SS37233B0001 / Success United Pte Ltd ENTRY DATE & TIME: 11/03/2023 10:36 (SGT) SUBMITTED BY: Elise Law Yi Ting VERSION: 1 (11/03/2023 10:36 (SGT))

# **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 witholding 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.

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   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 11/03/2023 10:36 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/03/2023 22:20 (SGT) Exact Location of Accident Near 282 Alexandra Rd, Singapore 159939 Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK7611D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lim Jing Jun NRIC No SXXXX504A Email Address limjingjun@gmail.com Mobile Phone No (Phone) +65-91451355 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1591

#### **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001652077

#### DRIVER

Name of Driver Lim Jing Jun NRIC No SXXXX504A Date Of Birth 16/04/1986 Occupation Indoor

Date Of Driving Pass 08/05/2012 Driving experience 10 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-91451355 Alt. Phone Number Email Address limjingjun@gmail.com Address Blk 244 Bukit Batok East Avenue 5 Address complement #08-22 Singapore Postcode 650244 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 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) 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? Nο 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH8725Y Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number

(Phone) +65-97410548

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

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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")

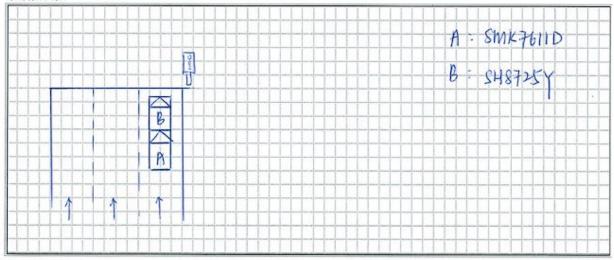
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Describe Circumstance of the Accident
I was driving along Alexandra Road.
when approaching a traffic light, the raxi infant of me
was going straight but suddenly also stopped.
He was originally going to go past the amber the light maybe
But so he was going constant speed, then epiate.
I was kehind him, couldn't ebinke in time and thus
2 vegr- ended him-
At time of accident, ony can was at the traffic light line.
At time of accident, ony can was at the traffic light line. His was after attending the traffic light line already.

Declaration

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

Palicyhgiden's Signature / Date & Time

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

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

2



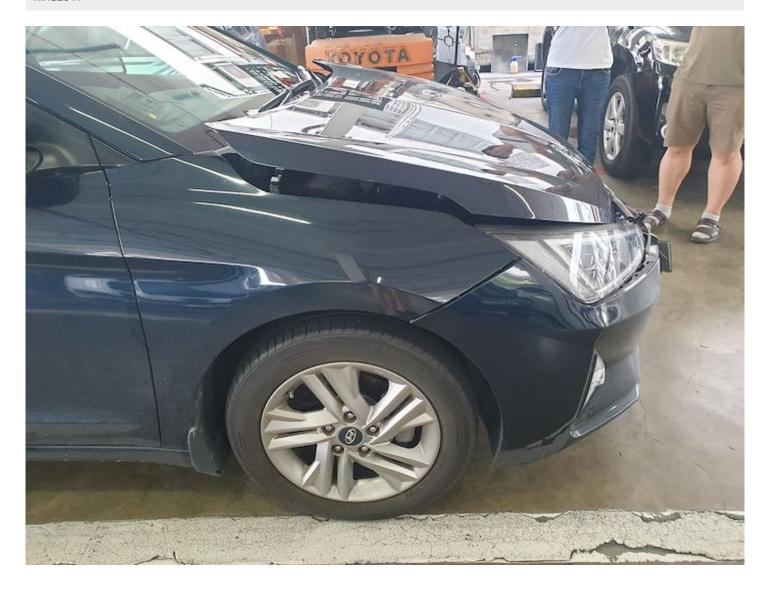


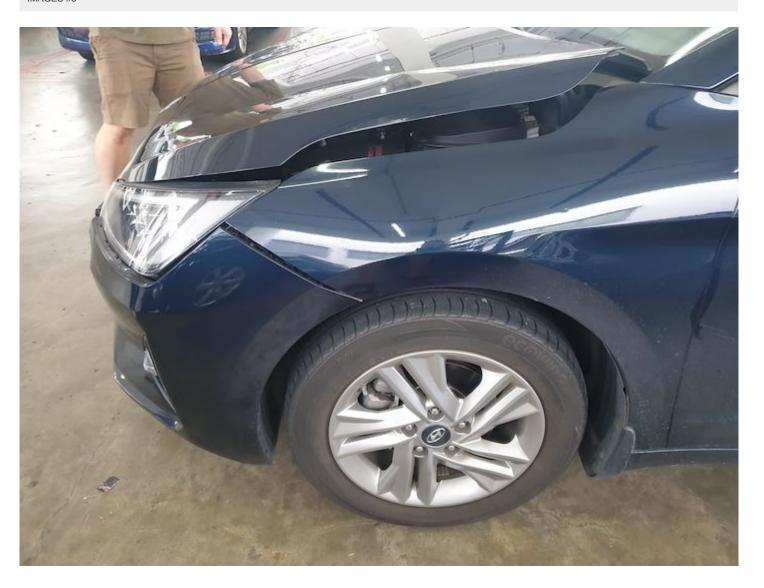




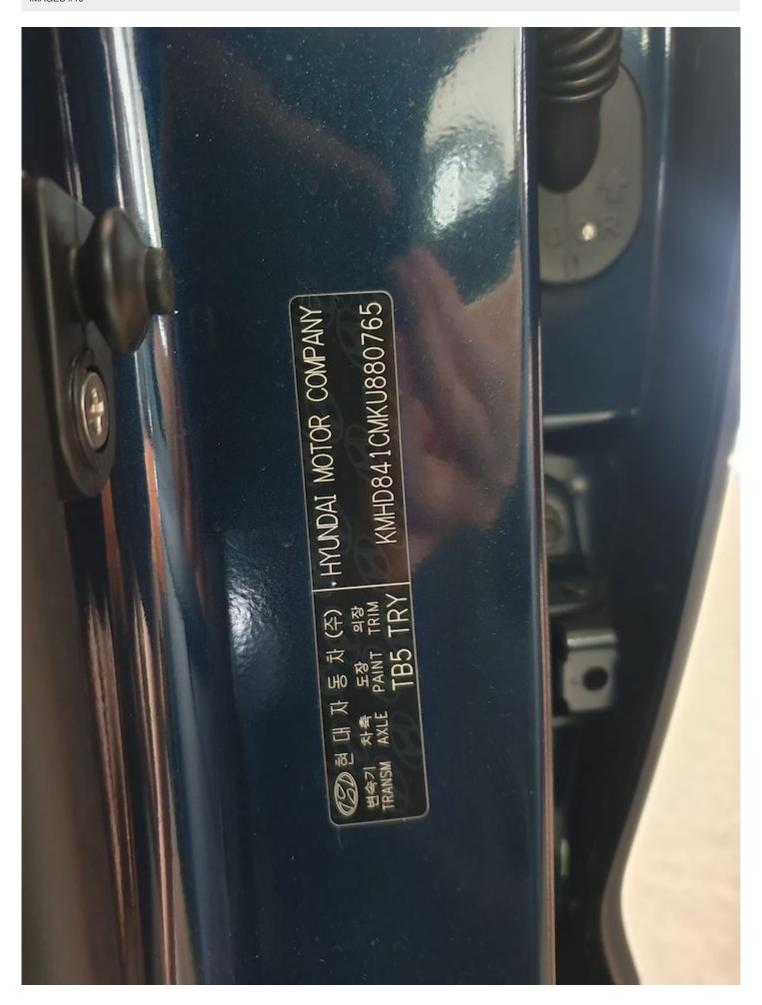




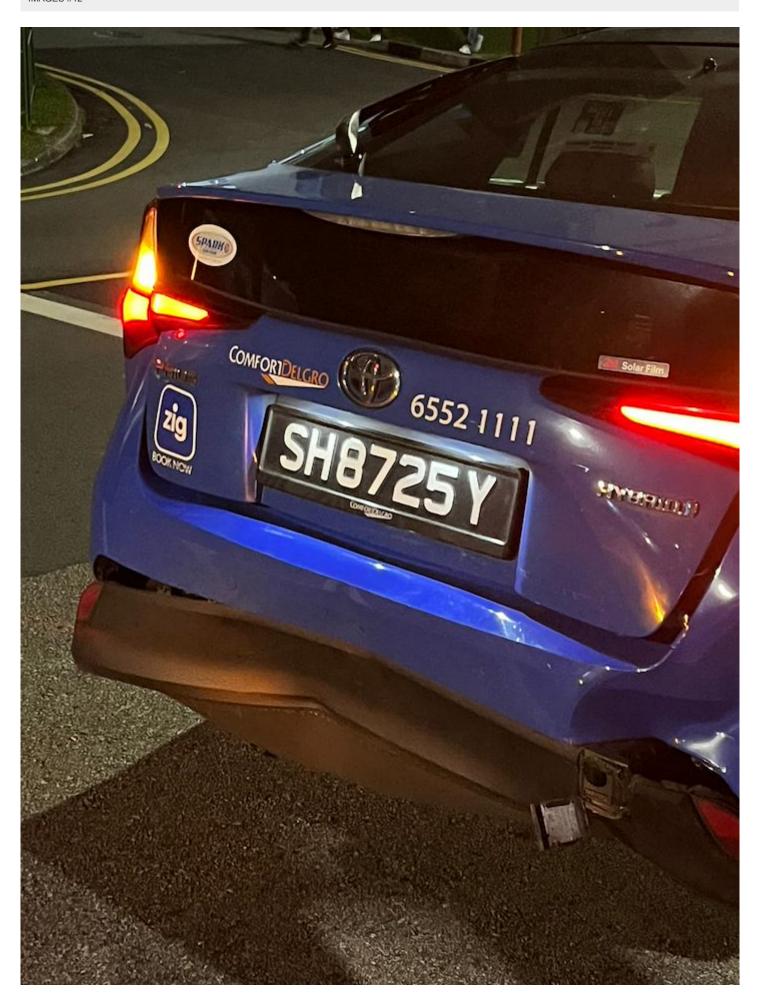














# Allianz Insurance Singapore Pte. Ltd.

# POLICY SCHEDULE ALLIANZ MOTOR PROTECT

**ORIGINAL** 

 Date
 : 22 April 2022

 Policy Number
 : SP2001652077

Type of Cover : ALLIANZ MOTOR PROTECT

Plan Type : Comprehensive

Intermediary : Allianz Intermediary Code : 0000128 Policyholder : Jing Jun Lim

Correspondence Address : BUKIT BATOK EAST AVE 5 08-22 SINGAPORE 650244

Replacing Cover Note No. : NA

Period of Insurance : From 23/04/2022 To 22/04/2023

 Premium Payable
 : \$\$ 1130.48

 GST 7%
 : \$\$ 79.14

 Total Premium Payable
 : \$\$ 1209.62

Make and Model : Hyundai AVANTE

Agreed Value : MARKET VALUE Off Peak Car : No
Registration No. : SMK7611D Good Driver Discount : Yes
Year of Manufacture : 2019 Body Type : Sedan

Engine Capacity : 1591.0 Engine No. : G4FGKU112694
Chassis No. : KMHD841CMKU880765 Wind Screen : UNLIMITED

Hire Purchase Owner : MAYBANK SINGAPORE No Claims Discount : 30 %

LIMITED

Optional Coverage : NCD Protector

Preferred Workshop for Accident Repairs

Medical Expenses Personal Accident Benefits

T district reductive series

Named Drivers : Jing Jun Lim

Excess : Own Damage Excess In Singapore S\$ 0.00
Windscreen Excess S\$ 100.00