

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 29/12/2022 18:28 (SGT)
Reported by Both
Date of Accident 28/12/2022 20:00 (SGT)
Exact Location of Accident Ubi Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE9325J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ER CHIN LAM
NRIC No S0228007H
Email Address FULLSTOP423@GMAIL.COM
Mobile Phone No (Phone) +65-97558090
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Fortuner
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 2694

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2003240032-01

DRIVER

Name of Driver ER CHIN LAM
NRIC No S0228007H
Date Of Birth 19/02/1952
Occupation Indoor

Date Of Driving Pass	20/08/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97558090
Alt. Phone Number	-
Email Address	FULLSTOP423@GMAIL.COM
Address	24 LORONG KILAT
Address complement	-
Postcode	598125
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?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221229/2000.

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	FBM3441Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

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)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2003240032-01
 Date of issue : 26 October 2022
 Coverage : Third party only
 Policyholder : ER CHIN LAM
 Period of Insurance : 13 November 2022 to 12 November 2023 (both dates inclusive)
 Registration No. : SJE9325J
 Chassis number of Vehicle : MR0ZX69G900015202

12.11.23到期
 SJE9325 像1號
 13.11.22 TO 12.11.23
 \$544.27
 Alan Tan #544.27
 96713335
 12.11.23到期

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 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.

26 October 2022
 Issued Date

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

Intermediary Code : 0000212 SI ASSURANCE AGENCY PTE LTD

Excess : Own Damage
 : Windscreen Damage

SGD 0.00
 SGD 0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20221229/2000

DECLARATION

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



Policyholder's Signature Date
& Time:

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder) Date
& Time:

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

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

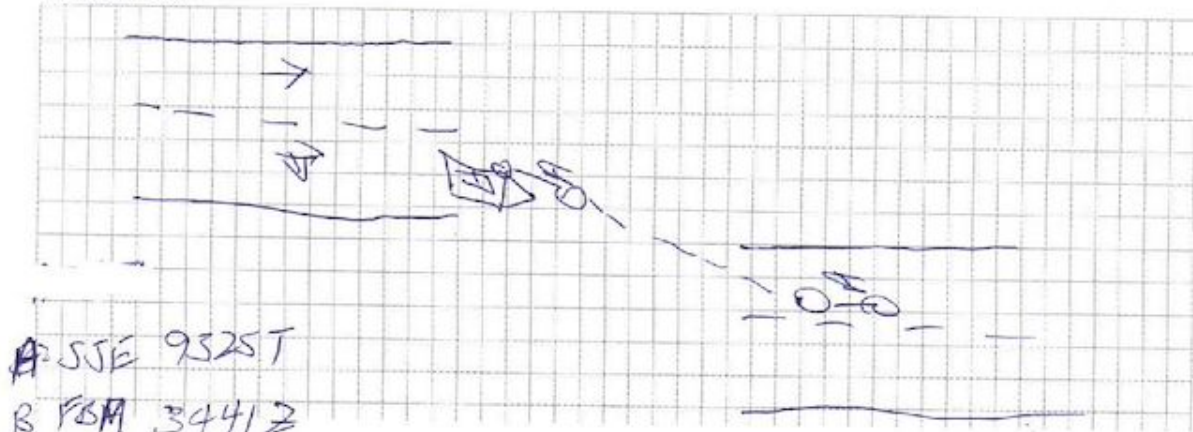
I understand, acknowledge, agree and consent that:

- (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.

