

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	26/01/2023 12:01 (SGT)
Reported by	Both
Date of Accident	24/01/2023 17:54 (SGT)
Exact Location of Accident	Johor, Malaysia
Additional Location Information	JB CUSTOM
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ848D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEW WEI LOONG
NRIC No	S7620124B
Email Address	XALFFITTI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96989369
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1600

INSURANCE COMPANY

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

DRIVER

Name of Driver	YEW WEI LOONG
NRIC No	S7620124B
Date Of Birth	06/07/1976
Occupation	Indoor

Date Of Driving Pass	15/12/2005
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96989369
Alt. Phone Number	-
Email Address	XALFFITTI@YAHOO.COM.SG
Address	261B PUNGGOL WAY #08-333 S822261
Address complement	-
Postcode	-
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	Raining
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)	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	SHARLENE TAN
Gender	Female

PASSENGER 2

Name	XAVIER
Gender	Male

PASSENGER 3

Name	ALVIN
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 ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFF8289D
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)	-

Describe the circumstances of the incident

I was stationary due to heavy traffic jam.
Suddenly I felt an impact from behind &
realised that vehicle 8 has hit onto my
rear right portion

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

[Signature] 25 JAN 2023 *[Signature]*
Reported by's Signature / Date & Time Actual Driver's Signature (if driver is not the police officer) / Date & Time

[Signature]
Witnessed by Reporting Constable Personnel
(Name as in NRIC/ID card)