

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 27/12/2022 09:30 (SGT)
Reported by Both
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 your vehicle? Yes
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	Male
Mobile Number	(Phone) +65-91809933
Alt. Phone Number	-
Email Address	SIM.CHIENTWEICHRIS11@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?	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	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	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	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)

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	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

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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 _____
 Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report

I will claim my 3rd party at own workshop at SIN ALWA Team AUTO 02-12 *///*

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

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



 Witnessed by Reporting Centre
 Personnel

































**SINGAPORE
POLICE FORCE**



T/20221224/2074

1 of 3

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

Report No. T/20221224/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2022 19:44	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars

Name of Informant: SIM CHIEN WEI, CHRISTOPHER			Address: APT BLK 657B JURONG WEST ST 65 #03-654 SINGAPORE 642657	
ID Type / ID No.: NRIC NO / S7800781H			Contact No.: Home/Office:	Mobile: 91809933
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 06/01/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Painting Inspector			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

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 HIGHWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Acrylic sheet from a lorry fly off and hit complt's windscreen	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU9933E	Car	MERCEDES BENZ	A180 (R17)	Purple	Seriously Damaged	1
YQ6179T	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU9933E	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2003021716	28/10/2022	27/10/2023



**SINGAPORE
POLICE FORCE**



T/20221224/2074

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

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Report No. T/20221224/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM CHIEN WEI, CHRISTOPHER		ID No. S7800781H
Related Vehicle	SGU9933E (Car)		Contact No. 91809933
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,1 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/12/2022 in between 1730hrs and 1745hrs, I was travelling along Lornie Rd highway towards 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 car 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. I then slowed down my car before Macritchie Viaduct to a stop to check the crack and the said lorry was in front 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 before the viaduct when I saw the lorry in front of me. No one was injured.

I am lodging this report to claim insurance.

**SINGAPORE
POLICE FORCE**

T/20221224/2074

3 of 3

Report No. T/20221224/2074

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

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:

E /

SI JAMADIL BIN DOL MAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/12/2022 19:44

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV1022CR0001 Vehicle Registration No: SGU9933E
 Name (as shown in NRIC) : SIM CHIEN WEI, CHRISTOPHER NRIC/FIN/Passport No : S7800781H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : APT BLK 657B JURONG WEST ST 65 #03-654 Singapore (642657)
 Contact (Tel) : Mobile No. : 9180 9933
 Email Address : SIM.CHIENWEI@GMAIL.COM
 Date of Accident : 24/12/2022 Time of Accident : 1745hrs
 Place of Accident : LORNIE HIGHWAY
 Insurance Company: Allianz Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change to OD Claim

Policyholder / Driver's Signature
 Date:

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

GIARMC addendumform_V3