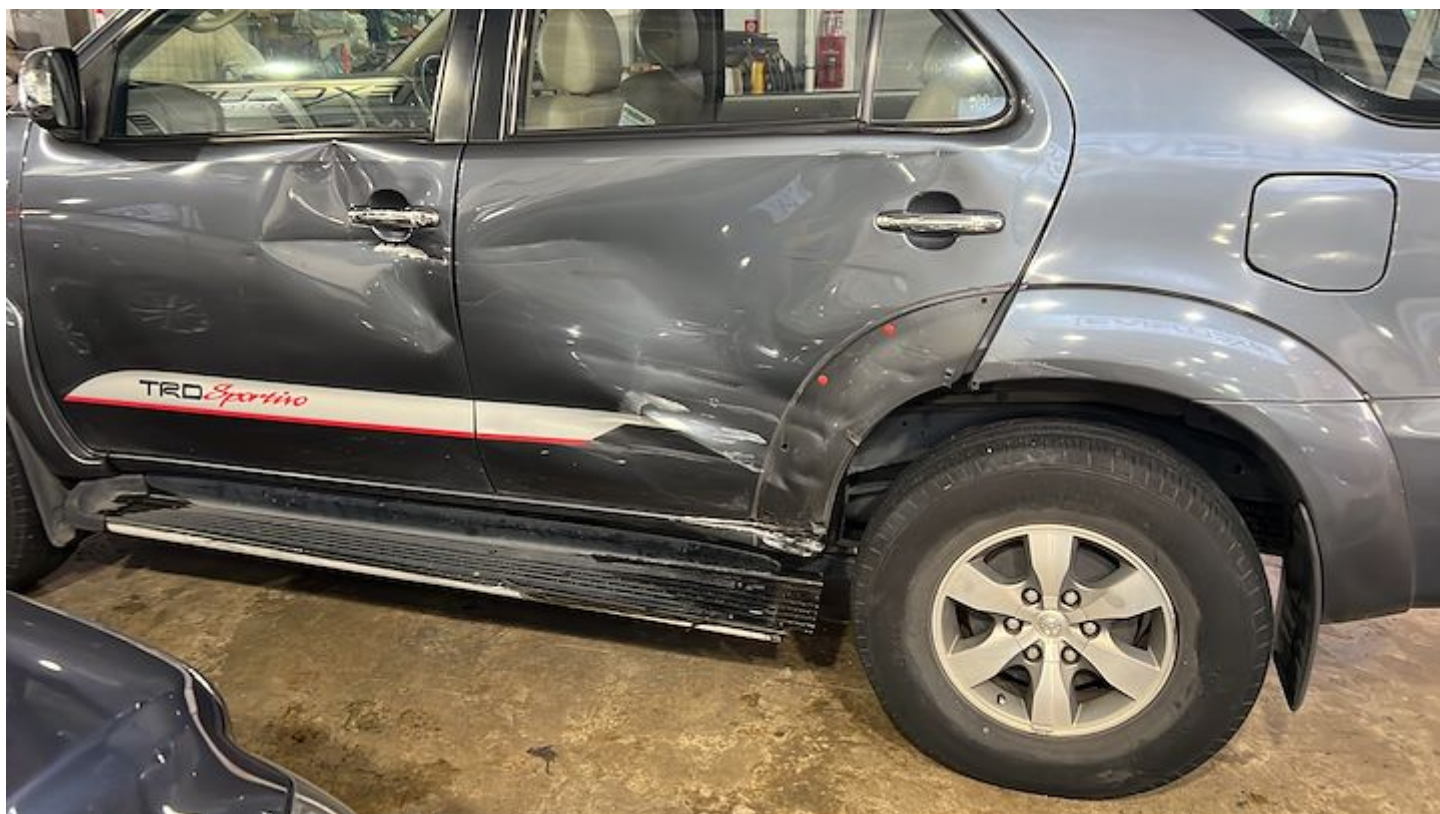
Policyholder's Signature Date
& Time:

Driver's Signature
(If driver is not the policyholder) Date
& Time:

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

SKETCH PLAN













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20221229/2000

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Report No. T/20221229/2000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: D / SGT 1 TINAGARAAN S/O ANNAMALAI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	

NP168

Signature Of Informant:	
Date/Time: 29/12/2022 00:04	
Classification Of Case:	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20221229/2000

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Report No. T/20221229/2000

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20221229/2000

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Report No. T/20221229/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Pillion		Use of Pedestrian Crossing: NA	
Name	Unknown Pillion		
Related Vehicle	FBM3441Z (Motorcycle)	ID No.	NIL
Hospital/Clinic	NIL	Contact No.	NIL
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Rider	Degree of Injury: Slight		
Name	Unknown Rider		
Related Vehicle	FBM3441Z (Motorcycle)	ID No.	NIL
Hospital/Clinic	NIL	Contact No.	NIL
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Driver	Degree of Injury: Serious		
Name	ER CHIN LAM		
Related Vehicle	SJE9325J (Car)	ID No.	S0228007H
Hospital/Clinic	NIL	Contact No.	97558090
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On the above time, date and location, I was travelling along ubi road 3 towards ubi ave 3 direction and was turning into ubi ave 2 towards eunos link. At the junction of ubi ave 2, I felt and heard an impact from left side of my car however I drove off. I thought I had strike a curb in the middle of the junction. I stopped along ubi ave 2 to make a check on my vehicle and a friend rode by in his motorcycle and informed me that a motorcycle bearing plate no. FMB3441Z had culled into my vehicle. I drove back to my office carpark located at 3024 ubi ave 2 to park my car and returned to the scene.

I would like to state that there is no camera installed on vehicle.



**SINGAPORE
POLICE FORCE**



T/20221229/2000

1 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No: T/20221229/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2022 00:04	Vide Report No.: G/20221228/0191	Station Diary No.: 1
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Informant's Particulars

Name of Informant: ER CHIN LAM			Address: 24 LORONG KILAT SINGAPORE 598125	
ID Type / ID No.: NRIC NO / S0228007H			Contact No.: Home/Office: 67470763 Mobile: 97558090	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 19/02/1952	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SMALL BUSINESS OWNER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident					Type of Location:
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2022 20:00	X-Junction	
Location:					
UBI AVENUE 2					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3441Z	Motorcycle	YAMAHA	XABRE TFX150	Blue	Seriously Damaged	1
SJE9325J	Car	TOYOTA	FORTUNER 2.7 2WD AUTO	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE9325J	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2003240032	13/11/2022	12/11/2023