

# 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 .....	12/12/2022 13:20 (SGT)
Reported by .....	Driver
Date of Accident .....	11/12/2022 19:55 (SGT)
Exact Location of Accident .....	Near 954 Upper Serangoon Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR8450U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Runjeet Singh S/O Mukhtar Singh
NRIC No .....	SXXXX964B
Email Address .....	navin294@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-94509447
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Sylphy
Variant .....	1.5L 4AT ABS D/AB 2WD 4DR
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 .....	1498

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2000756192-01

### DRIVER

Name of Driver .....	Goi Kai Bei
NRIC No .....	SXXXX083E
Date Of Birth .....	05/09/1993
Occupation .....	Outdoor

Date Of Driving Pass .....	11/09/2021
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83134382
Alt. Phone Number .....	-
Email Address .....	rebeccagoi0509@gmail.com
Address .....	Blk 372 Hougang Street 31
Address complement .....	#04-53 Singapore
Postcode .....	530372
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Father in law
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 - Change/cross lane
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) .....	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 .....	Goi Zi Yao
Gender .....	Female

#### 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 .....	SMF6401B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Billy Chew
Contact Number .....	(Phone) +65-81826820
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**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

I was driving along upper Serangoon Road on the third lane .  
 There was a break down car stopped in front of my car . I  
 have initially inched out a bit and then I stopped to look  
 out on oncoming traffic . Suddenly , the veh B (SMF6401B) brushed  
 against my stationary car as he was driving . There was not one  
 injured and please note that there was only minor scratches on  
 the veh B right side . I forgot to take accident scene photo but  
 my sister who was in the car with me managed to take a photo  
 of the moving veh B after we drove off . From the photo , no  
 visible damage can be seen .

## 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

Law Yi Ting  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)



















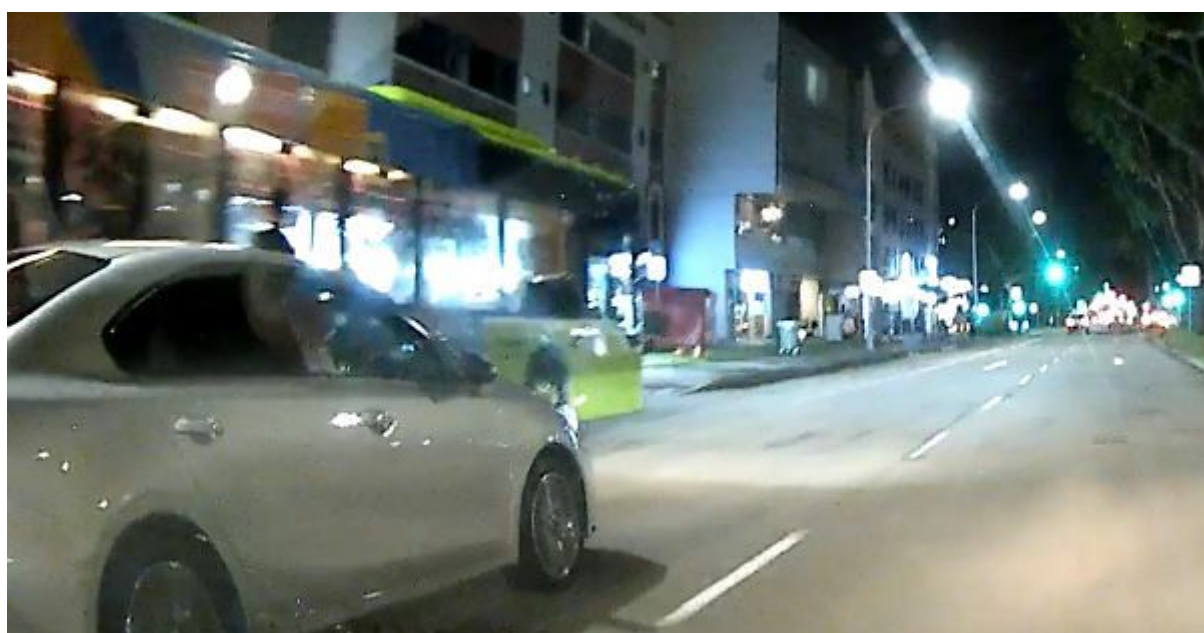
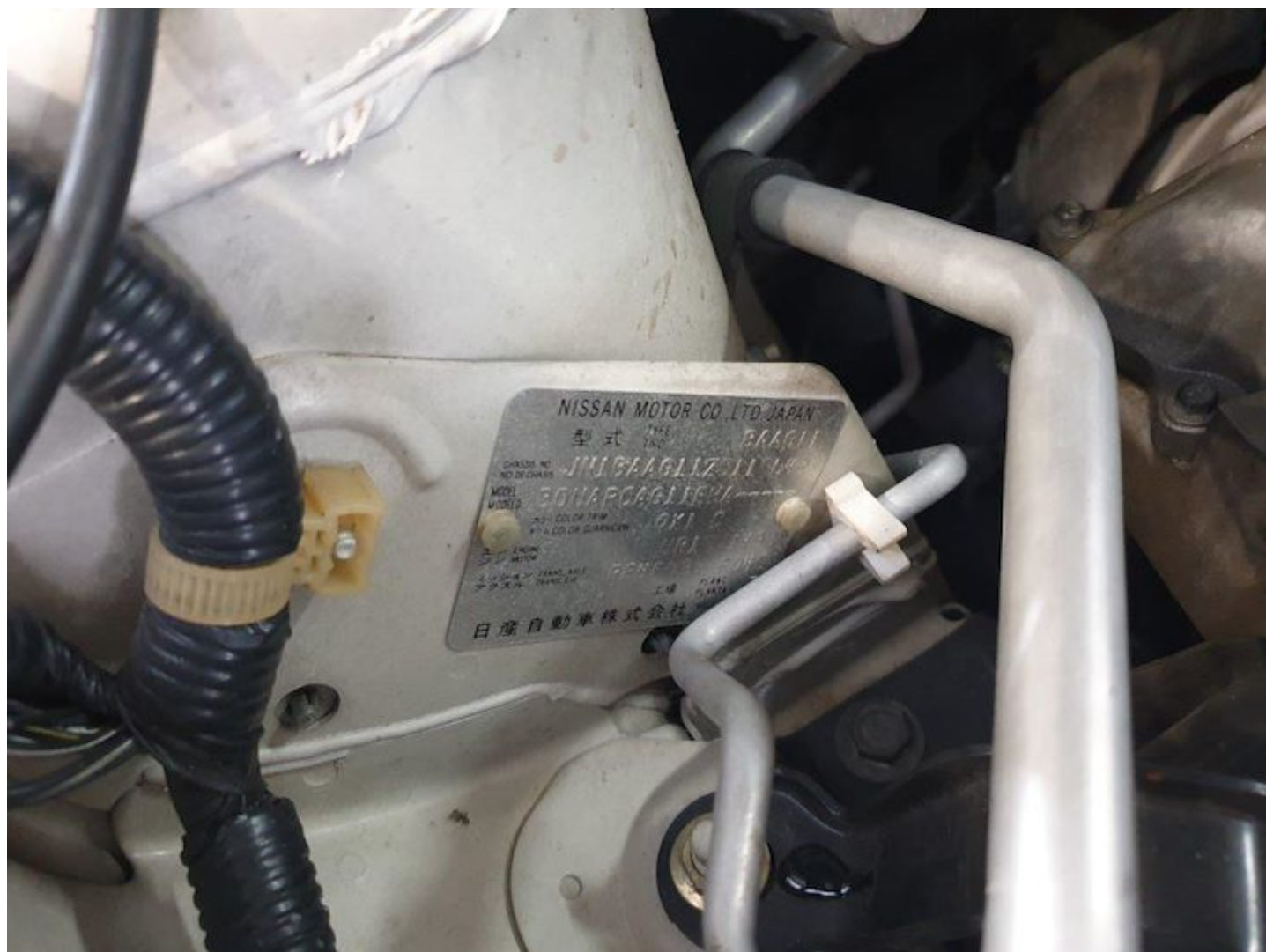
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS3722CC0002 Vehicle Registration No: SLR845U  
 Name (as shown in NRIC): Goi Kai Bei NRIC/FIN/Passport No: 9382083E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 372 Honggang Street 31, #04-53 Singapore (530372)  
 Contact (Tel): 8313 4382 Mobile No.: \_\_\_\_\_  
 Email Address: rebeccagoi0509@gmail.com  
 Date of Accident: 11/12/2022 Time of Accident: 7.55pm  
 Place of Accident: Upper Serangoon Road  
 Insurance Company: Allianz

**(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:

Attached 1 more accident photo.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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



**Allianz Insurance Singapore Pte. Ltd.**

Company Registration No.: 201903913C  
 GST Registration No.: 201903913C  
 Address: 79 Robinson Road #09-01 Singapore 068897  
 Tel: +65 6714 3369  
 Website: [www.allianz.sg](http://www.allianz.sg)

**Allianz Contact Centre**

Tel : 1800 222 1818 (Local)  
 +65 6222 1919 (Overseas)

Email : [customerservice@allianz.com.sg](mailto:customerservice@allianz.com.sg)

**CERTIFICATE OF INSURANCE**

FORM MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2000756192-01  
 Coverage : COMPREHENSIVE  
 Policyholder Name : RUNJEET SINGH S/O MUKHTAR SINGH  
 Registration No. : SLR8450U  
 Period of Insurance : 15 JANUARY 2022 to 14 JANUARY 2023

**Persons or Classes of Persons Entitled to Drive\*:**

- (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with the his/her permission

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**Limitation as to Use\*:**

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purposes in connection with the Motor Trade

\*Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

14 January 2022  
 Issued Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Account Code : 0000049  
 Excess:

Own Damage Excess	SGD	500.00
Windscreen Excess	SGD	100.00