

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	12/04/2023 14:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/04/2023 15:15 (SGT)
Exact Location of Accident	60 Lengkong Tiga, Singapore 417454
Additional Location Information	CARPARK STARVILLE CONDO LENGKONG TIGA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6606R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HUI KIM
NRIC No	S1209745Z
Email Address	ENG2456@GMAIL.COM
Mobile Phone No	(Phone) +65-94248629
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Gs450h
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	3456

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002479073

DRIVER

Name of Driver	GOH HUI KIM
NRIC No	S1209745Z
Date Of Birth	24/09/1956
Occupation	Indoor

Date Of Driving Pass	10/07/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94248629
Alt. Phone Number	-
Email Address	ENG2456@GMAIL.COM
Address	BLK 62 LENGKONG TIGA #08-08 S 417455
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLQ4178M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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


WITNESS DETAILS


WITNESS 1


Name	MR KO
Phone	(Phone) +65-90175290
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

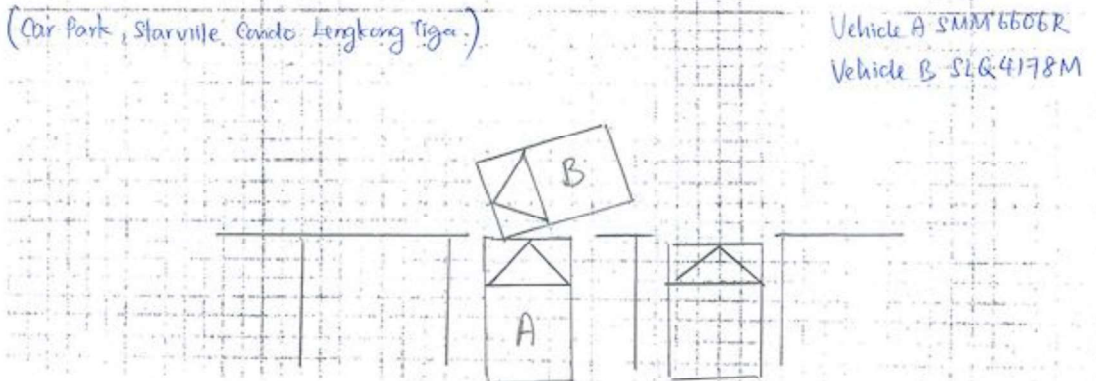

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

(Car Park, Starville Condo, Lengkok Tiga.)

Vehicle A SMM6606R
Vehicle B SLQ4178M



Describe Circumstances of the Accident


My Vehicle was parked at Car Park (Starville Cendo, Jengkaung Tiga) -


Vehicle B SLG 4178M hit onto my front and drove away -


About 4:00pm, I was informed by my cendo manager, Mr ko that my vehicle has been crashed -

Declaration

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























**SINGAPORE
POLICE FORCE**



T/20230412/2060

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No. T/20230412/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2023 15:02	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: GOH HUI KIM	Address: BLK 62 LENGKONG TIGA #08-08 SINGAPORE 417455		
ID Type / ID No.: NRIC NO / S1209745Z	Contact No.: Home/Office: Mobile: 94248629		
Nationality: SINGAPORE CITIZEN	Email: eng2456@gmail.com		
Sex: Female	Age: 66	Date of Birth: 24/09/1956	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: Retiree	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/04/2023 15:35	Type of Location: Car Park
Location: LENGKONG TIGA				
Weather:		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ4178M	Car	MAZDA				0
SMM6606R	Car	TOYOTA	LEXUS GS450H AUTO	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM6606R	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2002479073	17/08/2022	16/08/2023



**SINGAPORE
POLICE FORCE**



T/20230412/2060

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20230412/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Kim Tan	ID No.	NIL
Related Vehicle	SLQ4178M (Car)	Contact No.	93293638
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH HUI KIM	ID No.	S1209745Z
Related Vehicle	SMM6606R (Car)	Contact No.	94248629
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/04/2023 at about 1600hrs, I received a call from my condominium manager Mr Ko (90175290). He informed me that my vehicle bearing registration plate number SMM6606R which was parked at the basement carpark was involved in an accident. I went down the basement to check and saw that my front bumper of my car had dropped. The left head light had cracked into pieces. Mr Ko told me that he witnessed the accident happened. One vehicle bearing registration plate number SLQ4178M had collided into my car and subsequently drove off without alighting or leaving a note.

Mr Ko provided me the details of the vehicle number and told me that the driver was a resident of the condominium. He told me that the vehicle entered into the condominium at about 1532hrs and left about 1537hrs. I have front and back in car camera recording the accident.



**SINGAPORE
POLICE FORCE**



T/20230412/2060

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20230412/2060

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 QUEK MAY MAY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

Signature Of Informant:

Date/Time:
12/04/2023 15:02

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS37234C0003 Vehicle Registration No: SMM6606R

Name (as shown in NRIC): GOH HUI KIM NRIC/FIN/Passport No: S1209745Z

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 62 LENGKONG TIGA #08-08 S Singapore (417455)

Contact (Tel): _____ Mobile No.: 94248629

Email Address: ENG2456@GMAIL.COM

Date of Accident: 11/04/2023 Time of Accident: 15.15PM

Place of Accident: CARPARK STARVILLE CONDO LENGKONG TIGA

Insurance Company: ALLIANZ

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

WANT TO ADD POLICE REPORT.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMAC Addendum Form



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 : SP2002479073-01
 Date of Issue : 26 July 2022
 Coverage : Comprehensive
 Policyholder : Goh Hui kim
 Period of Insurance : 17 August 2022 to 16 August 2023(both dates inclusive)
 Registration No. : SMM6606R
 Chassis number of Vehicle : Jthbc96s705022298

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.

26 July 2022

Issued Date

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

Excess : Own Damage
 : Windscreen Damage

SGD 2,000.00
 SGD 100.00