

# 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 .....	15/02/2023 12:02 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/02/2023 22:27 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE CHANGI EXPRESSWAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJW5140G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIN YUAN BING
NRIC No .....	S8915896F
Email Address .....	LINYUANBING@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98712146
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1339

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001105445

### DRIVER

Name of Driver .....	LIN YUAN BING
NRIC No .....	S8915896F
Date Of Birth .....	14/05/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	30/03/2017
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98712146
Alt. Phone Number .....	-
Email Address .....	LINYUANBING@GMAIL.COM
Address .....	413 HOUGANG AVE 10
Address complement .....	04-122
Postcode .....	530413
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Wet

#### 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) .....	1
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 .....	-

#### 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 SKETCH PLAN ATTACHED

#### 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 .....	SGM6639S
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) .....	2

## SKETCH PLAN

## IMPORTANT NOTICE

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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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature Date  
 & Time:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder) Date  
 & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened @ 10.27pm, location was the road entering PIE Changi expressway near NTU.

DECLARATION

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

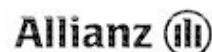
Policyholder's Signature  
Date & Time:

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

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



Confidential



Allianz Insurance Singapore Pte. Ltd.

03 February 2023

**YUANBING LIN**

Hougang Ave 10  
04-1222  
Singapore 530413

Reference No. : SP2001105445  
Intermediary : PROFESSIONAL INVESTMENT ADVISORY SERVICES PTE LTD  
Intermediary Code : 0000184  
Policyholder : YUANBING LIN  
New Period of Insurance : 30/03/2023 to 28/03/2024

Dear Client,

**ALLIANZ MOTOR PROTECT - RENEWAL INVITATION**

Thank you for insuring with Allianz Insurance Singapore Pte. Ltd.

It has been a privilege to provide the insurance cover for your needs.

Your Policy will expire on 29/03/2023. We are pleased to invite renewal based on the details as per the expiring policy.

A summary:

Vehicle number	: SJW5140G [Honda JAZZ]
Type of coverage	: Comprehensive (Panel Workshop)
Premium payable inclusive of 8% GST	: S\$ 978.35
Own Damage Excess	: S\$ 600.00
Windscreen Excess	: S\$ 100.00
Renewal NCD	: 40%
[Optional Benefit] NCD Protector	: Yes
[Optional Benefit] Personal Accident	: No

\*NCD Protector is available as an Optional Benefit, if your NCD is 30% and above.

To ensure continuous insurance cover, kindly complete the Renewal Notice and return the duly completed Renewal Notice to your Insurance Intermediary or directly to Allianz Insurance Singapore Pte. Ltd.

Should you require further assistance, please reach out to your Insurance Intermediary or call us at 1800-222-1818, Monday – Friday, between 9am and 5pm or email us at [customerservice@allianz.com.sg](mailto:customerservice@allianz.com.sg) for support.

We look forward to being of service to you again.

Sincerely

Allianz Insurance Singapore Pte. Ltd.

*This is a system generated letter. No signature is required.*

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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