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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 31/03/2023 17:21 (SGT) Reported by **Actual Driver** Date of Accident 30/03/2023 19:00 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Upper Bukit Timah Road near Bukit Timah Link Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ3595K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Baby Sim NRIC No S2550691Z Email Address wee_wang@hotmail.com Mobile Phone No (Phone) +65-96505209

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer BMW Model 535i 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 - Reporting only your vehicle?

Vehicle Category Private car Transmission Auto 2979

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2000565563-01

DRIVER

Name of Driver Tan Wee Wang NRIC No S9812872G Date Of Birth 08/04/1998 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/05/2017 5 YEARS AND 10 MONTHS Female (Phone) +65-93888069 - wee_wang@hotmail.com 25 Dairy Farm Road #04-04 - 679047 No Child No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name		
Gender	Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -	
REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SLH1678D Honda -	

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Chow Yu Hang
NRIC No	S9418069D
Contact Number	(Phone) +65-92368715
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



































