

# 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 .....	18/04/2023 14:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/04/2023 18:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OLDHAM LANE TURNING LEFT TOWARDS ORCHARD ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN2447D

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BIS MOTORING PTE LTD
Company Reg No .....	2XXXXX055D
Email Address .....	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No .....	(Phone) +65-86881311
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Opel
Model .....	Insignia
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002451400

### DRIVER

Name of Driver .....	WONG MUN YUEN
NRIC No .....	SXXXX015J
Date Of Birth .....	27/02/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	06/11/2015
Driving experience .....	7 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91866434
Alt. Phone Number .....	-
Email Address .....	IANWONGMY@GMAIL.COM
Address .....	BLK 687B CHOA CHU KANG DR
Address complement .....	#20-378
Postcode .....	682687
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	GRAB PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	PC8014C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Bus
Name of Driver .....	HENG HUA HOE
NRIC No .....	SXXXX606A
Contact Number .....	(Phone) +65-83218797
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	India International Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	WOND MUN YUEN
Gender .....	Male
Phone No .....	(Phone) +65-91866434
Address .....	BLK 687B CHOA CHU KANG
Address Complement .....	#20-378
Post Code .....	682687
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMN2447D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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:

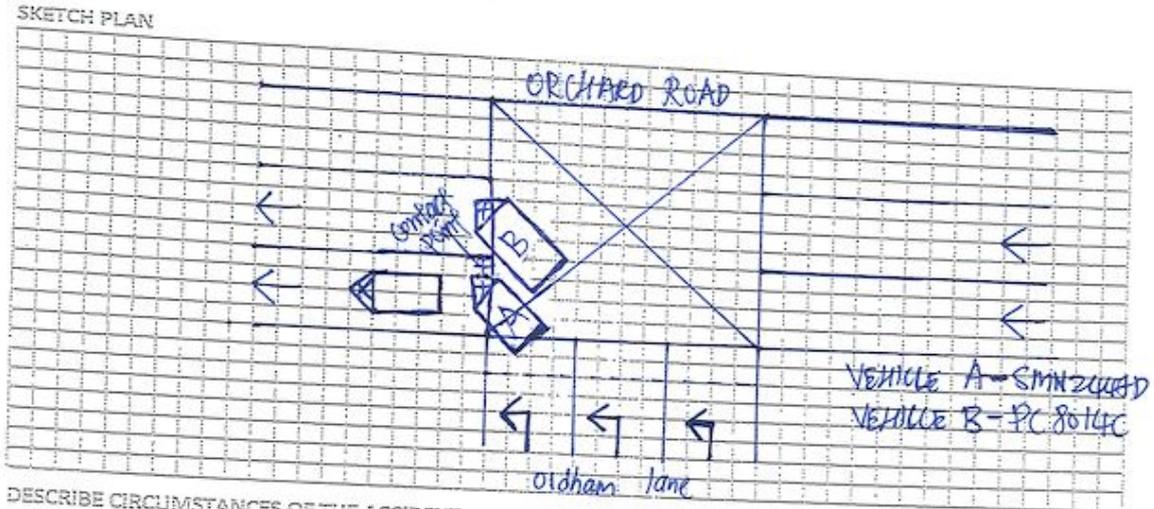
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20230418/2019.

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:

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









CLAIM SUBFOLDER TRACKING						
Case	Notified	Estimates	Est Submitted	Adj Assigned	Est Auth'd	Status
Main	12 Apr 2023		12 Apr 2023 09:38 554,479.35		17 Apr 2023 16:13 554,229.35 554,351.78(N)	Pending DV & Final Bill

Main	Reference	Claim Details	Documents	Show All			
<b>CLAIM SUBFOLDER DETAILS</b>							
Insured:	BES MOTORING PTE LTD - Co. Reg. No. : 201735055D						
Vehicle Reg. No.:	SMP3646D	Date of Loss :	08/07/2023 14:00 - 14:59				
Claim Type:	WS / 202332007239	Policy/Cover Note No. :	SP2002451400 (Comprehensive) Coverage: 01/08/2022 - 31/07/2023				
Repairer:	Premier Automotive Services Pte Ltd (HQ) <b>PROFILE</b> 50 Jalan Lam Huat Carros Centre, #07-43, 737869 Kranji - Tel: 62552288						
Handling Insurer:	Allianz Insurance Singapore Pte. Ltd. (HQ) - Tel: 6714 3369 ... (Handled by Fair Ross)						
Adjuster:	-Adjuster Not Assigned-						
<b>ALL ASSOCIATED FILE NOTES</b> <span style="float: right;">Create New</span>							
No.	Status	Type	Viewer/ Assigned To	Note	Created On	Created By	1st Read By
No results.							



**SINGAPORE  
POLICE FORCE**



T/20230418/2019

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20230418/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/04/2023 10:50	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: WONG MUN YUEN		Address: APT BLK 687B CHOA CHU KANG DRIVE #20-378 SINGAPORE 682687	
ID Type / ID No.: NRIC NO / S7606015J		Contact No.: Home/Office: Mobile: 91866434	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 27/02/1976	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 18:25	Type of Location: T-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8014C	Bus/Coach/Mi nibus					0
SMN2447D	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230418/2019

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20230418/2019

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	WONG MUN YUEN	ID No.	S7606015J
Related Vehicle	SMN2447D (Car)	Contact No.	91866434
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/04/2023	Date Discharge	18/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above-mentioned date and time, I was at the left most lane on Oldham lane. I was turning left to Orchard road to the left most lane. While I was making a turn, a 26-seater bus with registration plate number PC8014C that was on my right and turning left at the same time suddenly switched lane and collided onto my vehicle.

