

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	16/03/2023 13:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/03/2023 12:05 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	UBI AVE 2 INTERSECTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9903R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHILGUNDE AMIT CHANDRAKANT
NRIC No	S8274914D
Email Address	AMITCHILGUNDE@GMAIL.COM
Mobile Phone No	(Phone) +65-84981624
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Brz
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003746282-01

DRIVER

Name of Driver	CHILGUNDE AMIT CHANDRAKANT
NRIC No	S8274914D
Date Of Birth	29/09/1982
Occupation	Indoor

Date Of Driving Pass	28/05/2005
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84981624
Alt. Phone Number	-
Email Address	AMITCHILGUNDE@GMAIL.COM
Address	80 LORONG K TELOK KURAU #05-04
Address complement	-
Postcode	425710
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

I WAS IN THE LEFT LANE ON JALAN EUNOS GOING TO TURN LEFT TO UBI AVE 2. THERE WAS A BACKING OF CARS TRYING TO TURN LEFT. THIS VAN WAS IN FRONT OF ME. WHEN IT WAS THE VAN'S TURN TO TURN LEFT ON UBI AVE 2, THE VAN ACCELERATED AND I FOLLOWED. BUT THEN SUDDENLY THE VAN ABRUPTLY TURN THERE IS A ZEBRA CROSSING. THE VAN DRIVER DID NOT KEEP A LOOKOUT FOR PEDESTRIANS CROSSING THE ZEBRA CROSSING. HE SUDDENLY SAW ONE PEDESTRIAN AND HIT HIS BRAKES ABRUPTLY. THIS IS WHEN MY CAR HIT HIS VAN FROM BEHIND. THE VAN DRIVER ADMITTED TO ME THAT HE BRAKED SUDDENLY SINCE HE DIDN'T SEE THE PEDESTRIAN CROSSING. SO THIS ACCIDENT WAS CAUSED DUE TO THIS.

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	GBG2610R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-93467565
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

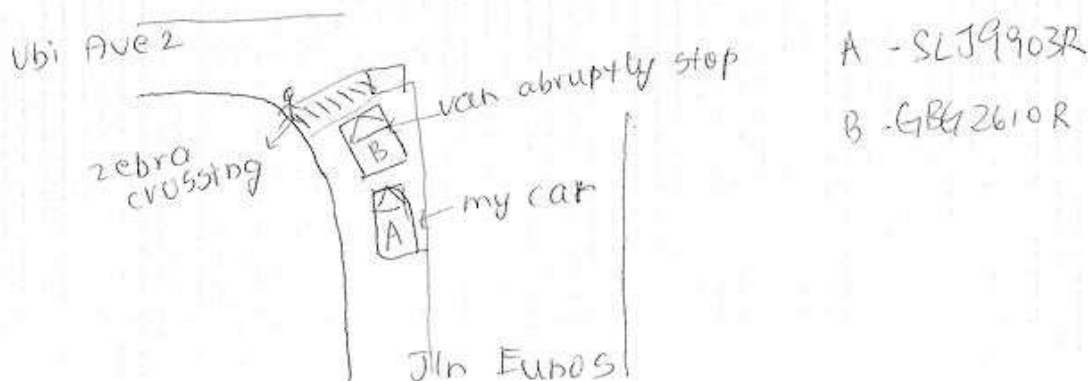
SKETCH PLAN

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 Authorised 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. The 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.
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: Amel 16-05-23 11:40am
 Driver's Signature (If driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: _____

Sketch Plan



Describe Circumstances of the Accident

I was in the left lane on Jln Tunos going to turn left to Ubi Ave 2. There was a backlog of cars trying to turn left. This van was in front of me. When it was the van's turn to turn left on Ubi Ave 2 the van accelerated and I followed. But then suddenly the van abruptly hit the brake. Just before the left turn there is zebra crossing. The van driver did not keep a lookout for pedestrians crossing the zebra crossing. He suddenly saw one pedestrian and hit his brakes abruptly. This is when my car hit his van from behind. The van driver admitted to me ~~through~~ that he braked suddenly since he didn't see the pedestrian crossing. So this accident was caused due to this.

Declaration

We declare the foregoing particulars are true in every respect.

AmC 16-3-23
11:40am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















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 1980
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2003746282-01
 Date of Issue : 08 December 2022
 Coverage : Comprehensive
 Policyholder : CHILGUNDE AMIT CHANDRAKANT
 Period of Insurance : 14 January 2023 to 13 January 2024 (both dates inclusive)
 Registration No. : SLJ9903R
 Chassis number of Vehicle : JF1ZC6K72HG012017

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 of 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.

08 December 2022

Issued Date

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

Intermediary Code	0000391 INSURE HUB PTE LTD		
Excess	Own Damage	SGD	600.00
	Windscreen Damage	SGD	100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 2019039130
 79 Robinson Road #09-01 Singapore 068892 | Tel: +65 6714 3369 | Website: www.allianz.sg