# **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.

- 4. The issue and acceptance 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 27/12/2022 09:30 (SGT) Reported by Date of Accident 24/12/2022 17:45 (SGT) Exact Location of Accident Singapore Additional Location Information **LORNIE HIGHWAY** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGU9933E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SIM CHIEN WEI, CHRISTOPHER NRIC No S7800781H Email Address SIM.CHIENWEICHRIS11@GMAIL.COM Mobile Phone No (Phone) +65-91809933

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model A180 (R17) 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

Yes your vehicle? Vehicle Category Private car Transmission Auto

CC 1595

**INSURANCE COMPANY** 

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003021716-01

DRIVER

Name of Driver SIM CHIEN WEI, CHRISTOPHER NRIC No S7800781H Date Of Birth 06/01/1978 Occupation Indoor

Date Of Driving Pass 30/11/1998 Driving experience 24 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91809933 Alt. Phone Number Email Address SIM.CHIENWEICHRIS11@GMAIL.COM Address APT BLK 657B JURONG WEST ST 65 #03-654 Address complement Postcode 642657 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Hit by fallen tree / Other objects 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WIFE Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	YQ6179T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

#### 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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")

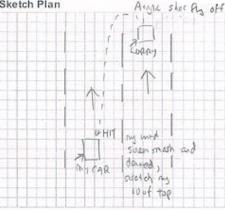
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date

by Reporting Centre

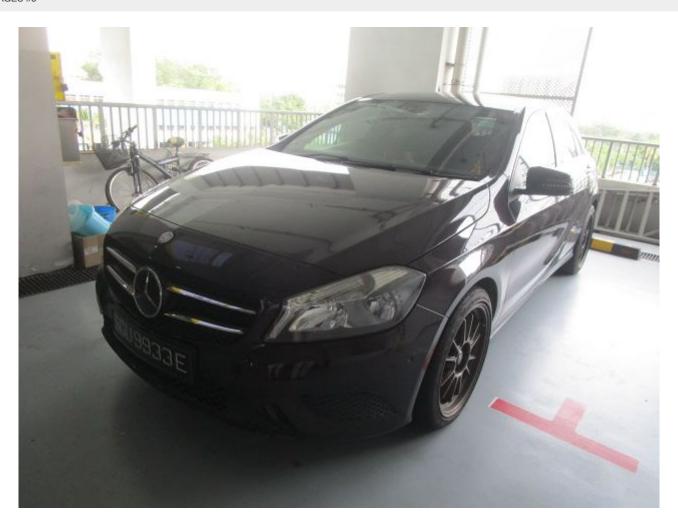
Sketch Plan



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yholder's Siç	nature / Date	& Driver' & Time	s Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel



