

## 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 .....	02/05/2023 19:22 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/04/2023 13:30 (SGT)
Exact Location of Accident .....	8 Ayer Rajah Crescent, Singapore 139939
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLZ139E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM TOI LING NELLY
NRIC No .....	S1416913Z
Email Address .....	nellylim@vrnet-inc.com
Mobile Phone No .....	(Phone) +65-96712684
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	ELANTRA AD 1.6 GLS AT (AMS)
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 .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2005084221

#### DRIVER

Name of Driver .....	LIM TOI LING NELLY
NRIC No .....	S1416913Z
Date Of Birth .....	29/03/1960
Occupation .....	Indoor

Date Of Driving Pass .....	22/12/1982
Driving experience .....	40 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96712684
Alt. Phone Number .....	-
Email Address .....	nellylim@vrnet-inc.com
Address .....	BLK 52 TOH TUCK ROAD
Address complement .....	01-03
Postcode .....	596743
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 .....	Collided into Parked 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

-

#### 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 .....	-
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**

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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/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.

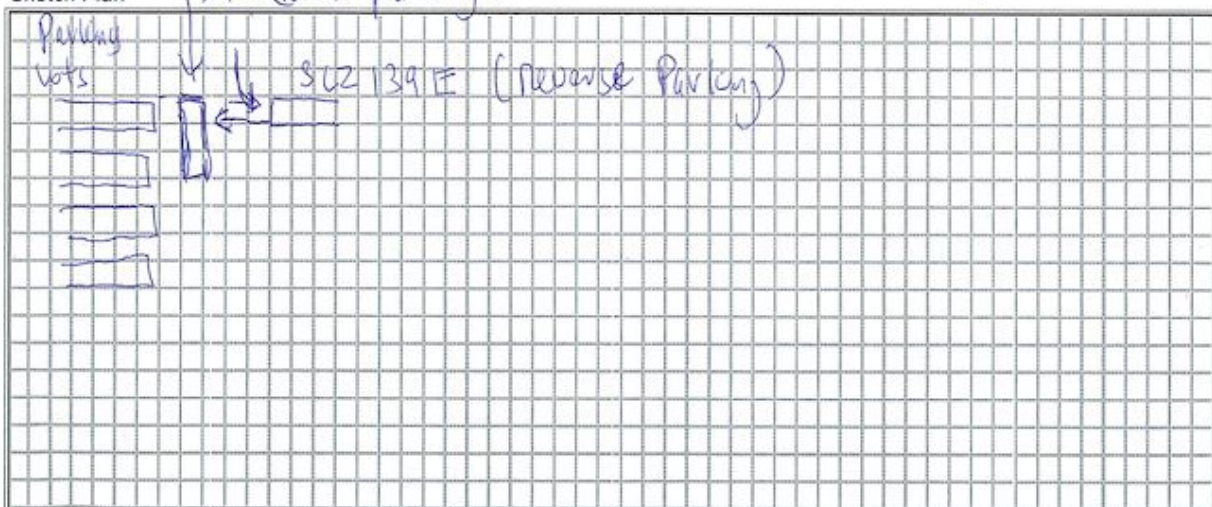
*Welly 2/5/23 2.38 pm*

Policyholder's Signature / Date & Time

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

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

Sketch Plan





Describe Circumstance of the Accident	
VEHICLE NO: SLZ 139E	ACCIDENT DATE & TIME: 27/4/23 Thur about 1.30p
CONTACT NUMBER: 967-12684	E-MAIL: nellylin@vrner-inc.com
LOCATION: 8 AYER RAJAH CRESCENT (CAR PARK COMPOUND)	
On 27/4/23 Thur about 1.30pm. I had reversed my car into the parking lot (my company compound - Lantrovision)	
During reversing & forwarding I bump into the other driver's door which was parallel parked causing a very small dent on the driver's door which is not visible unless it is pointed out (Audi White colour) <del>about</del>	
The driver was chatting with my <sup>parent company's</sup> colleague chatting beside his car	
I suggested to send car The driver wanted to send his car to his workshop. I suggested to send his car to my workshop to check. Driver says he needs to attend meeting & let me know later.	
Later driver text that once his workshop check the damage to repair how much will let me know	
About 2.33pm, I text driver to ask what time and which workshop as I wanted to be there	
About 5.30pm, Driver says workshop boss come to have a look	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY	

Declaration

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

Willelin 2.11pm  
2/5/23

Policyholder's Signature / Date & Time

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

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



Describe Circumstance of the Accident	
VEHICLE NO: SL2 139E	ACCIDENT DATE & TIME: 27/4/23 Tue 1.30 PM
CONTACT NUMBER: 9671-2684	E-MAIL: nellygm@vrnet-inc.com
LOCATION: 8 AYER RAJAH CRESCENT (Lento Union Con Park compound)	
About 5.30 PM, Driver says workshop boss came to have a look and will let him know the cost and driver will let me know	
On 28/4/23 Fri about 10.33 am driver says it is about \$1.5K. Driver <del>says</del> says his insurance rider will have to call his insurance rider & says insurance rider will come later to take photo	
I called Driver 6.37 pm & say that \$1.5K is very high for a small dent and I don't agree because it is unreasonable	
I text driver just now for his vehicle no. and photo; he did not respond	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY	

Declaration

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

2.11 PM  
2/5/23  
Walefs

Policyholder's Signature / Date & Time

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

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



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