# **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.

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   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 19/01/2023 17:59 (SGT) Reported by Driver Date of Accident 18/01/2023 16:00 (SGT) Exact Location of Accident Near 1 Burgundy Dr., Singapore 658804 Additional Location Information Toh Tuck Avenue Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLK7492S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Quan Ting Trading & General Contractor Pte Ltd Company Reg No 200512609M Email Address gigipan27@gmail.com Mobile Phone No (Phone) +65-92443761 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Peugeot Model 5008 Variant 1.6 BLUEHDI EAT6 S/R Exact purpose for which vehicle was being used at time of accident **Employment** 

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1560

**INSURANCE COMPANY** 

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002315447

DRIVER

Name of Driver Pan Pooi Chee NRIC No S8366873C Date Of Birth 27/07/1983 Occupation Indoor

Date Of Driving Pass 02/12/2014 Driving experience 8 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-84688177 Alt. Phone Number Email Address gigipan27@gmail.com Address Apt Blk 166B Punggol Central #09-143 Address complement Singapore Postcode 822166 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to sketch plan. 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 XD1506X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Goods vehicle

S1670154H

Mohamed Peni Bin Mamat

Name of Driver

NRIC No

Contact Number	-
Address	-
Address complement	_
Postcode	_
nsurance 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.
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- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 sett/ement 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 lawyess law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyhokeen Shaqatura-Daho's Time

UEN

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

Teo Wee Keong

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

### Sketch Plan

Voli A-SLET4925			
Veh B: XP1506X			
	A B		
	- ck		
	Tac Tac		

1

Describe Circumstance of the Accident					
I was travelling along Toh Tuck Avenue on the leftmost lane heading towards MCE. All of a sudden, I felt					
an impact on the right of my car. I then alighted to check and found out that Veh B (XD1506X) from the					
second lane had collided onto my car and caused my right side mirror to dislodge.					

particulars are true in every respect.

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

Teo Wee Keong

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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