

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 22:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/04/2023 11:45 (SGT)
Exact Location of Accident	439 Bukit Batok West Ave. 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2871P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAVITA D/O KATHERBIL
NRIC No	S8109921I
Email Address	sureshpillai0904@gmail.com
Mobile Phone No	(Phone) +65-87545365
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	4-DOOR SEDAN 1.5L SP.6EAT
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	P000034421

DRIVER

Name of Driver	DANIEL
NRIC No	S8209229C
Date Of Birth	14/03/1982
Occupation	Outdoor

Date Of Driving Pass	29/03/2018
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87545365
Alt. Phone Number	-
Email Address	sureshpillai0904@gmail.com
Address	SINGAPORE
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On the 01/04/23 at 1145Hrs, I was driving up the ramp at the MSCP at Blk 439 Bukit Batok West Ave 8. When I was on the second floor, I was going straight when a vehicle came out of the parking lot without warning and collided into the left side of my vehicle. I stopped at the side of the road. Two guys approached me and I told them we can talk after I park my car. I moved up to the upper floor and parked there. When I came down, the vehicle and the two guys were missing. Police had arrived at the scene by then and they towed away my vehicle. As this is the first time I am doing an accident report I am not aware of the procedure. I tried contacting Allianz support staff but to no avail. As I did not manage to take photos of the other vehicle, I have no other details of veh B.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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


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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' 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

Sketch Plan


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


 Witnessed by Reporting Centre Personnel

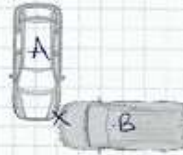
- PLEASE VIEW OVERLEAF -

SKETCH PLAN

Date of Accident: 01/04/23

A: SMW2871P

B: UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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- ☐ Own Damage Claim
☐ Third Party Claim
☐ OD/IP Claim at another workshop : _____
☐ Reporting Only

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 Person's Signature
 Name: MURUGESAN
 NRIC/FIN No.:





Allianz Insurance Singapore Pte. Ltd.

COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Date of Issue	: 06/02/2023		
Cover Note Number	: P000034421		
Plan Name	: ALLIANZ COMMERCIAL MOTOR INSURANCE		
Plan Type	: Comprehensive - AUTHORISED WORKSHOP		
Vehicle Usage	: Personal - PHV		
Policyholder/Insured	: KAVITA D/O KATHERBIL		
Nature of Business	: Tutor		
Sum Insured	: MARKET VALUE AT TIME OF LOSS		
Period of Insurance	: From 07/02/2023 To 06/02/2024 (both dates inclusive)		
Make and Model	: Mazda 3 SEDAN 1.5		
Registration Number	: SMW2871P	Private Hire Use	: YES
Year of Registration	: 2016	Seating Capacity	: 2 INCLUDING DRIVER
Capacity / Tonnage	: 1496 CC	Body Type	: Saloon
Chassis Number	: JM6BM42A8G033	Windscreen	: UNLIMITED
	: 5434		
Engine Number	: P520352621	No Claim Discount	: 0%
Hire Purchase Owner	: AL AUTOCAR PTE LTD		
Named Driver	: DANIEL -		
Excess	: Own Damage	S\$	3,000.00
	Young, Elderly &/or Inexperienced Driver	S\$	3,000.00
	Liabilities to Third Parties	S\$	2,000.00
	Windscreen	S\$	100.00
Issued By	: Samuel Hew Suan Chew 60700211		

We hereby certify that this Cover Note is issued in accordance with the provisions of
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of
Allianz Insurance Singapore Pte. Ltd.

Authorised Signatory

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