

## 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 15:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/04/2023 16:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS TUAS (TOA PAYOH)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKH7695B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZAHIRAH BINTE EJABAT ALI
NRIC No .....	S9427449D
Email Address .....	VZZAHIRAHJEBAT@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91674969
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	AIS/AG/2022/0001743

#### DRIVER

Name of Driver .....	ZAHIRAH BINTE EJABAT ALI
NRIC No .....	S9427449D
Date Of Birth .....	30/07/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	10/05/2021
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91674969
Alt. Phone Number .....	-
Email Address .....	VZZAHIRAHJEBAT@GMAIL.COM
Address .....	BLK 19 JALAN SULTAN #02-180
Address complement .....	-
Postcode .....	190019
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) .....	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 .....	MUHAMMAD KHAIRY FARHAN BIN ABDUL RAHIM
Gender .....	Male

#### 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

I WAS DRIVING ON PIE (TUAS) ALONG TOA PAYOH. I WAS ON THE FIRST LANE, DRIVING AT APPROX 90KM/H, WHEN I NOTICED CONSTRUCTION ON THE FIRST LANE ABOUT 150M-200M AWAY. I DECIDED TO CHANGE TO THE SECOND LANE AND AFTER A FEW SECONDS, I NOTICED THE CAR IN FRONT OF ME SUDDENLY SLOWED DOWN. I IMMEDIATELY PRESSED ON MY BRAKES AND THE CAR TRAVELLED FORWARD AND HIT THE CAR IN FRONT OF ME. WHEN I SPOKE TO THE DRIVER, HE SAID THAT MULTIPLE VEHICLES WERE CHANGING LANE FROM FIRST TO SECOND AND THAT MADE HIM SLOW DOWN SUDDENLY. THE TRAFFIC WAS MEDIUM HEAVY THAT DAY, WITH MOST CARS AT 1 CAR DISTANCE FROM EACH OTHER.

#### 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 .....	SLB2149P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG CHEE BENG
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

### SKETCH PLAN

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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;

(iii) 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

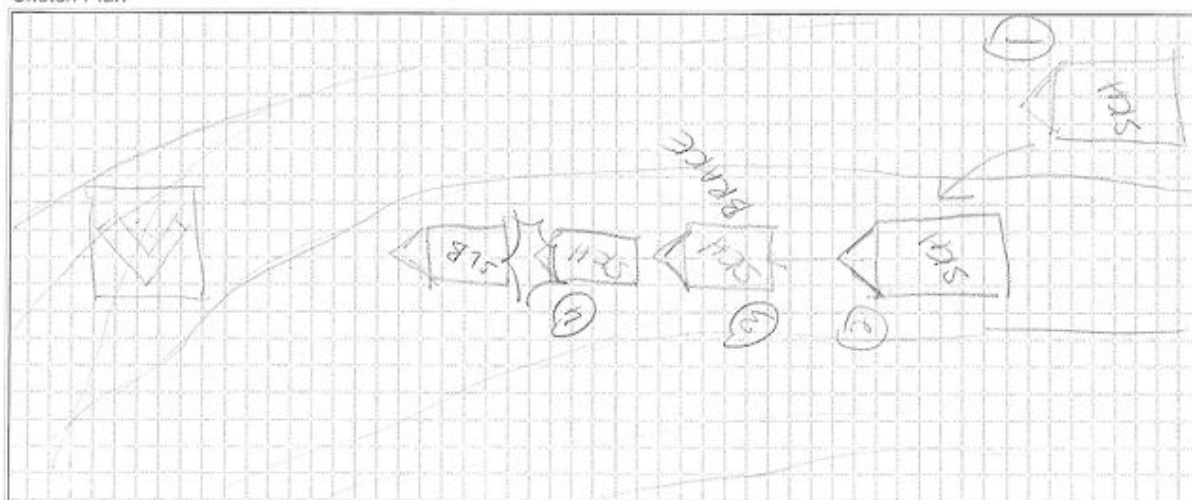
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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)

### Sketch Plan



## Describe Circumstance of the Accident

~~We were~~ <sup>I was</sup> driving on PIE (Tuas) along Toa Payoh. ~~We were~~ <sup>I was</sup> on the first lane, driving at approximately 90km/h, when I noticed construction on the first lane about 150m-200m metres away. I decided to change to the second lane and after a few seconds, I noticed the car in front of me suddenly slowed down. I immediately pressed on my brakes and the car travelled forward and hit the car in front of me. When I spoke to the driver, he said that multiple vehicles were changing lane from first to second <sup>and</sup> that made him slow down suddenly. The traffic was medium-heavy that day, with most cars at 1 car distance from each other.

## Declaration

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

 11:54  
17/04  
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)





















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS2X234H000K Vehicle Registration No: S1CH 7695B  
 Name (as shown in NRIC): ZAHIRAH BINTI E/MAZ NRIC/FIN/Passport No: S9427449D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9167 1967  
 Email Address: \_\_\_\_\_  
 Date of Accident: 16/04/2022 Time of Accident: 16.00  
 Place of Accident: P12 TUNAS TUNAS (TOD PAYOH)  
 Insurance Company: ALLIANZ

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

WITHDRAW OWN DAMAGE CLAIM, CHANGE TO  
REPORTING PURPOSE

[Signature]  
 Policyholder / Driver's Signature  
 Date:

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





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.

Cover Note Number	AIS/AG/2022/0001743		
Insured	ZAHIRAH BINTE EJABAT ALI		
Usage	Social, Domestic & Pleasure Purposes		
Make & Model	Toyota VIOS G AUTO		
Attachment	NIL		
Engine Capacity (cc)	1497		
Engine Number	1NZX803790		
Chassis Number	MR053HY9305085944		
Registration Number	SKH7695B		
Estimated Value	Market Value at Time of Loss		
Coverage	Comprehensive Authorised		
Deductible	\$600 Sec I, \$100 Windscreen		
Period of Insurance	8-Aug-22	to	7-Aug-23
Hire Purchase	Nil		
Issued By	Agency Distribution	on	8-Aug-22

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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