

## 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	09/01/2023 13:17 (SGT)
Reported by	Both
Date of Accident	06/01/2023 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NG MO KIO AVE 5 TOWARD CTE, SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7964U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KUONG HIN
NRIC No	S1685241D
Email Address	KHBLUE7@YAHOO.COM
Mobile Phone No	(Phone) +65-97316521
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	SP2001511538-01

### DRIVER

Name of Driver	LIM KUONG HIN
NRIC No	S1685241D
Date Of Birth	14/04/1965
Occupation	Outdoor

Date Of Driving Pass	17/08/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97316521
Alt. Phone Number	-
Email Address	KHBLUE7@YAHOO.COM
Address	25, FERNVALE ROAD, #13-19
Address complement	-
Postcode	797639
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	Collision - Head to Rear
Weather Conditions	Rainy
Road Surface	Wet

#### 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	PASSENGER
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 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	SHA415L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	BOH CHECK SUAN
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

Describe Circumstances of the Accident:

On the 6<sup>th</sup> January 2023 I was driving along Aon and  
 the Avenue 5 towards CTE, SLE. It was around 9pm. I  
 when vehicle B SHA41SL crash into rear of my vehicle A,  
 SL23 7964 U.

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

**SKETCH PLAN**

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3. Information provided must be as truthful and accurate as possible. Any false information may result in the insurer(s) repudiating policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of 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 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 be 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 insurers 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 extrajurisdictional 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 be 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 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.