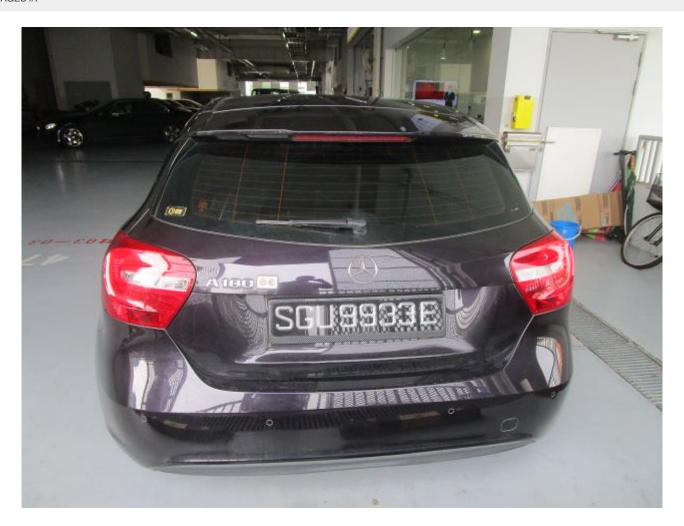










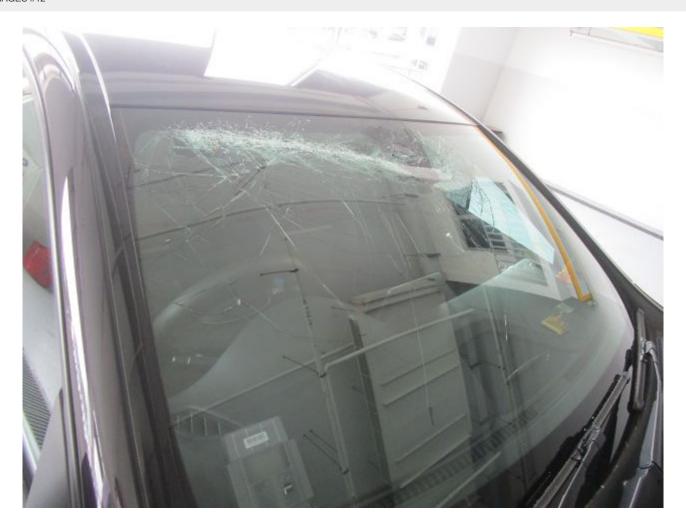


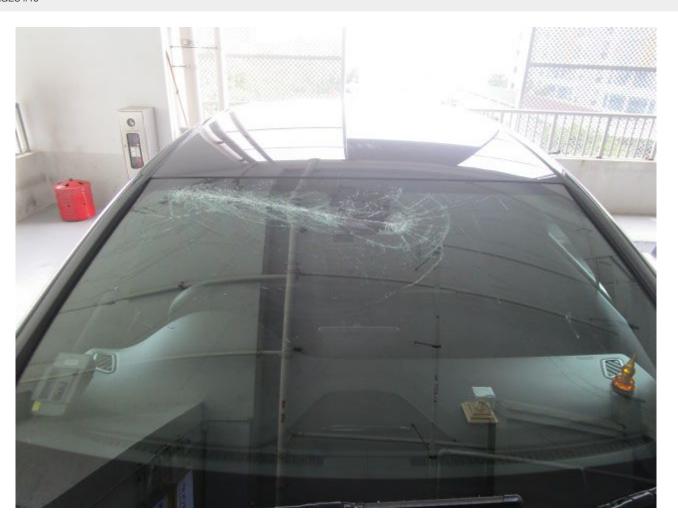


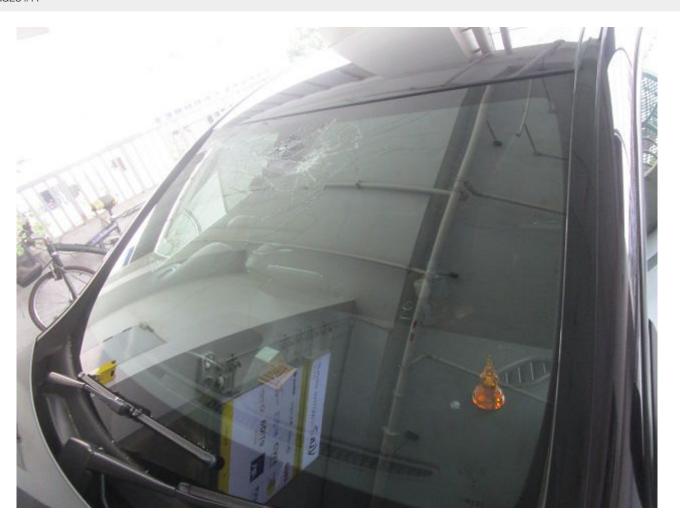


















Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 1 of 3 Report No. T/20221224/2074

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 19:44	Made:	Vide Report No.:	Station Diary No.: 82	
Informa	nt's Partic	ulars			
	Informant: EN WEI, C	HRISTOPHER	Address: APT BLK 657B JURONG 642657	3 WEST ST 65 #03-654 SINGAPORE	
	/ ID No.: D / S78007	B1H	Contact No.: Home/Office:	Mobile: 91809933	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 06/01/1978	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Painting Inspector		Driving Licence Informati Class: 2B,2A,3	ion: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2022 17:30	Type of Location: Straight Road	
Location:  LORNIE HIGH  Weather: Clear	HWAY	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way		110t Oolillonoo		Modelate	

OHERON DESIGNATION	ehicle Invo			10.	O FO	11 .60
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGU9933E	Car	MERCEDES BENZ	A180 (R17)	Purple	Seriously Damaged	1
YQ6179T	Lorry					0

Details of V	ehicle Insurance			NES LEGIC
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU9933E	ALLIANZ INSURANCE SINGAPORE PTE, LTD.	SP2003021716	28/10/2022	27/10/2023





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

2 of 3 Report No. T/20221224/2074

	n Involved		A RIPE OF S	1000		
Any Pedestrian I						
No. of Pedestrians Injured: NIL			Use of Pe	destriar	Cross	ing: NA
Driver						THE PARTY OF THE
Name	SIM CHIEN WEI, C	HRISTOPH	HER	ID No		S7800781H
Related Vehicle	SGU9933E (Car)		Conta	ct No.	91809933	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave				NIL	

#### Brief Details.

On 24/12/2022 in between 1730hrs and 1745hrs, I was travelling along Lornie Rd highway torards Toa Payoh when suddenly I felt an impact from the front. My front windscreen had cracked and initially we did not know that a piece of acrylic sheet had hit onto the front windscreen till we checked our in ar camera footage.

The footage showed that a piece of acrylic sheet from lorry bearing registration plate number YQ6179T had flew off from the back of the lorry and it hit onto the front windscreen causing it to crack. If hen slowed down my car before Macritchie Viaduct to a stop to check the crack and the said lorry was in font of me and the passenger was checking the said lorry. I also did not know initially that the said lorry was the one involved till I check the in car camera footage.

After the impact, I did not stop immediately and only stopped around less than a minute later tefore the viaduct when I saw the lorry in front of me. No one was injured.

I am lodging this report to claim insurance.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 3 of 3 Report No. T/20221224/2074

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:
SI JAMADIL BIN DOL MAT	M

Signature Of Interpreter: Date/ Not applicable 24/12

Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

NP168

Signature Of Informant:	We.
Date/Time: 24/12/2022 19:44	
Classification Of Case;	



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN; 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

Oliginal Report	No : SV1022CR0001	Vehicle Registration No: SGU9933E
Nametas shownin	NRIC) - SIM CHIEN WEI, CHRIS	TOPHERNRIC/FIN/Passport No : S7800781H
	r / Vehicle Owner) (*) Please dele	
Address	: APT BLK 657B JURONG	WEST ST 65 #03-654Singapore( 642657
Contact (Tel)	*	Mobile No.:_9180 9933
Email Address	; SIM.CHIENWEICHRIS1	1@GMAIL.COM
Date of Acciden	nt : 24/12/2022	Time of Accident : 1745hrs
Place of Accider	nt : LORNIE HIGHWAY	
Insurance Comp	pany: Allianz Insurance	
		(SA) (SA)

GIARMC addendumform\_V3