

## 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 ..... 04/02/2023 14:44 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 03/02/2023 23:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HAVELOCK ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW9490H

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... VEGAS RENTAL PTE LTD  
Company Reg No ..... 2XXXXX681D  
Email Address ..... MIYA.ONG93@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98785544  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

#### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SPMF1000000523

#### DRIVER

Name of Driver ..... LEE SENG LENG  
NRIC No ..... SXXXX536J  
Date Of Birth ..... 27/11/1978  
Occupation ..... Outdoor

Date Of Driving Pass ..... 19/08/2002  
 Driving experience ..... 20 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-84882711  
 Alt. Phone Number ..... -  
 Email Address ..... MIYA.ONG93@GMAIL.COM  
 Address ..... BLK 27 JALAN BAHAGIA #10-312  
 Address complement ..... -  
 Postcode ..... S320027  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Hirer  
 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 - Head to Rear  
 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? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 4  
 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 ..... GOJEK PASSENGER  
 Gender ..... Male

#### PASSENGER 2

Name ..... GOJEK PASSENGER 2  
 Gender ..... Male

#### PASSENGER 3

Name ..... GOJEK PASSENGER 3  
 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

REFER TO SKETCH PLAN.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes

Was there any video captured by Car Camera? .....  
Reasons for not uploading a video of the accident .....

Yes  
VIDEO WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHB5006X  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... MR YAP  
Contact Number ..... (Phone) +65-88771181  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LEE SENG LENG  
Gender ..... Male  
Phone No ..... (Phone) +65-84882711  
Address ..... BLK 27 JALAN BAHAGIA #10-312  
Address Complement ..... -  
Post Code ..... S320027  
Approximate Age Years Old ..... 44  
Injuries Sustained ..... NECK, BACK, SHOULDER PAIN  
Injured person in which vehicle? ..... SKW9490H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No



## SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. The 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.

### 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 settlement 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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



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

### Sketch Plan

	<p>A - SKW 9490 H</p> <p>B - SHB5006 X</p>
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On the stated date and time,  
I was traveling straight on my designated  
lane on the stated location. Out of sudden the  
vehicle in front of mine slow down and stop, as  
such I follow suit. Suddenly I felt a huge impact  
coming from the rear portion of my vehicle.

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



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



Witnessed by Report  
Personnel