*Signature*

Policyholder's Signature Date & Time

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

Witnessed by Reporting Centre Personnel

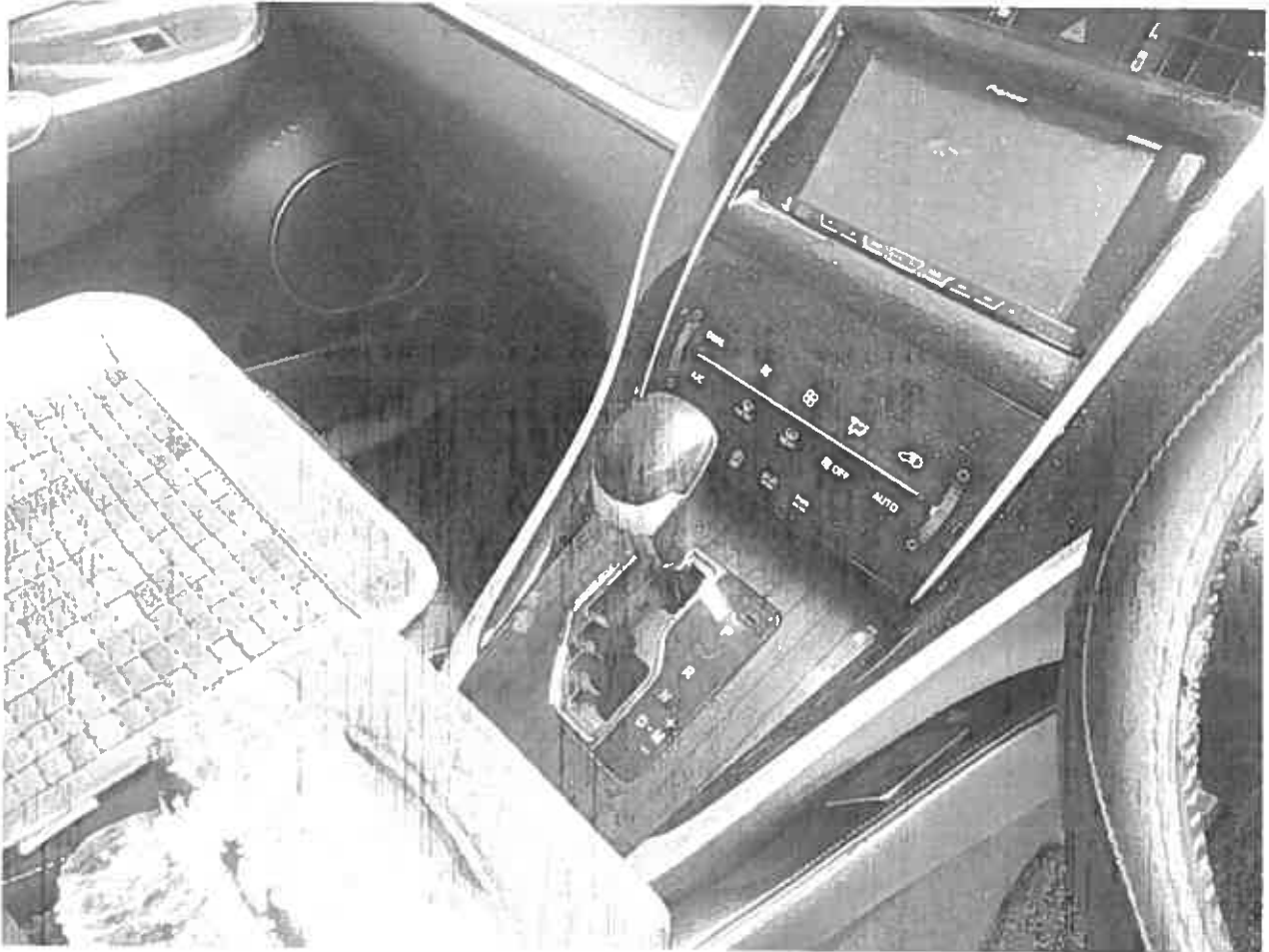
