

# 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 witholding 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 13:43 (SGT) Reported by Both Date of Accident 10/12/2022 20:25 (SGT) Exact Location of Accident Queen St, Singapore Additional Location Information JUNCTION OF QUEEN ST Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNA8381B

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ENG ZI QI NRIC No S9022496D Email Address PAPER\_FLAG@HOTMAIL.COM Mobile Phone No (Phone) +65-97600952 Alternative Phone No

#### **VEHICLE PARTICULARS**

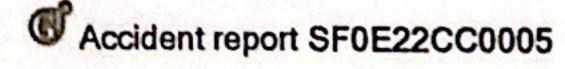
Manufacturer Toyota SUPRA Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 2998 

#### **INSURANCE COMPANY**

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Policy Number / Cover Note Number SP2003028805-01

#### DRIVER

Name of Driver ENG ZI QI NRIC No S9022496D Date Of Birth 25/06/1990 Occupation Indoor



Page 1 of 9

Oate Of Driving Pass 15/02/2013 Driving experience 9 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-97600952 Alt. Phone Number Email Address PAPER\_FLAG@HOTMAIL.COM Address 232 PASIR RIS DR 4 Address complement 09-56 Postcode 510232 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 HAZEL TAN Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER SKETCH PLAN ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLN3666T** Vehicle Manufacturer Vehicle Model

Vehicle Variant

Accident report 8F0E22CC0005

Page 2 of 9

/ehicle Colour	
/enicle Colod	Private car
Vehicle Category	SIM KIM KIOK
The state of the s	S1513671E
Cantect Number	•
A JJ-ACS	•
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•

### SKETCH PLAN

#### IMPORTANT NOTICE

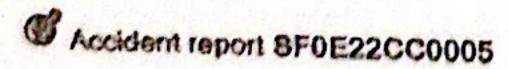
- I sheare redoct correctly the detack of the accident to serve up the claims or sensi-
- completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow ansurance companies to repudiate policy hability.
- The issue and acceptance of this form by insurance companies is not an aid resource of policy illustrity on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 5. 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 lodgment 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.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposets 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")
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection. investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date

& Time

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

Reporting Contro Personagi's Security's



Made & of th

SKETCH PLAN

N) SNA 83816 B) SLN 3666T



	MSTANCES OF THE ACCIDENT
In 3/	10 Pa 2012 at about DAZ 2025 hrs, I was driven ching where
C. 1 . 1	the total which one to the
	to the text of the
9	CINITIAN MAN MANUFACTION OFFICE IT SIE
11 10	mid that she did brake, and that the course
prohesyd 1	prtuulo, took photos and bell the scene.
Drawn her	-se st SW 3666T
	Sim kim Klok
	S1513671E
	12 Nov 1961
Ism (	Me: 01 Nov 2003
the state of the s	

DECLARATION

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

Poucholder's Signature

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

Reporting Centre Personnel's Signature Name MAICHIN NO

Date & Time: