

# 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 .....	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
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### 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 your vehicle? .....	No - Claiming third party
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 .....	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) .....	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

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
Name of Driver .....	Mohamed Peni Bin Mamat
NRIC No .....	S1670154H

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



[illegible]

### 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

Teo Wee Keong

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



















































