

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	23/03/2023 12:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/03/2023 08:45 (SGT)
Exact Location of Accident	Swiss View, Singapore
Additional Location Information	TOWARDS BUKIT TINGGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6757E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZIMMERMANN WOLFGANG MEINRAD
NRIC No	S2720912B
Email Address	WR_ZIMMERMANN@YAHOO.COM
Mobile Phone No	(Phone) +65-97899906
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
Variant	BENZ / E 300
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2996

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	GA568752

DRIVER

Name of Driver	ZIMMERMANN WOLFGANG MEINRAD
NRIC No	S2720912B
Date Of Birth	13/02/1946
Occupation	Indoor

Date Of Driving Pass	25/02/2003
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97899906
Alt. Phone Number	-
Email Address	WR_ZIMMERMANN@YAHOO.COM
Address	58 SWISS VIEW #02-07
Address complement	-
Postcode	288061
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 - Major/Minor Rd
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)	2
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	-

PASSENGER 1

Name	ROSEMRARIE
Gender	Female

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 ATTACHED SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC7262J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMLAN
-	S1805196F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

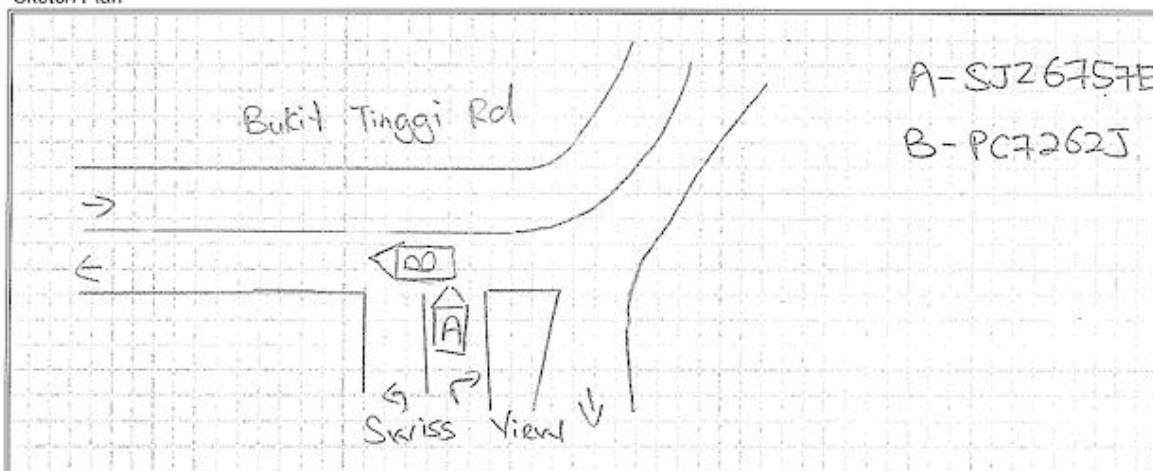
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

G. J. J. J.
Policyholder's Signature / Date & Time

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

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

Sketch Plan




wJun2022

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<p>Describe Circumstance of the Accident</p> <p>Refer to Attachment.</p>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input type="checkbox"/> Claim OD / TP at other workshop <input checked="" type="checkbox"/> For record purpose </div> <p>Policy No. <u>GAS687S2</u> Insurer <u>ACA</u> Veh. No. <u>SS267S7E</u></p>
<p>I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</p>	

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


 SNG AH TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

ON 22.03.2023 AT ABOUT 0842 HRS. MY VEHICLE STATIONARY AT SWISS VIEW TURNING TOWARDS BUKIT TINGGI RD.THERE WAS TRAFFIC HEAVY. WHEN VEHICLE B ALMOST PASS THROUGH MY VEHICLE. I TRY TO MOVE FORWARD LITTLE BUT VEHICLE B SUDDENLY STOPPED WITHOUT ANY REASON. MY VEHICLE ACCIDENTALLY TOUCH ONTO THE REAR LEFT SIDE PORTION AND IS ONLY SCRATCHES ON THE REAR LOWER FENDER LEFT SIDE PORTION. VEHICLE B HAVE MANY OLD DAMAGE.THAT'S ALL

Remark : I would like to do a private with Third party,
please contact me for the repair cost.





























