

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 | 17/05/2023 09:59 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 06/05/2023 03:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | KRAMAT LANE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMT8605T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | LIU YIFAN |
| NRIC No | S9520930J |
| Email Address | YIFANYIFANN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98190729 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2002048242-01 |

DRIVER

| | |
|----------------|------------|
| Name of Driver | LIU YIFAN |
| NRIC No | S9520930J |
| Date Of Birth | 30/05/1995 |
| Occupation | Indoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 13/06/2014 |
| Driving experience | 8 YEARS AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98190729 |
| Alt. Phone Number | - |
| Email Address | YIFANYIFANN@GMAIL.COM |
| Address | 224 SERANGOON AVE 4 #11-224 |
| Address complement | - |
| Postcode | 550224 |
| 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 - Head to Rear |
| 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? | Yes |
| Police Station Name | Tanglin Division Headquarters |
| Police Station Phone No | (Phone) +65-18003910000 |
| Alt. Police Station Phone No | (Fax) +65-63964900 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | UNKNOWN |
| 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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

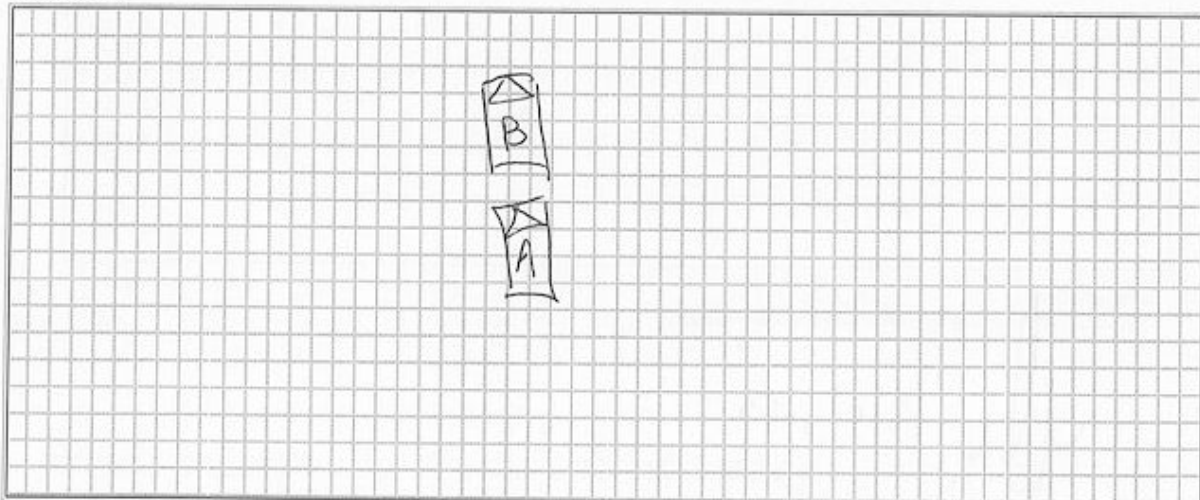
Policyholder's Signature / Date & Time

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

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

16/5/23 5:30 pm

Sketch Plan




Describe Circumstance of the Accident

Refer to police report

Declaration

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

Policyholder's Signature / Date & Time

 16/5/2023

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

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















**SINGAPORE
POLICE FORCE**



E/20230507/7013

1 of 2

POLICE REPORT (NP299)

Report No. E/20230507/7013

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

| | | |
|---|---|---------------------|
| Date/Time Report Made 07/05/2023 14:20 | Vide Report No. | Station Diary No. |
| Name Of Informant LIU YIFAN | Address 224 SERANGOON AVENUE 4 #11-157 SINGAPORE 550224 | |
| ID Type / ID No. NRIC NO / S9520930J | Contact No. Home/Office: | Mobile: 98190729 |
| Nationality SINGAPORE CITIZEN | Email Address YIFANYIFANNN@GMAIL.COM | |
| Occupation Medical and pharmaceutical products sales professional | Sex Female | Age 27 |
| Institution/School Name | Date of Birth 30/05/1995 | Race Chinese |
| Date/Time Of Incident 06/05/2023 03:15 - 06/05/2023 03:30 | Location Of Incident KRAMAT LANE | |

Brief details.

On 6th May 2023 315am , while driving along kramat road, a vehicle stop abruptly. The driver alighted and approached me aggressively, knocking my window with his bare hand, despite that there was no impact or visible damage. Fearing for my safety, i proceeded off. No verbal or particular exchanges was given. I am making this police report solely for reporting purposes.

Subjects Involved

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 07/05/2023 14:20 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



E/20230507/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230507/7013

| | | | |
|-----------------------|--|------------------------|--|
| Suspect | | | |
| Person Name | Unknown | | |
| Gender | Male | Age | 40-60 |
| Race | Malay | Language | English |
| Complexion | Dark tan | Build | Medium |
| Relation To Informant | Stranger | | |
| Person Name | | | |
| Person Name | Unkown | | |
| Gender | Male | Age | 40-60 |
| Race | Chinese | Language | English |
| Complexion | Light tan | Build | Medium |
| Relation To Informant | Stranger | | |
| Victim | | | |
| Person Name | LIU YIFAN | | |
| ID Type | NRIC NO | ID No | S9520930J |
| Gender | Female | Age | 27 |
| Race | Chinese | Language | English |
| Occupation | Medical and pharmaceutical products sales professional | Address | 224 SERANGOON AVENUE 4 #11-157 SINGAPORE 550224 |
| Mobile No | 98190729 | Is Informant A Victim? | Yes |
| Person Name | | | |
| Person Name | LIU YIFAN (Informant) | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
07/05/2023 14:20

Classification Of Case: