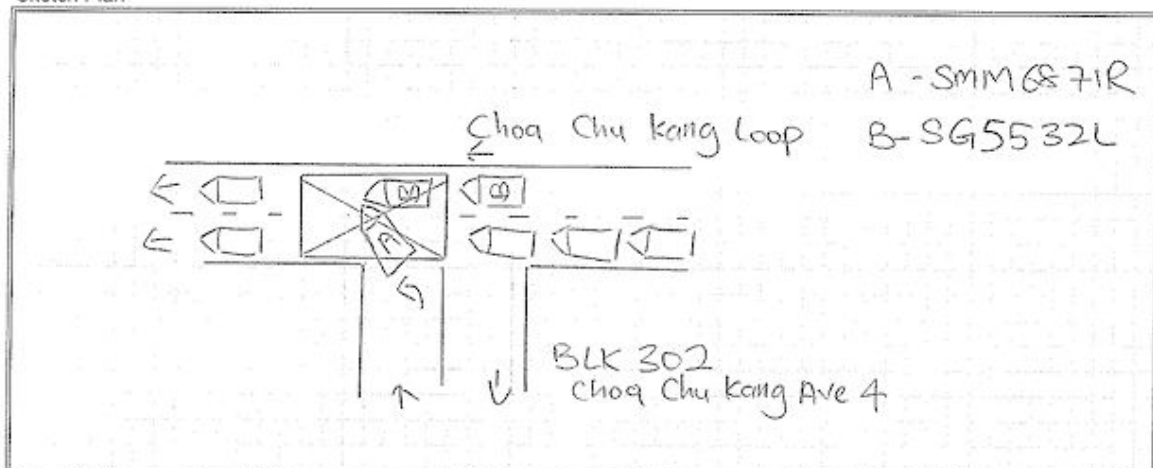
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Refer to attachment.

☐ Claim own policy
☐ Claim third party
☒ Claim ODP/TP at other workshop
☐ For record purpose

Policy No. SP2001964206
Insurer Allianz Veh. No. SMM6871R

Borneo Motor

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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)

On the 28 November 2022 at about 5.30am I was driving along along Choa Chu Kang Avenue 4 filtering out towards into the yellow box few vehicles on my right were in stationary mode , the Yellow box was clear of vehicle as well , my vehicle was already a quarter into the yellow box, a SMRT bus bearing its number : SG 5532 L simply drove out without due care , safety nor consideration that resulted driver of SG 5532L crashing into my front right of my vehicle, act of carelessness and irresponsibility , failed to keep a look out that could have prevented and avoided the result , that resulted in the damages.



















