

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	13/02/2023 14:09 (SGT)
Reported by	Driver
Date of Accident	11/02/2023 15:06 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG621E
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SOOK HUI
NRIC No	SXXXX931E
Email Address	johnny.chiou@me.com
Mobile Phone No	(Phone) +65-97670009
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E63s
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	4000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002481535

DRIVER

Name of Driver	CHIOU JONG YEU @ JOHNNY J Y CHIOU
NRIC No	SXXXX931E
Date Of Birth	03/05/1974
Occupation	Indoor

Date Of Driving Pass	28/09/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91379778
Alt. Phone Number	-
Email Address	johnny.chiou@me.com
Address	235 ARCADIA ROAD #03-05
Address complement	-
Postcode	289843
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	2
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	JACKSON CHU
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?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1329G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MUHAMAD NASRAN BIN JAFAR
Contact Number	(Phone) +65-92357375
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 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 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.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

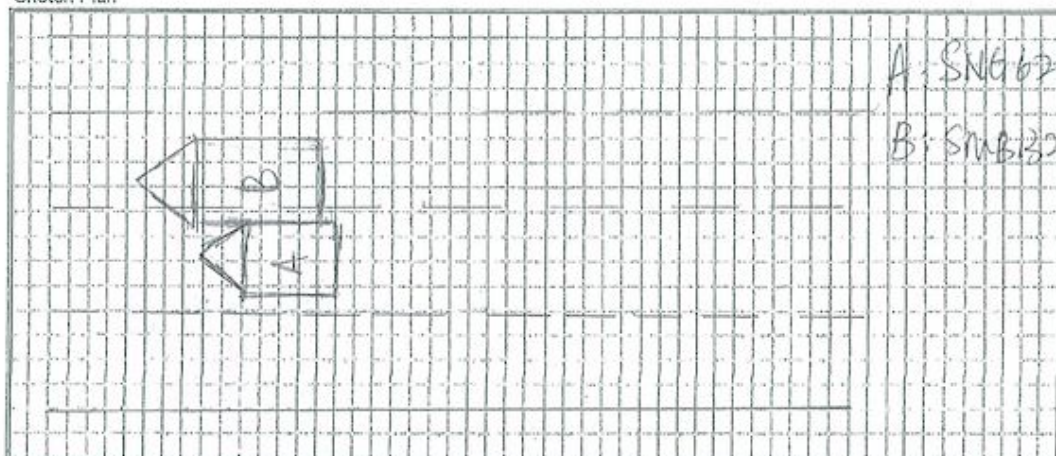
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1285 Fax: 6453 7944
 Witnessed by Charles Seokan
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Approx Time 15:06 captured on Front AND
 Rear in-vehicle camera of Mercedes Benz
 E63S with car plate number SNG 121E along
 Grange Road.
 My vehicle was stationary awaiting to
 continue along Grange Road traffic with
 A Towne Transit Bus, Bus Route Number
 167. Bus Plate Number SMD 1329 G, Bus
 Driver ID Number 13575, Bus Driver
 NAME MUHAMMAD NASEEM Bin JAGAR,
 Driver Mobile 92357375, side swiped
 my vehicle on the rear right side.

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1225 Fax: 6453 7944
 (Claims Section)

