

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	30/01/2023 15:57 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 15:55 (SGT)
Exact Location of Accident	Near 317 Outram Rd, Singapore 169075
Additional Location Information	Kim Seng Road X Havelock Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ486M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Reliance Autohub Pte Ltd
Company Reg No	2XXXXX979C
Email Address	rental@relianceautohub.com
Mobile Phone No	(Phone) +65-90076486
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	KICKS PREMIUM 1.2L E-POWER
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003887659

DRIVER

Name of Driver	Oh Boon Keong (Hu Wenqiang)
NRIC No	SXXXX742F
Date Of Birth	21/06/1971
Occupation	Outdoor

Date Of Driving Pass	05/08/2008
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98899661
Alt. Phone Number	-
Email Address	windowsshield@gmail.com
Address	Blk 271C Punggol Walk
Address complement	#05-529
Postcode	823271
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Grab driver
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

As per sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Retrieving

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7200C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Tan Swee Sia
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Oh Boon Keong (Hu Wenqiang)
Gender	Male
Phone No	(Phone) +65-98899661
Address	Blk 271C Punggol Walk
Address Complement	#05-529
Post Code	823271
Approximate Age Years Old	51
Injuries Sustained	head to back
Injured person in which vehicle?	SNJ486M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

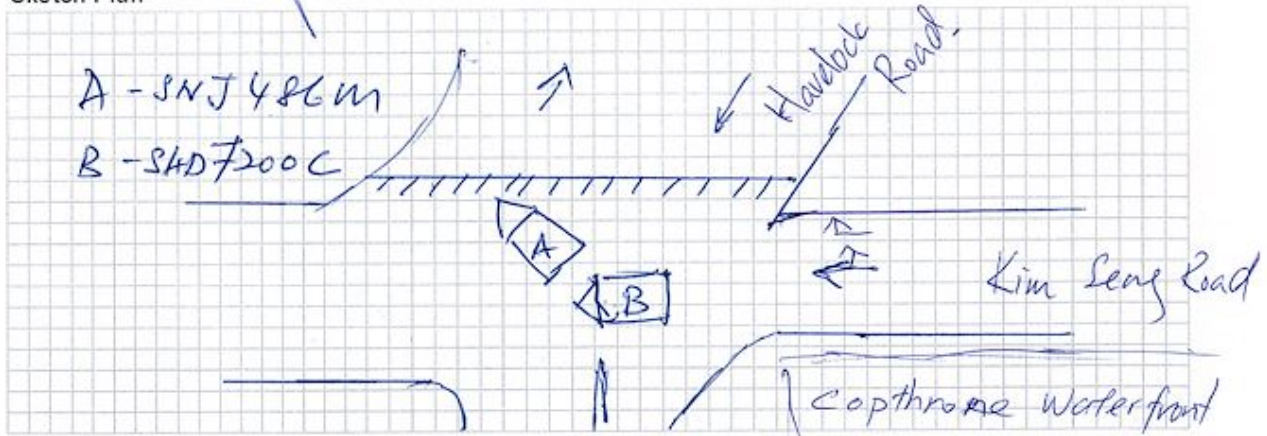


Policyholder's Signature / Date & Time
30/01/2023

Driver's Signature (If driver is not the policyholder) / Date & Time
30/01/2023



Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstance of the Accident


On 28th Jan 2023 at 1555 hrs, I was travelling along Kim Seng Road towards Havelock Road. At the junction while waiting for pedestrians to cross before turning right into Havelock Road, suddenly I felt an impact from my rear. I alight and saw vehicle B SHD7200C had collided on to rear left of my vehicle A SNJ486M.

Declaration

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


Policyholder's Signature / Date & Time
30/01/2023


Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time 30/01/2023


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) Tan Aik Lan 742A