We then exchanged particulars and took photos of the damages. My vehicle's headlight damaged, front bonnet dented, bumper dented due to the accident. I have in car camera which captured the whole incident. I had body, neck aches and headache after the accident. I went to see a doctor and was given 5 days MC.

The driver's company called me, and we agreed to go for insurance claims. I had a passenger on my vehicle at the point of time.

The particulars of the driver: Heng Hua Hoe, S1582606A, Hp: 83218797



**SINGAPORE  
POLICE FORCE**

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Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
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T/20230418/2019

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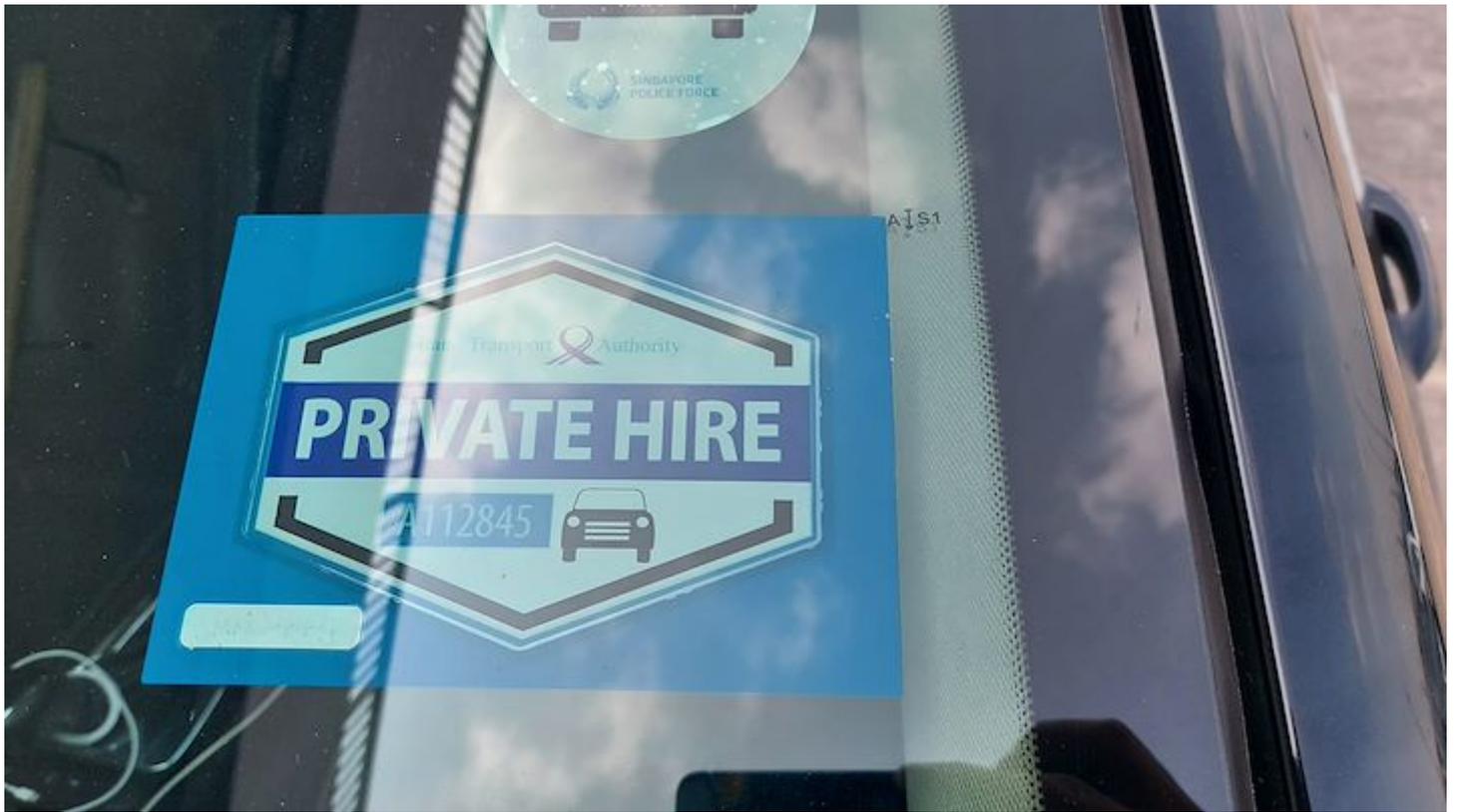
Report No. T/20230418/2019

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: J/ SGT 2 Abaya Pritha DO Selvam Arumugam 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

Signature Of Informant: 
Date/Time: 18/04/2023 10:50
Classification Of Case:

NP168



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	: SP2002451400
Date of Issue	: 25 July 2022
Coverage	: COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
Policyholder	: BIS MOTORING PTE. LTD.
Finance Company	: -
Period of Insurance	: 01 August 2022 To 31 July 2023 (both dates inclusive)
Registration Number	: SMN2447D
Chassis Number of Vehicle	: W0VZM6EF6K1055888

**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 or to whom the vehicle is hired.

\* 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 (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

**Limitation as to Use\*:**

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.  
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.  
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.

\* 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.

**Policy does not cover:**

- (a) Use for racing, pace-making, reliability trials or speed-testing.  
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

25 July 2022  
 Issue Date

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

Intermediary Code : 0000099 INSURE GENERAL PTE LTD  
 Comprehensive - Exclusive Workshop Per Policy Schedule

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg