

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 02/02/2023 09:26 (SGT) Reported by Driver Date of Accident 01/02/2023 07:55 (SGT) **Exact Location of Accident** Singapore Additional Location Information Vanda Road Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

PC1366H

Toyota

INSURED/POLICYHOLDER Is company? Name Of Registered Owner LIBERTY LAND TRANSPORT RESOURCES SERVICE Company Reg No 53404466B **Email Address** CONNIEN68@GMAIL.COM Mobile Phone No (Phone) +65-93829879 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Rus

Transmission Manual 3000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SPCM1000001563

DRIVER

Name of Driver TAN CHIN CHOON (CHEN ZHENCHUN) S7214995E Date Of Birth 30/04/1972 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/11/1990 32 YEARS AND 3 MONTHS Male (Phone) +65-93829879 - CONNIEN68@GMAIL.COM BLK 227 PENDING ROAD #10-229 S670227 No Employee No
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Change/cross lane Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 11 No
PASSENGER 1	
Name Gender	UNKNOWN Female
PASSENGER 2	
Name Gender	UNKNOWN Female
PASSENGER 3	
Name Gender	UNKNOWN Female
PASSENGER 4	
Name Gender	UNKNOWN Female
PASSENGER 5	
Name Gender	UNKNOWN Male
PASSENGER 6	
Name Gender	UNKNOWN Male
PASSENGER 7	
Name Gender	UNKNOWN Male

PASSENGER 8

Name UNKNOWN Gender Male PASSENGER 9 Name UNKNOWN Gender Male PASSENGER 10 UNKNOWN Name Gender Male 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 attached report ATTACHMENT(S)

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

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