

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	07/03/2023 17:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/03/2023 23:20 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	NEAR EXIT TAMPINES AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL1108E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH BOON LOONG
NRIC No	S8829939F
Email Address	SBL88@LIVE.COM.SG
Mobile Phone No	(Phone) +65-82280431
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004536435

DRIVER

Name of Driver	SOH BOON LOONG
NRIC No	S8829939F
Date Of Birth	18/08/1988
Occupation	Indoor

Date Of Driving Pass	20/03/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-82280431
Alt. Phone Number	-
Email Address	SBL88@LIVE.COM.SG
Address	20 LOYANG VIEW
Address complement	-
Postcode	507250
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	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)	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

VEHICLE B IN FRONT BRAKE. I CANNOT STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SMQ587E
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	VEHICLE B
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



[Signature]

Vehicle B intrudes brake, I cannot stop in time and LM onto vehicle B rear portion.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel

















Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE
ALLIANZ MOTOR PROTECT

ORIGINAL

Date	:	10 February 2023
Policy Number	:	SP2004536435
Type of Cover	:	ALLIANZ MOTOR PROTECT
Plan Type	:	Comprehensive
Intermediary	:	AAC PERFORMANCE PTE LTD
Intermediary Code	:	0000336
Policyholder/Insured	:	SOH BOON LOONG
Correspondence Address	:	20 LOYANG VIEW - SINGAPORE 507250
Replacing Cover Note No.	:	NA
Period of Insurance	:	From 23/02/2023 To 22/02/2024 (Both Dates Inclusive)
Premium Payable	:	S\$ 518.57
GST 8%	:	S\$ 41.49
Total Premium Payable	:	S\$ 560.06

Make and Model	:	Toyota VIOS			
Agreed Value	:	MARKET VALUE	Off Peak Car	:	No
Registration No.	:	SBL1108E	Good Driver Discount	:	Yes
Year of Manufacture	:	2018	Body Type	:	Sedan
Engine Capacity	:	1496.0	Engine No.	:	2NRX261007
Chassis No.	:	MR2B23F3401110767	Windscreen	:	UNLIMITED
Hire Purchase Owner	:	HONG LEONG FINANCE LIMITED	No Claims Discount	:	50 %
Additional Cover	:	NCD Protector			
Named Drivers	:	SOH BOON LOONG			
Excess	:	Own Damage	S\$:	600.00
	:	Windscreen Damage	S\$:	100.00