**Sketch Plan**

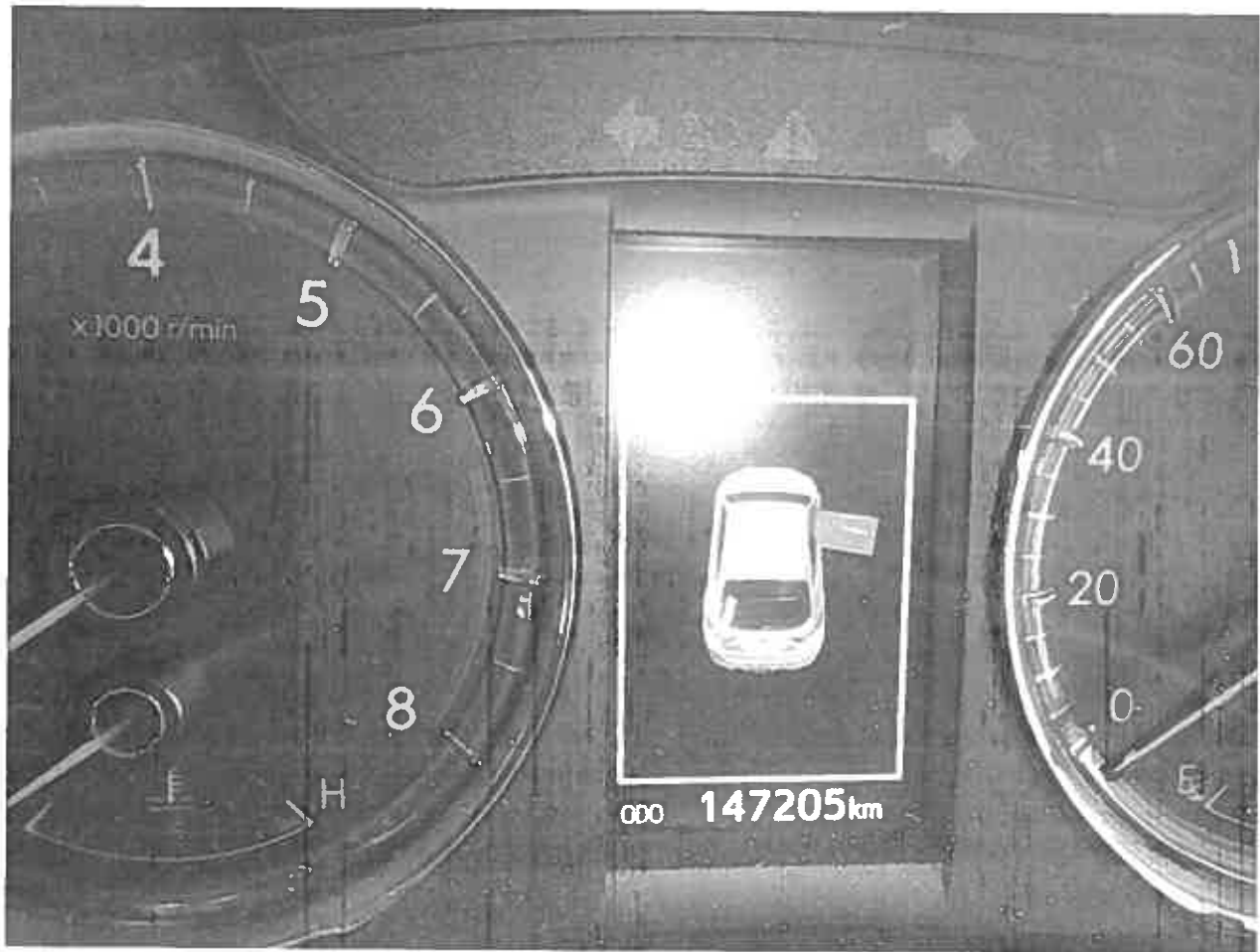
Any no Kio Aves,  
towards SLE, CTE



A: SLB 7964U

B: SHA 41SL

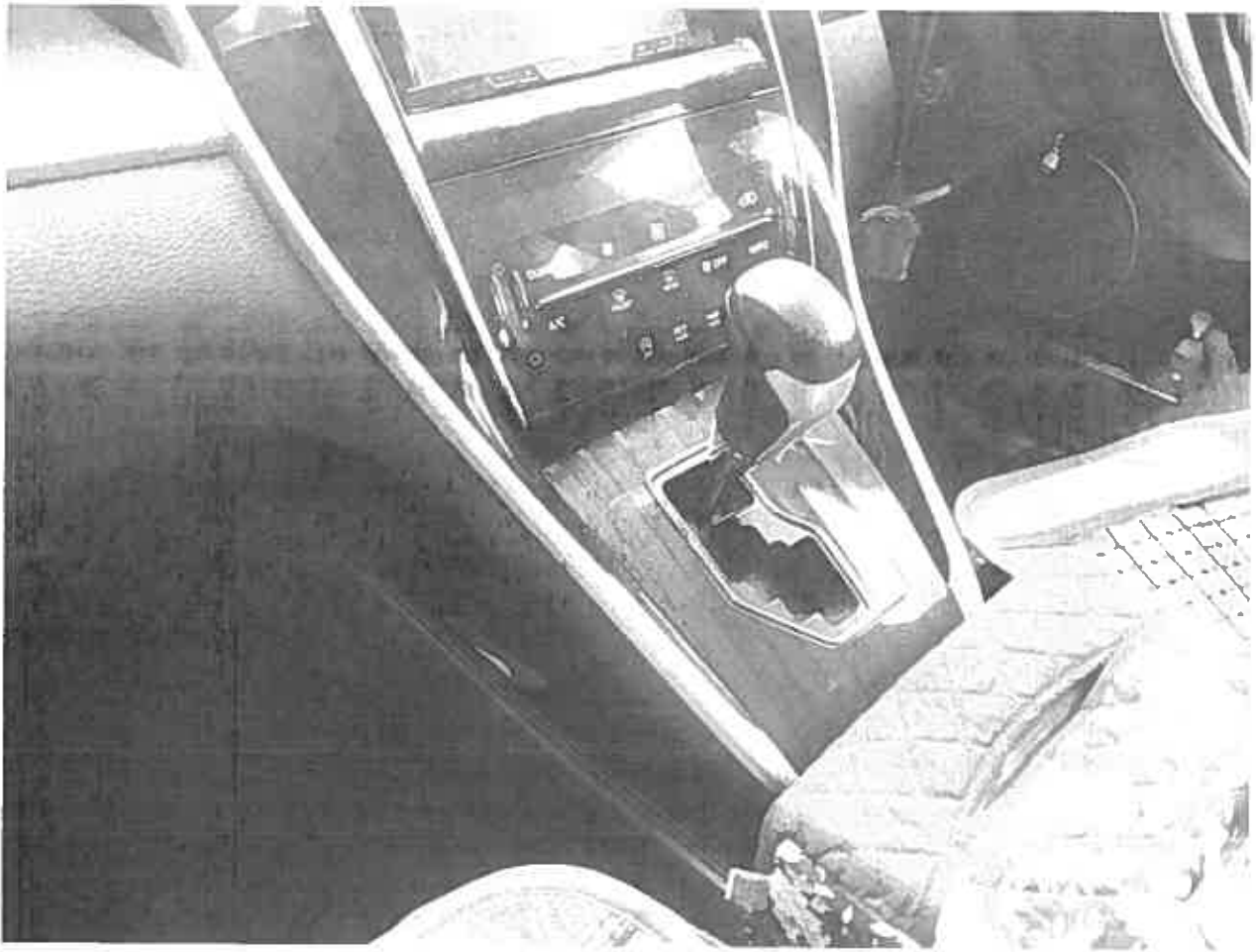








IMAGES #4



IMAGES #5:









IMAGES #9

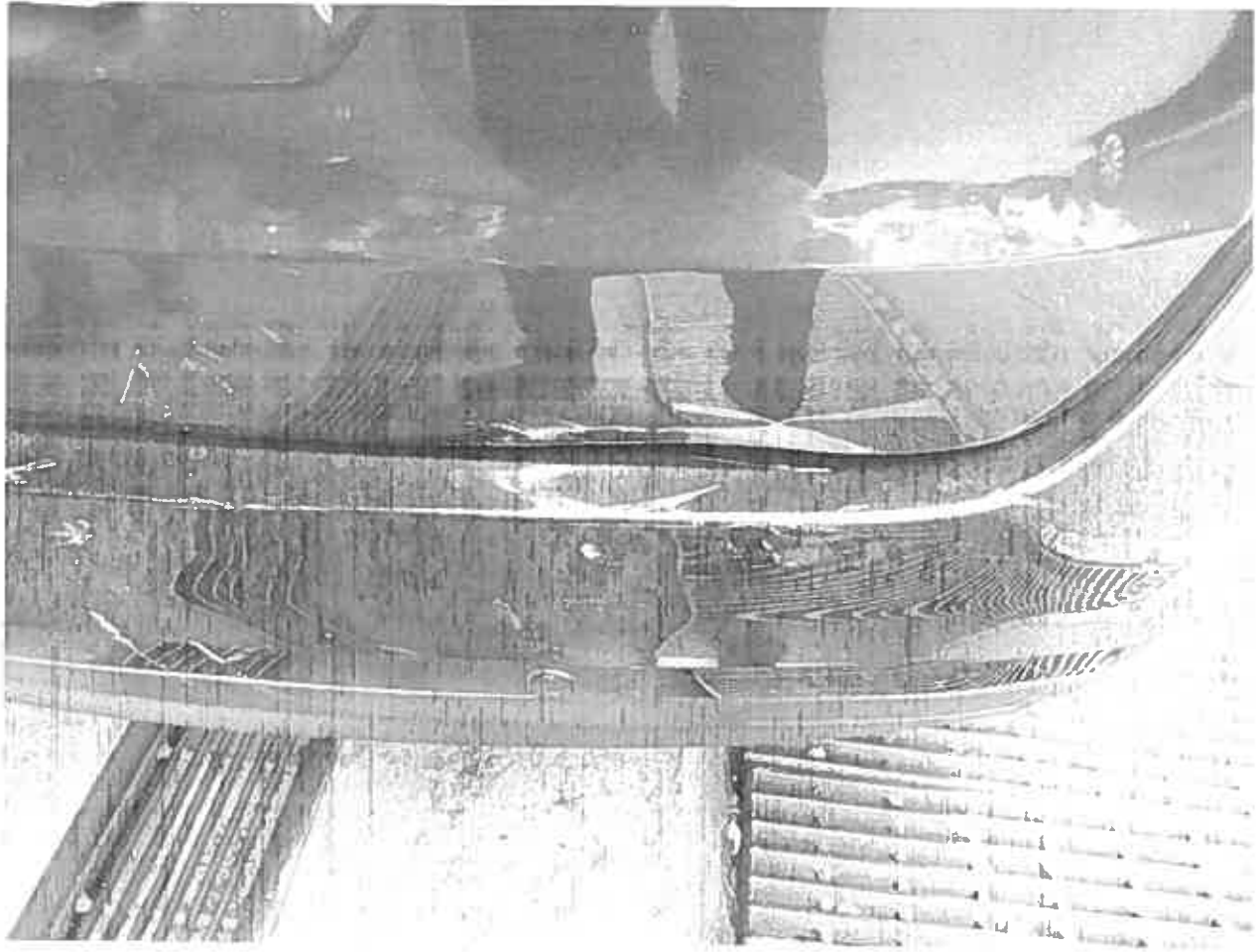




IMAGES #11









IMAGES #14





Allianz Insurance Singapore Pte. Ltd.

## CERTIFICATE OF INSURANCE

[illegible]

Contract Number	SP2003455001
Date of Issue	2222-04-06
Coverage	Comprehensive
Policyholder	UPL RUCING1402
Period of Insurance	22 April 2022 to 25 April 2023 12:00 AEST (mortality)
Registration No	600758043
Chart & number of charts	25, 30, 201 (889)

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

- (b) The Policyholder.

Information on the Line<sup>®</sup>

Gradually, in fact, domestic and foreign companies will be the beneficiaries.

The Facility Does not Cover:

- (a) use for a long period
- (b) use for a long time
- (c) use for a long time
- (d) use for a long time

U.S.). (4) HEED CENTER will use the Policy to which this Certificate relates as issued in accordance with the provisions of the Master Variable (Third Party Risk) and Compensation Act (Chapter 88B) and Part 4 of the Repeat Transaction Act (88B Chapter 4) or Amendment Act (88B Chapter 5) in suit, if any, thereof.

05 April 2002

Issued Date

*Page*

**Nicham Raiss**  
Chief Executive Officer  
Allianz Insurance Singapore Pte. Ltd.

Intermediary Code: 0000108-EMERSON; ALLIANCE PTE LTD

Excess	Ours Storage Excess	\$25	100.00
	Windows Excess	\$25	100.00

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