

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	27/03/2023 18:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/03/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM PARK TOWARDS TIONG BAHRU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9223H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KER HOE KONG
NRIC No	S6884667F
Email Address	ACMVKER@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81132085
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MG
Model	HS
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001582505

DRIVER

Name of Driver	KER HOE KONG
NRIC No	S6884667F
Date Of Birth	07/05/1968
Occupation	Indoor

Date Of Driving Pass	14/02/1990
Driving experience	33 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81132085
Alt. Phone Number	-
Email Address	ACMVKER@YAHOO.COM.SG
Address	119 MCNAIR RD #10-107 S.320119
Address complement	-
Postcode	-
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

REFER ATTACHED

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	SLT4988B
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 -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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

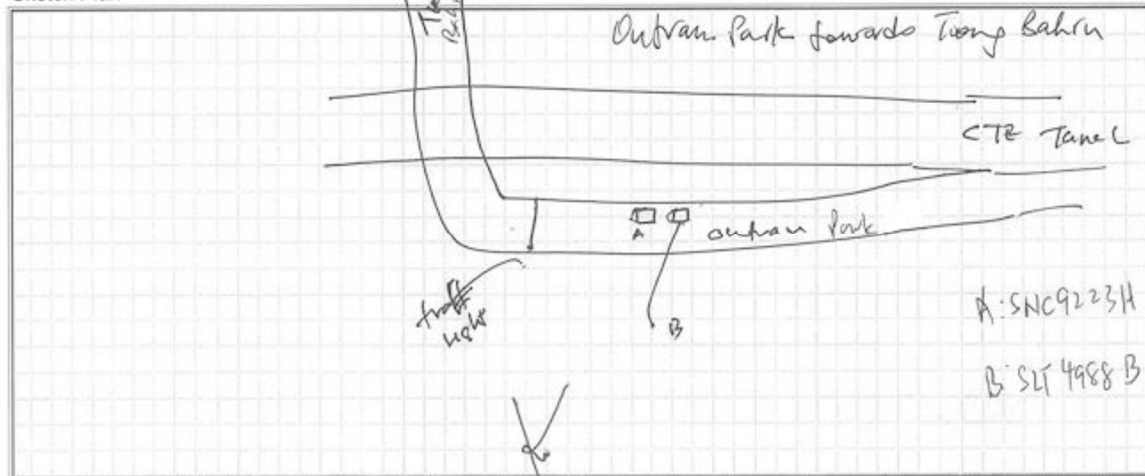
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I was travelling Oudram Park ~~to~~ towards Tiong Bahru. Traffic light was red, vehicle in front was stationary ^{also}, suddenly I felt an impact from behind and realised vehicle SLT4988B behind me has ~~hit~~ rear-ended me.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

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



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



























Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE		ORIGINAL	
ALLIANZ MOTOR PROTECT			
Date	: 14 April 2022		
Policy Number	: SP2001582505		
Type of Cover	: ALLIANZ MOTOR PROTECT		
Plan Type	: Comprehensive		
Intermediary	: IVAN INSURANCE BROKERS PTE LTD		
Intermediary Code	: 0000235		
Policyholder	: KER HOE KONG		
Correspondence Address	: APT BLK 119 MCNAIR ROAD 10-107 SINGAPORE 320119		
Replacing Cover Note No.	: NA		
Period of Insurance	: From 29/04/2022 To 28/04/2023		
Premium Payable	: S\$ 1479.34		
GST 7%	: S\$ 103.56		
Total Premium Payable	: S\$ 1582.90		
Make and Model	: MG HS		
Agreed Value	: MARKET VALUE	Off Peak Car	: No
Registration No.	: SNC9223H	Good Driver Discount	: No
Year of Manufacture	: 2020	Body Type	: Wagon
Engine Capacity	: 1490.0	Engine No.	: 15E4E8AGL8130058
Chassis No.	: LSJA24U93LN029223	Wind Screen	: UNLIMITED
Hire Purchase Owner	: MAYBANK SINGAPORE LIMITED	No Claims Discount	: 0%
Optional Coverage	: Medical Expenses Personal Accident Benefits		
Named Drivers	: KER HOE KONG		
Excess	: Own Damage Excess In Singapore	S\$	500.00
	Windscreen Excess	S\$	100.00