

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 16:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/04/2023 10:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Paya Lebar Road JN Ubi Ave 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5354R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ZI JIAN
NRIC No	S7440530D
Email Address	jezteo1@yahoo.com.sg
Mobile Phone No	(Phone) +65-97611141
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000571519-01

DRIVER

Name of Driver	ZHUO JIANLI
NRIC No	S8232047D
Date Of Birth	02/10/1982
Occupation	Indoor

Date Of Driving Pass	10/02/2021
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84986871
Alt. Phone Number	-
Email Address	Slamer_dunk2004@yahoo.com
Address	655A JURONG WEST STREET 64 #06-160
Address complement	-
Postcode	641665
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Raining
Road Surface	Wet

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 TO SKETCH PLAN

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	SMA5545C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ADLY
Contact Number	(Phone) +65-94555413

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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6. 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

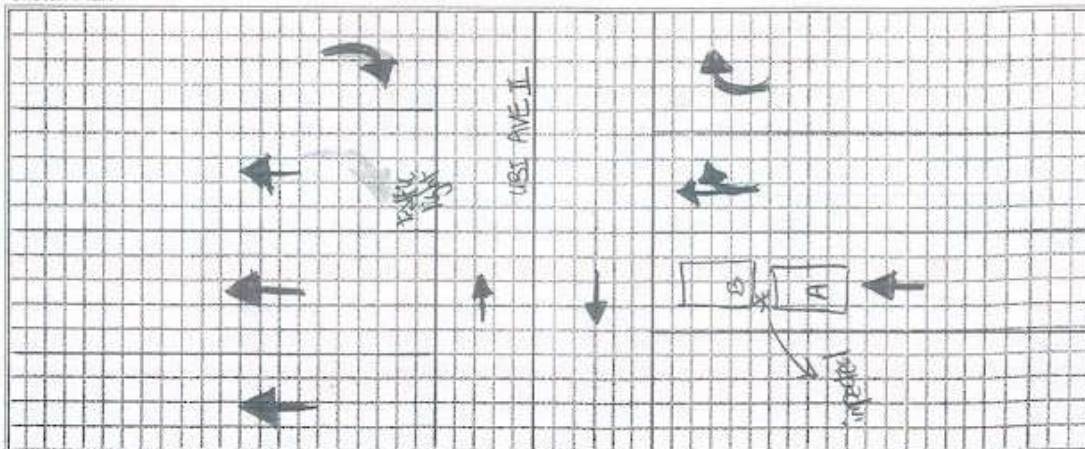
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



vJun2022

A plate: SNE 5354R

Payo Loh Road

B plate: SNE 8238L

Describe Circumstance of the Accident

Refer to Attachment

Declaration

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

Policyholder's Signature / Date & Time

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

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

Jun2022

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Date of Incident: 3 April 2023

Time of accident: 10:58:52am

Location : Paya Lebar Road JN Ubi Ave 2

Types of accident: Head on collusion between Nissan Tenna (SME 5354R) on Toyota Yaris Cross (SNE 8238L)

Nissan Tenna Driver: Zhuo Jian Li, S8232047D, HP: 8498 6871 (Only driver, no other passenger)

Toyota Yaris Cross Driver: Muhammad Adly Bin Salleh, S8126296I, HP: 9455 5413 (Only driver, no other passenger)

I was going straight along Paya Lebar Road, Junction of Ubi Ave 2. I was filtering to mine right (Going straight lane) as I was going to turn right at the next junction (Ubi Ave 3). The white Toyota Yaris Cross e-braked on the green traffic light.

Had a head on collusion with him.

Upon the impact, we on hazard light to warn the traffic. I had went down to check if the driver was injured. The Toyota Yaris Cross driver came out of his car, ambulatory, fully conscious, no visible physical injury noted.

We then agree to drive further down the road to exchange details without obstructing the traffic.

Upon exchange details, Mr Adly claims that he felt his left knee was painful and he needs to go see clinic. I offered him to get an ambulance, however he refused.

Regards,

Johnson


S8232047D



















