

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	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 your vehicle?	Yes
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	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

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	Mr Teo
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

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 Traffic Police Department for investigation.**
6. 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.
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.


Policyholder'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)

Sketch Plan



Describe Circumstance of the Accident

I was driving along Alexandra Road.
 When approaching a traffic light, the taxi in front 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 brake.
 I was behind him, couldn't brake in time and thus
 rear-ended him.

At time of accident, my car was at the traffic light line.
 His was after ~~already~~ the traffic light line already.

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

Low Yi Ting

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



























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	:	S\$ 1130.48		
GST 7%	:	S\$ 79.14		
Total Premium Payable	:	S\$ 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 LIMITED	No Claims Discount	: 30 %
Optional Coverage	:	NCD Protector Preferred Workshop for Accident Repairs Medical Expenses Personal Accident Benefits		
Named Drivers	:	Jing Jun Lim		
Excess	:	Own Damage Excess In Singapore	S\$	0.00
		Windscreen Excess	S\$	100.00