

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	03/04/2023 13:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 07:11 (SGT)
Exact Location of Accident	520 Hougang Ave 6, Block 520, Singapore 530520
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV7384B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN POH LIN
NRIC No	S1496923C
Email Address	EKHTHAM@GMAIL.COM
Mobile Phone No	(Phone) +65-98180572
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004830964-01

DRIVER

Name of Driver	THAM KWANG HSIA ELAINE
NRIC No	S8800643G
Date Of Birth	08/01/1988
Occupation	Indoor

Date Of Driving Pass	04/10/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98180572
Alt. Phone Number	-
Email Address	EKHTHAM@GMAIL.COM
Address	42 KOVAN RISE #03-26
Address complement	-
Postcode	544729
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GAN WEI EN JORDAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLU3997B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THAM KWANG HSIA ELAINE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV7384B
Were seat belts worn?	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.
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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.

<p>X <i>Thari</i> 03/04/2023 10:45</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>1/4/2023 13:42</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

A = SMV 7384B
B = SLU 3997B

Describe Circumstances of the Accident

On 31.03.2023 about 0711 am.

I was drive straight in my lane at carpark of Blk 520 HDB Hougang. Suddenly the vehicle (SLU 3997B) come from the opposite direction. He cut in to my lane and hit my vehicle (SMV 7384B).

Please Refer Police Report No.:



T/2023 0401 / 2030

and

F/2023 0331 / 7011

Declaration

We declare the foregoing particulars are true in every respect.

<p>x  03/04/2023 10:45</p> <p>Policyholder's Signature / Date & Time</p>	<p> 1/4/2023 13:42</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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**SINGAPORE
POLICE FORCE**



F/20230331/7011

1 of 2

POLICE REPORT (NP299)

Report No. F/20230331/7011

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 31/03/2023 09:22	Vide Report No.	Station Diary No.
Name Of Informant THAM KWANG HSIA, ELAINE	Address 42 KOVAN RISE #03-26 SINGAPORE 544729	
ID Type / ID No. NRIC NO / S8800643G	Contact No. Home/Office: Mobile: 98180572	
Nationality SINGAPORE CITIZEN	Email Address EKHTHAM@GMAIL.COM	
Occupation Other social science professionals	Sex Female	Age 35
Institution/School Name	Date of Birth 08/01/1988	Race Chinese
Date/Time Of Incident 31/03/2023 07:10 - 31/03/2023 07:30	Location Of Incident 520 HOUGANG AVENUE 6 SINGAPORE 530520	

Brief details.

The fellow car SLU 3997 B was turning from the an adjoining one way street and hit the right side of my car. The car was driving in the opposite direction that was not allowed in that one way street (ie they should not be turning from that lane). The lady left before we could exchange details. There was a witness who is able to confirm the happenings. There is physical damage on my car. No one was hurt in this incident. Video footage and photos of the incident is available.

Subjects Involved
Suspect

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2023 09:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230331/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230331/7011

Person Name	Unknown		
Gender	Female	Age	50-55
Race	Chinese	Language	Chinese
Complexion	Light tan	Build	Medium
Height About	160cm	Attire Last Worn	Black t shirt
Hair Colour	Black		
Victim			
Person Name	THAM KWANG HSIA, ELAINE		
ID Type	NRIC NO	ID No	S8800643G
Gender	Female	Age	35
Race	Chinese	Language	English
Occupation	Other social science professionals	Address	42 KOVAN RISE #03-26 SINGAPORE 544729
Mobile No	98180572	Is Informant A Victim?	Yes
Person Name	THAM KWANG HSIA, ELAINE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2023 09:22
Officer In-Charge Of Case:	Classification Of Case:


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230401/2030

1 of 3

Report No. T/20230401/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/04/2023 11:19

Vide Report No.:
F/20230331/7011

Station Diary No.:
38

Informant's Particulars

Name of Informant:
THAM KWANG HSIA, ELAINE

Address:
42 KOVAN RISE #03-26 SINGAPORE 544729

ID Type / ID No.:
NRIC NO / S8800643G

Contact No.:
Home/Office:

Mobile: 98180572

Nationality:
SINGAPORE CITIZEN

Email:
EKHTHAM@GMAIL.COM

Sex: Female Age: 35 Date of Birth: 08/01/1988

Type of Informant:
Driver

Race:
Chinese

Language:

Occupation:
RESEARCH FELLOW

Driving Licence Information:
Class: 3A

Date of Expiry:

General Information

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 07:10	Type of Location: Car Park
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Location:
HOUGANG AVENUE 6

Weather: Clear Road Surface: Dry

Traffic Flow: Two Way Traffic Control: Not Controlled

Traffic Volume: Heavy

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV7384B	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

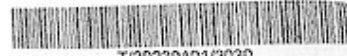
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230401/2030

2 of 3

Report No. T/20230401/2030

CONTINUATION OF REPORT

Driver			
Name	THAM KWANG HSIA, ELAINE	ID No.	S8800643G
Related Vehicle	NIL	Contact No.	98180572
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	01/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

In addition to my first report, F/20230331/7011, I would like to state that on the morning of 01/04/2023, I felt dizzy and aching on the right side on my body. I subsequently proceeded to Our Family Physician Clinic & Surgery located at 829 Tampines St 81 #01-292 for a medical checkup. I was later given 3 days of medical leave. The bill totaled up to SGD\$65/-.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230401/2030

3 of 3

Report No. T/20230401/2030

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

Other AMSYAR HAKIM BIN
AHMAD JAMAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2023 11:19

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168



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 : SP2004830964-01
 Date of Issue : 07 March 2023
 Coverage : Comprehensive
 Policyholder : CHAN POH LIN
 Period of Insurance : 23 March 2023 to 22 March 2024 (both dates inclusive)
 Registration No. : SMV7384B
 Chassis number of Vehicle : WDC2539462F178765

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.

07 March 2023
 Issued Date


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

Excess : Own Damage
 : Windscreen Damage

SGD 600.00
 SGD 100.00