SIN HWEE MOTOR PTD LTD

BLK 3023A UBI RD 1 #01-59

SINGAPORE 408717 UEN: 201327079M

Web Site

WWW.SINHWEEMOTOR.COM

E-mail

SINHWEEMOTOR@GMAIL.COM

Phone #

9766 6672

Bill To	
NG SAING HUAT	

Invoice

	,	
Date	Invoice #	
18/2/2023	1024C	
Vehicle No	Model	
SMP 9223 B	HYUNDAI I30	

Quantity		Description	Unit	Amount
	LUMP SUM		1,600.00	1,600.00
	0			

NISO PITA

Total

\$1,600.00

SK0U2313000E / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 03/01/2023 12:07 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (03/01/2023 12:07 (SGT))



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.

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 Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

03/01/2023 12:07 (SGT)

Both

01/01/2023 08:43 (SGT)

Singapore

JUNCTION OF MACPHERSON ROAD AND BENDEMEER ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP9223B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

NG SAING HUAT

S7919552I

sainghuat@yahoo.com.sg

(Phone) +65-98394236

VEHICLE PARTICULARS

Manufacturer

Model

Hyundai

130 PDE 1.4 T-GDI DCT

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

No - Claiming third party

Private car

Auto

1353

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd. SP2000575955-01

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

NG SAING HUAT S7919552I 09/07/1979

Indoor

Mobile Number	13/09/2002 20 YEARS AND 4 MONTHS Male (Phone) +65-98394236
Alt. Phone Number Email Address Address Address complement Postcode	sainghuat@yahoo.com.sg APT BLK 10 SIMS DRIVE #13-40 (S) 387390
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	Yes
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
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?	No 2 No - Yes 4
Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	• • • • • • • • • • • • • • • • • • •
PASSENGER 1	
Name Gender	WIFE Female
PASSENGER 2 Name Gender	DAUGHTHER Female
PASSENGER 3	
Name Gender	SON Male
DETAILS SE FOLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMENANCES OF ACCIDENT	
REFER WITH ATTACHED.	
ATTACINGNITIES	
Are accident photos available for attachment?	Yes

Accident report SK0U2313000E

Page 2 of 24

Vehicle Registration Number SLA4655L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver IRENE Contact Number (Phone) +65-96188368 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 3

SKETCH PLAN

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 in third and accurate as possible. Any willul misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy isability on the part of the insurance companies.
- 5. Any faise reporting may be referred to the Traffic Police Department for investigation.
- 6. 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 evailable upon application by interested parties.
- 7. By the ladgement 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 Oats 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' lawyors/law firms, the Monetary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purpose(s) of:

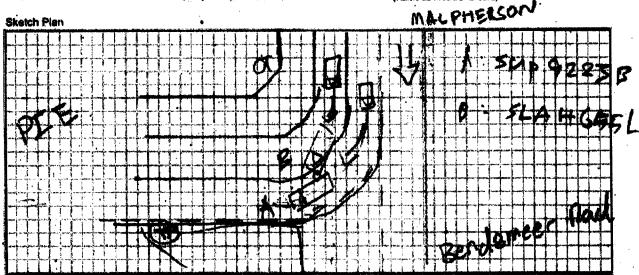
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims

- (ii) investigating the accident and/or my claims;
- (iii) carrying out end/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my plakes (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cartain 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 socident and the insurers' iswysra/isw firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposas; 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

03 JAN 23/1050 03JAN25/1050 Actual Driver's Signature (if driver is not the polloyholder) / Dete & Time

Wilnessed by Reportin tre Personnel (Name as in NRICID card)



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

holder's Signature / Date & Time. Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time (Name as in NR(C/ID card)

cal accident report (cal policy simpseed)

From sainghuat@yahoo.com.sg To claims@allianz.com.sg & 1 more Yesterday at 12:\$2 PM ~

Hi,

t have an existing car insurance with Allianz on my car, car number SMP9223B.

I met with an accident on 1st of Jan23, 0843hrs, at the junction of MacPherson road and Bendemeer road, turning toward PIE in which a car behind me, car plate SLA4655L, turn into my lane and hit my right back bumper. I have my family with 2 young children with me. Fortunately, nobody was injured, likewise the other party. Photos as attached.

Given the public holiday, I am unable to find ARC that is open and my agent replied today and advised me to contact the hotline. the hotline directed me to email while making a report via Allianz's certified ARC on the next business day.

For your necessary actions and please do not hesitate to contact me if further clarification is needed, thanks.

Rgds, Sainghuat

