

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	16/01/2023 15:19 (SGT)
Reported by	Both
Date of Accident	16/01/2023 07:50 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TWDS SEMBAWANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6191X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YEW MENG AUGUSTINE
NRIC No	S1658642J
Email Address	YOUMING8@YAHOO.COM
Mobile Phone No	(Phone) +65-82992488
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000712576-01

DRIVER

Name of Driver	TAN YEW MENG AUGUSTINE
NRIC No	S1658642J
Date Of Birth	07/03/1964
Occupation	Indoor

Date Of Driving Pass	05/03/1987
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82992488
Alt. Phone Number	-
Email Address	YOUMING8@YAHOO.COM
Address	261 RIVER VALLEY ROAD #06-11
Address complement	-
Postcode	238307
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG ON THE CENTER LANE OF 3 LANES. AS I WAS TRAVELLING STRAIGHT, I NOTICED ONE UNKNOWN M/BUS STOPPED ON THE LEFT MOST LANE AT THE BUS STOP. I PROCEED STRAIGHT WHEN SUDDENLY, ONE M/LORRY (GBF2632H) WHICH WAS BEHIND THE SAID M/BUS SWERVED OUT ONTO THE CENTER LANE AND THUS COLLIDED ONTO THE LEFT REAR PORTION OF MY VEHICLE.

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	GBF2632H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN YEW MENG AUGUSTINE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMH6191X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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)**

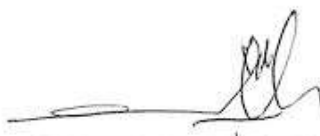
I understand, acknowledge, agree and consent that:

(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.



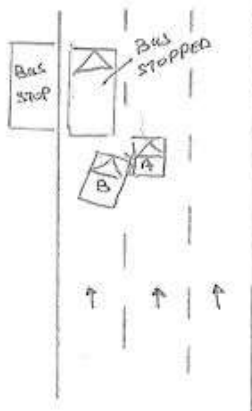
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan




A: SMH 6191X

B: GBF 2632H

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG UPP THOMSON ROAD TOWARDS SEMBANG
ON THE CENTRE LANE OF 3 LANES, AS I WAS TRAVELLING STRAIGHT, I NOTICED
ONE UNKNOWN M/BUS STOPPED ON THE LEFT MOST LANE AT THE BUS-STOP,
I PROCEED STRAIGHT, WHEN SUDDENLY ONE M/LORRY GEF 26321 WHICH
WAS BEHIND THE SAID M/BUS SWERVED OUT INTO THE CENTRE LANE AND
THUS COLLIDED ONTO THE LEFT REAR PORTION OF MY VEHICLE.



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

















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
 Allianz Contact Centre
 Tel: 1800 222 1818 (Local)
 +65 6222 1919 (Overseas)
 Email: 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	: SP2000712576-01
Coverage	: COMPREHENSIVE
Policyholder Name	: TAN YEW MENG AUGUSTINE
Registration No.	: SMH6191X
Period of Insurance	: 29 JANUARY 2022 to 28 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.

29 December 2021

Issued Date

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

Account Code : 0000350

Excess:

Own Damage Excess

SGD 600.00

Windscreen Excess

SGD 100.00