# **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.

- 4. The issue and acceptance of this is form by instrained 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 09/03/2023 17:44 (SGT) Reported by Date of Accident 08/03/2023 17:40 (SGT) Exact Location of Accident Singapore Additional Location Information NORTH BUONA VISTA ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMM8741U

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **WEI MINGRUN** NRIC No S9170454D Email Address Ericweimr@gmail.com Mobile Phone No (Phone) +65-96729727 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Hyundai Model AD AVANTE 1.6 GLS (A) S 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1345

### **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004169626-01

#### DRIVER

Name of Driver SOO SOCK GEOK ESAIBELL NRIC No S8941711B Date Of Birth 23/11/1989 Occupation Indoor

Date Of Driving Pass 01/11/2019 Driving experience 3 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-93846808 Alt. Phone Number Email Address esaibells@gmail.com Address **APT BLK 348A YISHUN AVENUE 11 #14-543** Address complement Postcode 761348 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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? Yes 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? Yes Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? 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 SDW323A

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KEE SHWU LENG
Contact Number	(Phone) +65-90470907
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 Gender	SOO SOCK GEOK ESAIBELL Female
Phone No	-
Address	-
Address Complement	-
Post Code Approximate Age Vegra Old	-
Approximate Age Years Old Injuries Sustained	-
Injuries Sustained Injured person in which vehicle?	- CMM4974111
AND THE RESIDENCE OF THE PARTY	SMM8741U
	Yes
Was this injured conveyed to hospital by ambulance?	No

#### 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.
- Information provided must be as <u>truthful</u> and accurate as <u>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.
- 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 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.

سلط

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Traffic 19

Light Night

Pack

Our car Black Avante (3rd vehicle) Silver Mercedes (SDW 323A) reversed back into the front of our car Black Avante SMM 8741U despike my wife honking as warning Both vehicles were initially stopped at traffic light junction.

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

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

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

vJun2022

I was reaching the traffic light, and have stopped my car behind the merc a distance away, when I saw the car infront started rolling backward towards my car and I honk her way before she bang into my car. The lady driver verbally admitted that she changed to neutral gear and released the brake while picking up her phone. Unknowingly, the car was rolling backwards. Even when I Honk her, she did not release his attention to her, but she does admit she heard the honk sound. In the last communication, she agreed to compensate all the damages if necessary, including me mentioning that I might see a doctor for a check just in case. Which she agreed

Wei Mingrun





### Allianz Insurance Singapore Pte. Ltd.

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION), ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

SP2004169626-01

Date of Issue

13 January 2023

Coverage Policyholder

Comprehensive : WEI MINGRUN

Period of Insurance

: 18 July 2022 to 17 July 2023(both dates inclusive)

Registration No.

: SMM8741U

Chassis number of Vehicle : KMHD841CMKU919996

## Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder
- (b) Any other person who is driving on the Policyholder's order or with his/her permission

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

#### Limitation as to Use^:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

## The Policy does not cover:

- (a) use for hire or reward (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

13 January 2023

Issued Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code

: 0000069 PHILLIP SECURITIES PTE LTD

Excess

: Own Damage : Windscreen Damage

SGD SGD 600.00 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg







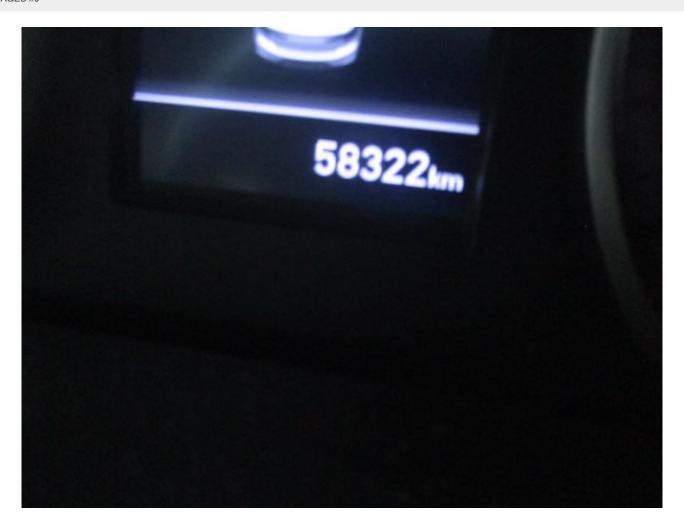




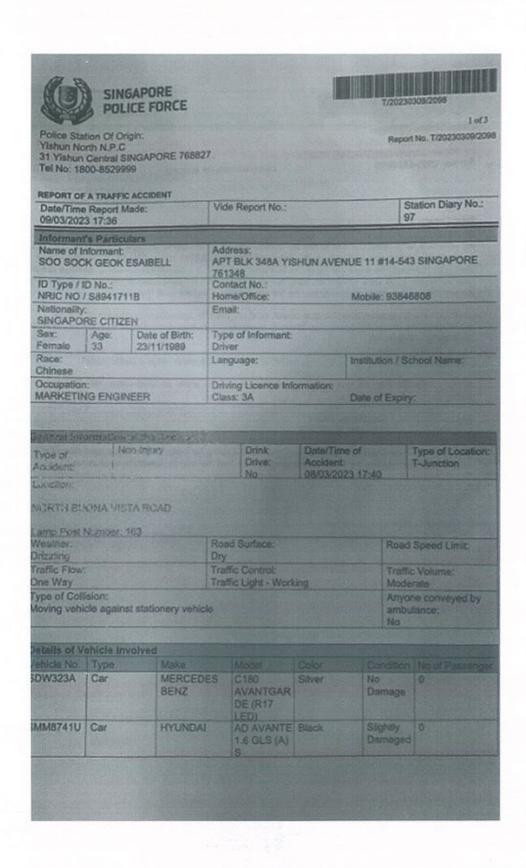














Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



2 of 3 Report No. T/20230309/2098

CONTINUATION OF REPORT

## Brief Details.

On 08/03/2023 at around 1745hrs, I was driving my vehicle (SMM8741U) along North buona vista road. My vehicle was stationary in line as the 3rd vehicle waiting for the traffic light to turn green before making a right turn to holland road. Suddenly the vehicle(SDW323A) infront of me started to roll backwards, I then how however the driver did not come to a stop leading to a collision. My vehicle is damage at front near to the car plate area. There was no police or ambulance that came down to scene. We exchanged particulars and the driver agreed to pay for the car damages and medical checkup.

However, when I went for checkup at thomson medical, there is a possibility of preterm labour as informed by the doctor because I was 33weeks pregnant. I was then given 7 days Hospitalization leave (09/2/2023 - 15/3/2023).

I then updated the driver pertaining this matter and they advise me to lodge a police report.

My car has in car dash camera did not successfully record the whole accident due to the storage problems.

The details of the driver are as follow: Kee Shwu Long, S7414068J, 90470907

I would like to inform that, the driver shared that while waiting for traffic to turn green, she shifted to result a goal and release the brake and was not aware that the vehicle would roll backwards.

