

# 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 .....	10/04/2023 11:10 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	10/04/2023 08:05 (SGT)
Exact Location of Accident .....	Bishan Street 21, Singapore
Additional Location Information .....	RAFFLES INSTITUTION EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGM6199U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	XU BINGTAO
NRIC No .....	SXXXX912D
Email Address .....	XU_bingtao@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-91785689
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2001257650

### DRIVER

Name of Driver .....	CHEN HAN
NRIC No .....	SXXXX494I
Date Of Birth .....	20/05/1972
Occupation .....	Indoor

Date Of Driving Pass .....	15/06/2007
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96197002
Alt. Phone Number .....	-
Email Address .....	helina9999@yahoo.com
Address .....	50 TANAH MERAH MECHIL AVE
Address complement .....	#07-02
Postcode .....	465524
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	XU BINGTAO
Gender .....	Male

#### 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

AS PER SKETCH PLAN ATTACH.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

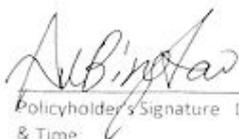
Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

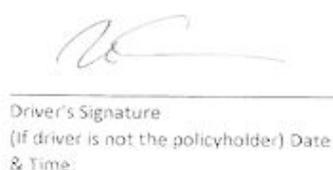
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger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

## SKETCH PLAN

### IMPORTANT NOTICE

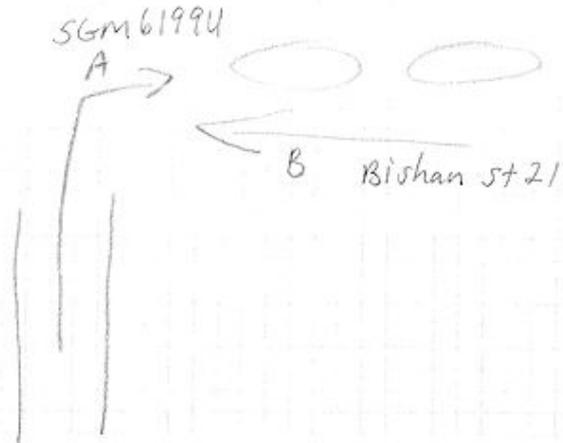
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature Date  
 & Time:

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

10/4/23  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I came out from Raffles Institution main gate, and followed the ~~front~~ car in front of me to turn right. The car from right hit on me.

DECLARATION

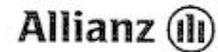
I/We declare the foregoing particulars are true in every respect.

*An Bin Tan*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

10/4/23  
*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Confidential



Allianz Insurance Singapore Pte. Ltd.

24 February 2023

**XU BINGTAO**  
 50 TANAH MERAH KECHIL AVENUE  
 #07-02 CASA MERAH  
 Singapore 465524

Reference No. : SP2001257650  
 Intermediary : Standard Chartered Bank  
 Intermediary Code : 0000045  
 Policyholder : XU BINGTAO  
 New Period of Insurance : 26/04/2023 to 25/04/2024

Dear Client,

**ALLIANZ MOTOR PROTECT - RENEWAL INVITATION**

Thank you for insuring with Allianz Insurance Singapore Pte. Ltd.

It has been a privilege to provide the insurance cover for your needs.

Your Policy will expire on 25/04/2023. We are pleased to invite renewal based on the details as per the expiring policy.

A summary:

Vehicle number	: SGM6199U [Audi A6]
Type of coverage	: Comprehensive (Panel Workshop)
Premium payable inclusive of 8% GST	: S\$ 1,217.59
Own Damage Excess	: S\$ 0.00
Windscreen Excess	: S\$ 100.00
Renewal NCD	: 50%
[Optional Benefit] NCD Protector	: Yes
[Optional Benefit] Personal Accident	: Yes

\*NCD Protector is available as an Optional Benefit, if your NCD is 30% and above.

To ensure continuous insurance cover, kindly complete the Renewal Notice and return the duly completed Renewal Notice to your Insurance Intermediary or directly to Allianz Insurance Singapore Pte. Ltd.

Should you require further assistance, please reach out to your Insurance Intermediary or call us at 1800-222-1818, Monday – Friday, between 9am and 5pm or email us at [customerservice@allianz.com.sg](mailto:customerservice@allianz.com.sg) for support.

We look forward to being of service to you again.

Sincerely

Allianz Insurance Singapore Pte. Ltd.

*This is a system generated letter. No signature is required.*

Allianz Insurance Singapore Pte. Ltd. | JEN 2019039130

79 Robinson Road #29-01 Singapore 068897 | Tel. +65 6714 3369 | Website [www.allianz.sg](http://www.allianz.sg)











