

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation of wilfinding of material facts may allow insurance companies to reputing policy liability on the part of the insurance companies.

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

Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

28/12/2022 17:33 (SGT)

Both

20/12/2022 10:20 (SGT)

Singapore

TANGLIN ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNA7787>

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

No

SXXXX668G

SANYKUEK@GMAIL.COM

Model

Are you claiming under your own insurance policy for repair to

Transmission

KUEK SANY

(Phone) +65-91006578

Manufacturer

Variant

Exact purpose for which vehicle was being used at time of accident

your vehicle? Vehicle Category

CC

Mercedes Slk200

Private use

No - Claiming third party

Private car Auto

1796

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd.

SP2003240128-01

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

KUEK SANY

SXXXX668G 01/06/1974

Indoor

Accident report SS2Q22CS0001

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Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20221220/2079.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

21 YEARS AND 9 MONTHS

(Phone) +65-91006578

SANYKUEK@GMAIL.COM 381 TANGLIN ROAD #07-03 TANGLIN REGENCY

247965 Yes

02/03/2001

No

Side Swipe

Clear Dry

No

No

Yes 2

No

WONG MOI FONG

Female

Yes

Rochor Neighbourhood Police Centre (Phone) +65-18002949999

(Fax) +65-63918583

11 Kampong Kapor Road Singapore 208678

No

DETA LS OF OTHER VEHICLE PROPERTY 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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 GN to their third party service providers or agents (including their law yers/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 (# driver is not the policy holder & Time	y / Date Witnessed by Reporting Centre Personnel
Sketch Plan		la l
A 13 3 187x 187x 187x	Total Rod	The state of the s
		Hit & Kun

Accident report SS2Q22CS0001

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Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SLK7793B

-

-

Private car

PETER

(Phone) +65-83602834

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-

4.00

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1 of 3

Report No. T/20221220/2079

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

REPORT	OF	A	TRAF	FIC	ACC	DENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
20/12/2022 21:02		115

Informant	's Particul	ars				CASC STATE
Name of Informant: KUEK SANY		Address: BLK 381 TANGLIN F	OAD #0	7-03 SINGAF	PORE 247965	
ID Type / ID No.: NRIC NO / S7416668G		Contact No.: Home/Office: 910068	78	Mobile:		
Nationality SINGAPO	: RE CITIZE	N	Email:			
Sex: Male	Age: 48	Date of Birth: 01/06/1974	Type of Informant: Driver			
Race: Chinese		Language: English		Institution	/ School Name:	
Occupation: Sales manager		Driving Licence Infor Class: 2B,2A,3	mation:	Date of Ex	spiry:	

General Inform	mation of the Accident			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/12/2022 10:20	Type of Location Straight Road
Location:				
TANGLIN RC	DAD			
Laws Doot No	umb ar: 20			

Lamp Post Number: 20		
Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	60 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Traffic Light - Working	Moderate
Type of Collision:		Anyone conveyed by
Between Moving Vehicles - Sid	e Swipe - Same Direction	ambulance:
		No

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK7792B	Car	BMW		Red	Slightly Damaged	1
SNA7787X	Car	MERCEDES BENZ	SLK 200	Silver	Slightly Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SNA7787X	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2003240128	03/11/2022	02/11/2023		





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

2 of 3 Report No. T/20221220/2079

CONTINUATION OF REPORT

Details of Perso	n Involved		N. 300 246	15 23 20	E.U. (C.)	
Any Pedestrian II						
No. of Pedestrian			Use of P	edestrian	Cross	ing: NA
Driver						
Name	KUEK SANY			ID No.		S7416668G
Related Vehicle	NIL			Conta	ct No.	91006578
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	f Days granted Medical Leave		Degree of Injury NIL			
Driver	Berling	EDEBER S				Marko and the second state
Name	Peter			ID No.		SLK7792B
Related Vehicle	NIL			Conta	ct No.	97552877
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

Brief Details.

On 20/12/2022, at about 1020hrs, I was travelling along lane 3 when a Red BMW car bearing no: SLK7792B from lane 4 wanted to cut into lane my without signaling but i was vigilant enough to spot the car. Subsequently when

I was driving at lane 3 along Tanglin Road when suddenly a Red BMW car bearing no: SLK7792B cut into my lane from lane 2 without signaling and hit my right side of my vehicle. The other vehicle did not stop to. I then gave chase and manage to stop at the front and the other party refuse to exchange particulars but only provided his name 'Peter' and telephone no: '97552877' and '83602834'. My vehicle on the right side bumper was slightly damage. The other vehicle on the back left was also sligtly damaged. Both parties were not injured and there were no Traffic Police and Ambulance activated. I am lodging this report as the other party is driving dangerously.