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

















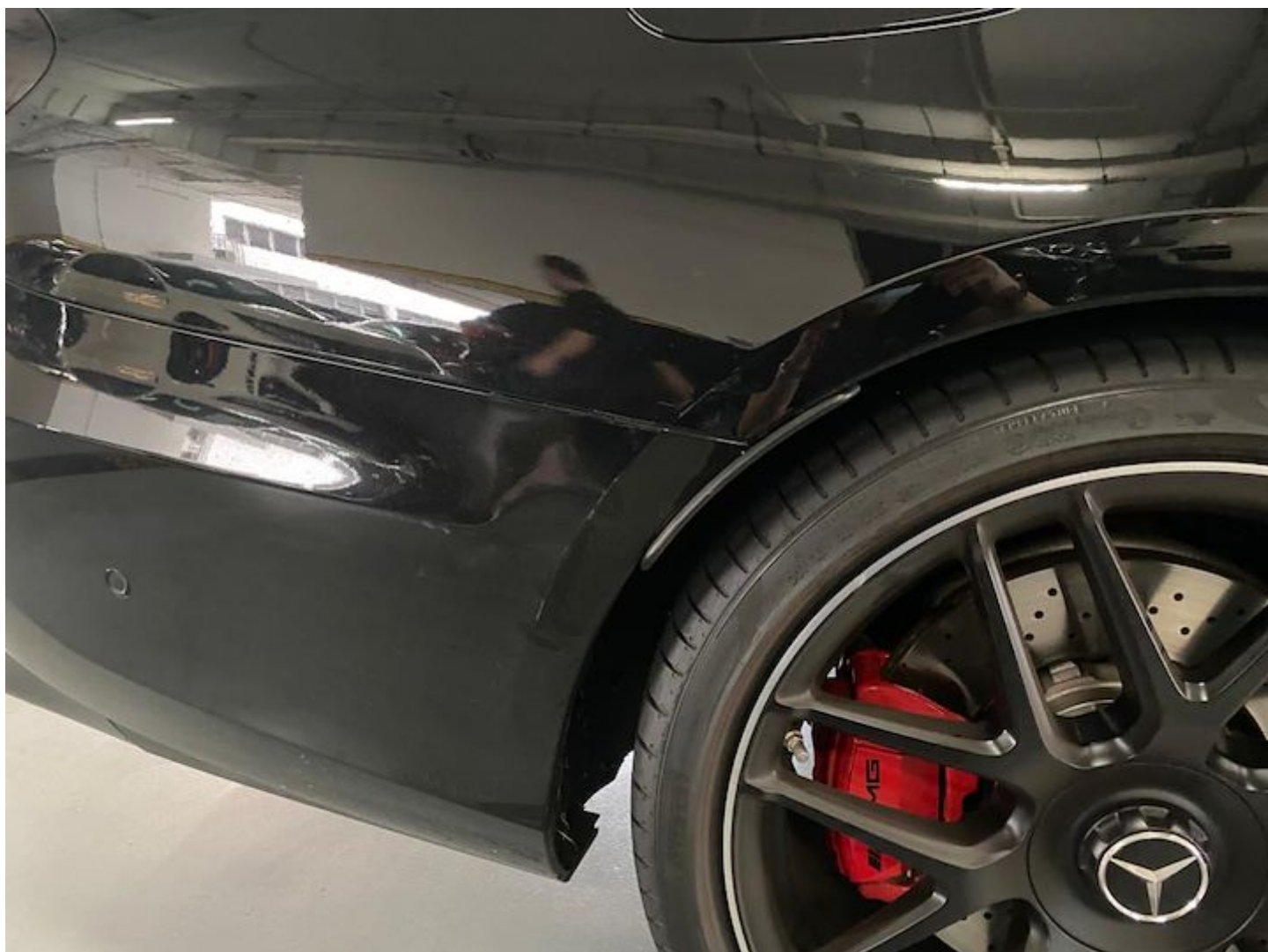














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with which your accident was reported.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1N 232 D0008 Vehicle Registration No: SN6 G216
 Name (as shown in NRIC): Chion Jung Yen NRIC/FIN/Passport No: S7478931E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 235 Arcadia Road # 05-05 Singapore (239243)
 Contact (Tel): _____ Mobile No.: 91379778
 Email Address: johnny.chion@me.com
 Date of Accident: 11/02/2023 Time of Accident: 15:16
 Place of Accident: Grange Road
 Insurance Company: Allianz Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

* Amend email address

* Amend driver's name

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1233 Fax: 6453 7944
 (Claims Section)

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: