



## 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	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

Vehicle Registration Number	PC1366H
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
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	Toyota
Model	Hiace
Variant	-
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	Bus
Transmission	Manual
CC	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)
NRIC No	S7214995E
Date Of Birth	30/04/1972
Occupation	Outdoor



Date Of Driving Pass .....	12/11/1990
Driving experience .....	32 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93829879
Alt. Phone Number .....	-
Email Address .....	CONNIEN68@GMAIL.COM
Address .....	BLK 227 PENDING ROAD #10-229 S670227
Address complement .....	-
Postcode .....	-
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) .....	11
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 .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Male

## PASSENGER 8

Name ..... UNKNOWN  
 Gender ..... Male

## PASSENGER 9

Name ..... UNKNOWN  
 Gender ..... Male

## PASSENGER 10

Name ..... UNKNOWN  
 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)

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 ..... ~~SDX9033FF~~ (SDX9033Y)  
 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) ..... -


SKETCH PLAN

Describe Circumstances of the Accident

SDX 903317 cut into my lane & hit my driver side (front).

Declaration

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

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel