

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	21/02/2023 08:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/02/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACPHERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK5973K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEK SENG GUAN
NRIC No	S6937842J
Email Address	junhuikek1@gmail.com
Mobile Phone No	(Phone) +65-87234499
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
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	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002847623-01

DRIVER

Name of Driver	KEK SENG GUAN
NRIC No	S6937842J
Date Of Birth	30/10/1969
Occupation	Outdoor

Date Of Driving Pass	07/05/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87234499
Alt. Phone Number	-
Email Address	junhuikek1@gmail.com
Address	TAMPINES BLK 498H ST 45 #04-450
Address complement	-
Postcode	526498
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	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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, REF NO: T/20230219/7063

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	SMX8005D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD6589J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL2908M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOK SENG GUAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNK5973K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 5643
 Tel: 6453 1236 Fax: 6453 7944

kek

 Policyholder's Signature / Date & Time

kek

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

Witnessed by *City Auto Pte Ltd*
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report

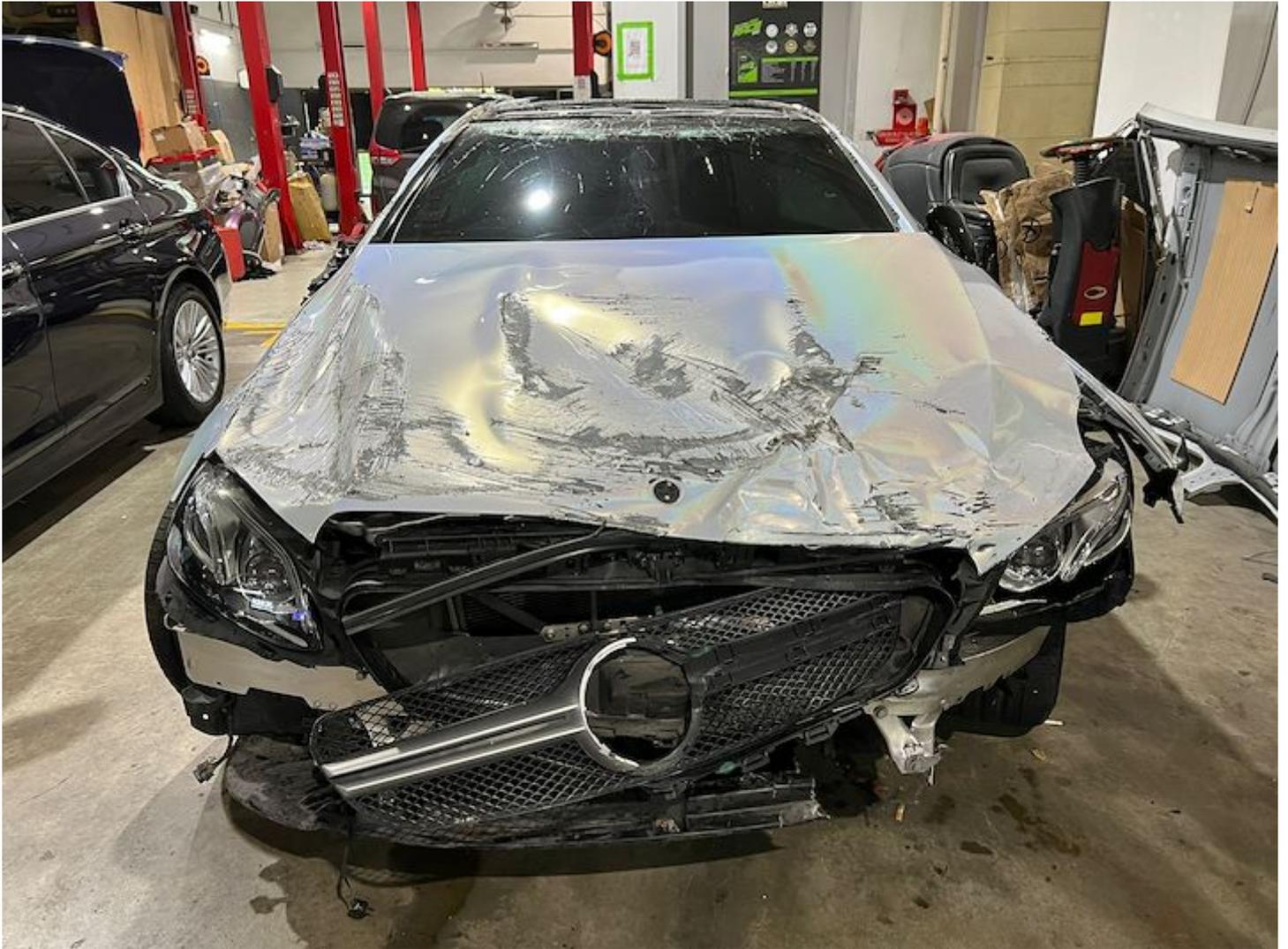
- Declaration
- I/We declare the foregoing particulars are true in every respect.

kek
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1005 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel

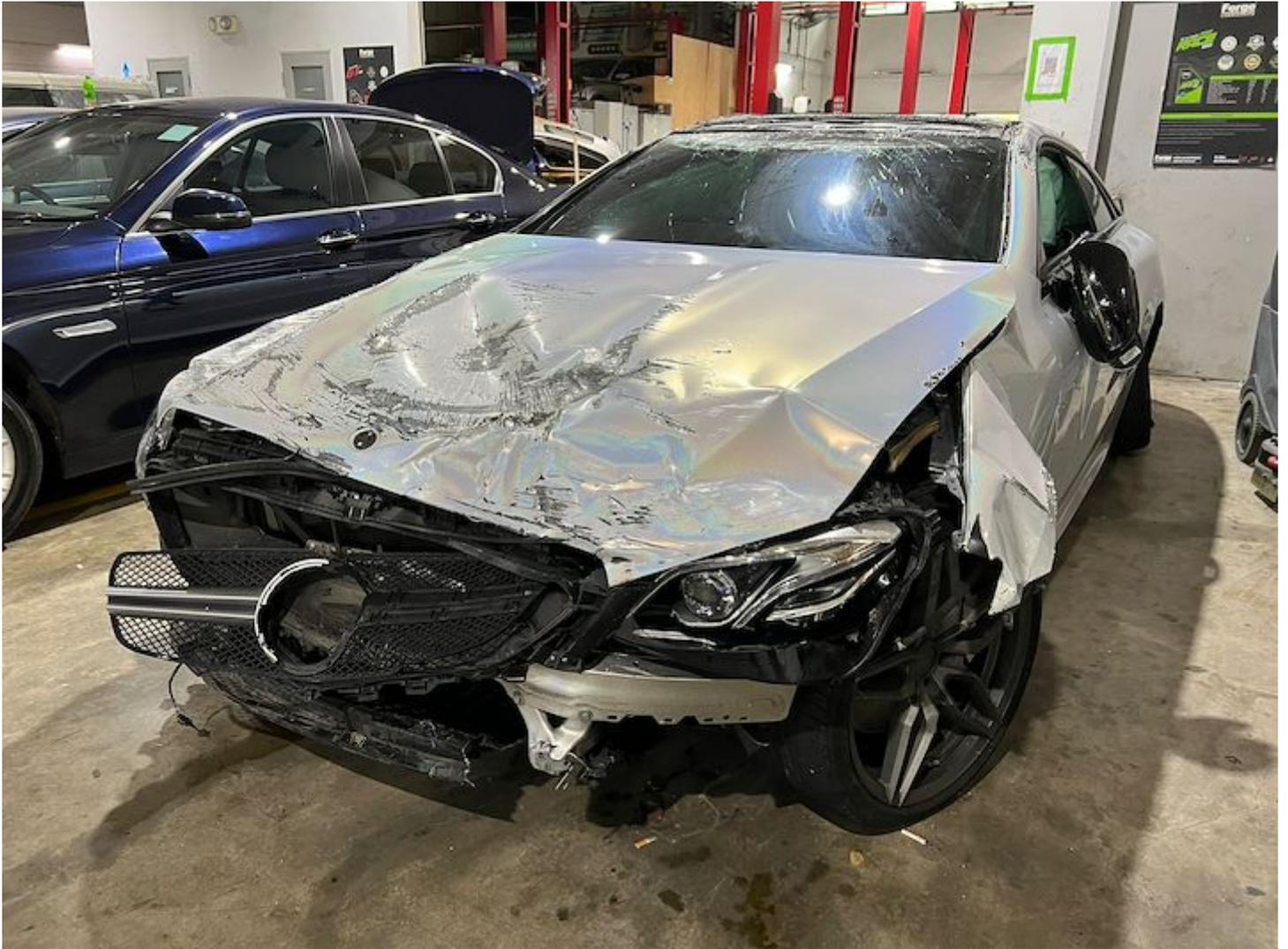

















**SINGAPORE
POLICE FORCE**


T/20230219/7063

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230219/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2023 23:59	Vide Report No.: G/20230218/0144	Station Diary No.:
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Informant's Particulars

Name of Informant: KEK SENG GUAN		Address: 498H TAMPINES STREET 45 #04-450 SINGAPORE 526498	
ID Type / ID No.: NRIC NO / S6937842J		Contact No.: Home/Office: Mobile: 87234499	
Nationality: SINGAPORE CITIZEN		Email: junhuikek1@gmail.com	
Sex: Male	Age: 53	Date of Birth: 30/10/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2023 15:30	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD6589J	Lorry					0
SLL2908M	Car					1
SMX8005D	Car					1



**SINGAPORE
POLICE FORCE**



T/20230219/7063

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230219/7063

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNK5973K	Car	MERCEDES BENZ	E300 AMG COUPE AUTO	Grey		1
	Cyclist					1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNK5973K	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2002847623	12/09/2022	11/09/2023

Details of Person Involved				
Any Pedestrian Involved: Yes				
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Used		
Driver				
Name	KEK SENG GUAN		ID No.	S6937842J
Related Vehicle	SNK5973K (Car)		Contact No.	87234499
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	
Pedestrian				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious	



**SINGAPORE
POLICE FORCE**



T/20230219/7063

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230219/7063

CONTINUATION OF REPORT

Cyclist				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	(Cyclist)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I was travelling along MacPherson road on lane 1 bearing the number plate (SNK5973K). Out of a sudden, a car (SMX8005D) from lane 2 did not signal and check for clearance, recklessly perform a lane change manoeuvre to lane 1 collided onto my left portion causing my car to skid and flipped. The impact cause my car to hit onto another car (SLL2908M) on lane 3. (SLL2908M) skid and spin due to the impact and collided onto a lorry (GBD6589J) and a cyclist.

After the accident, I felt discomfort seek for medical attention and was given 3 days medical certification.