



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	17/04/2023 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK AT LOYANG POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ4911P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANNECK HANS PETER
NRIC No	S2582516J
Email Address	HSS@HSSSUPPORT.COM
Mobile Phone No	(Phone) +65-96571772
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	SORENTO HYBRID 1.6A SX TECH PACK SR
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	0

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004547943-01

DRIVER

Name of Driver	WANNECK HANS PETER
NRIC No	S2582516J
Date Of Birth	11/05/1949
Occupation	Indoor



Date Of Driving Pass	16/07/1981
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96571772
Alt. Phone Number	-
Email Address	HSS@HSSSUPPORT.COM
Address	218 LOYANG AVENUE #01-02
Address complement	-
Postcode	509066
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 - Opening Door of Vehicle
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 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	GBJ510T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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

SKETCH PLAN

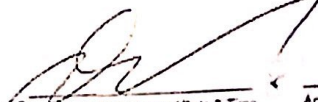
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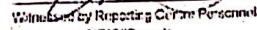
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

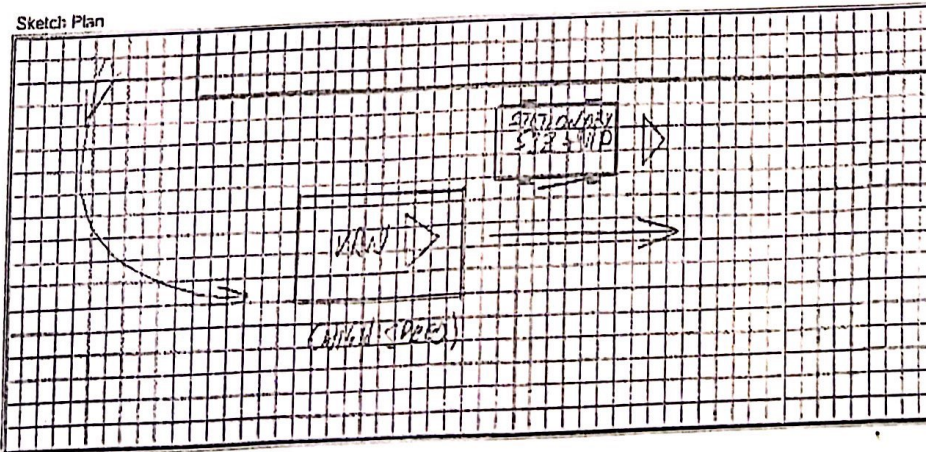
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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, under 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 be 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 Officer Personnel
(Name as in NRIC/ID card)

Sketch Plan



1 Jun 2022

Describe Circumstance of the Accident

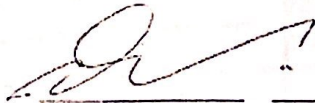
ON 15TH APRIL AT 5:50 PM I WAS PARKED AT THE OPEN (GROUND LEVEL) CAR PARK AT LOYANG POINT.
MY ~~CAR~~ (DRIVER) SIDE DOOR WAS SLIGHTLY OPEN ABOUT 6 INCHES. I WAS REACHING ACROSS TO THE PASSENGER SEAT TO PICK UP MY GLASSES WHEN A MAN APPROACHED AT HIGH SPEED FROM BEHIND AND HIT THE DOOR, PUSHING IT ALL THE WAY OUT FROM THE HINGES.

I WISH TO POINT OUT THAT THERE WAS AMPLE SPACE FOR A VEHICLE TO PASS MY CAR AS IS EVIDENT FROM ONE OF THE PHOTOS.
ALSO THE MAN WAS TRAVELLING AT EXCESSIVE SPEED

THERE HAPPENED TO BE A POLICE CAR ON THE SPOT AND I INFORMED THE OFFICER WHO PROCEEDED TO CHECK THE DRIVER'S LICENCE OF THE MAN DRIVER AND ME. THERE WERE NO INJURIES

Declaration

(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)

06/04/2022

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