

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 05/05/2023 20:06 (SGT)
Reported by Actual Driver
Date of Accident 04/05/2023 09:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR1097R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner W AUTO PTE LTD
Company Reg No 202112302H
Email Address EUGENEYAPYL@GMAIL.COM
Mobile Phone No (Phone) +65-86089649
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Opel
Model Astra
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1381

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2005149485

DRIVER

Name of Driver ANDREW WONG SIEW @WONG SIEW WAI
NRIC No S1736795A
Date Of Birth 27/03/1966
Occupation Outdoor

Date Of Driving Pass	24/11/1986
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84483118
Alt. Phone Number	-
Email Address	EUGENEYAPYL@GMAIL.COM
Address	502 CHOA CHU KANG STREET 51
Address complement	#05-149
Postcode	680502
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	JEFFERY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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?	Yes
Reasons for not uploading a video of the accident	WITH OWN WORKSHOP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5225U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU7226A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANDREW WONG SIEW @WONG SIEW WAI
Gender	Male
Phone No	(Phone) +65-84483118
Address	502 CHOA CHU KANG STREET 51
Address Complement	#05-149
Post Code	680502
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SMR1097R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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. The 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.
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

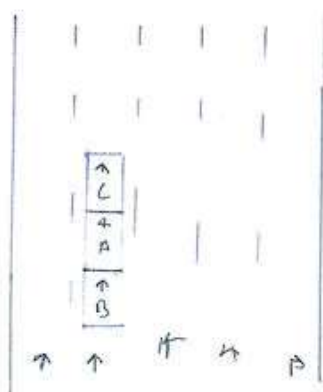
[Handwritten Signature]

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

[Handwritten Signature]

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

Sketch Plan



Vehicle A - SMR1097R
 Vehicle B - GBH 52254
 Vehicle E - SMV 7226A
 Clementi Road

Describe Circumstances of the Accident

Refer police report

Declaration

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

Witnessed by Reporting Centre Personnel





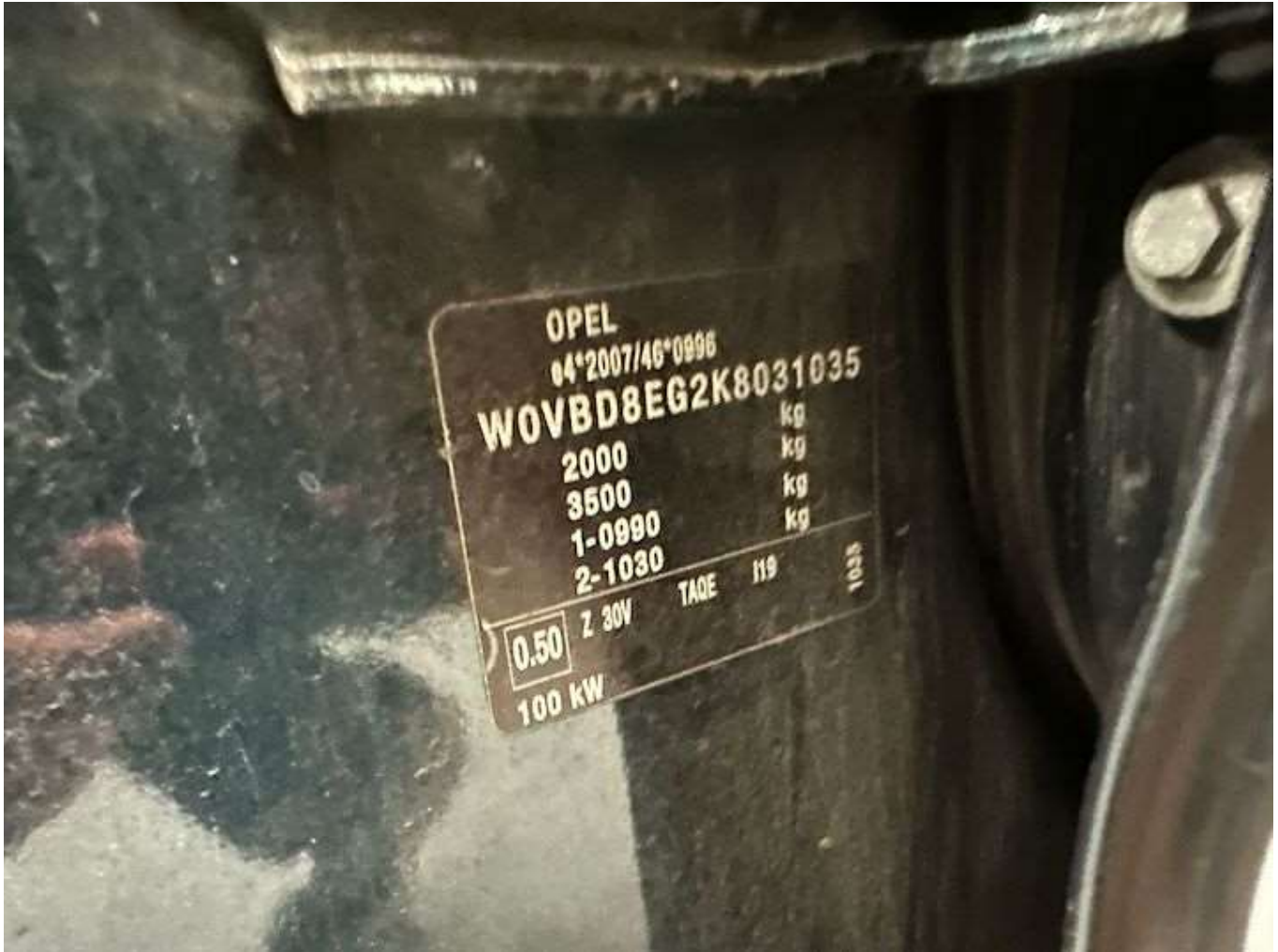






















**SINGAPORE
POLICE FORCE**



T/20230504/2095

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20230504/2095

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J/ SGT 2 CHEN CHOW KOON
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI PAN JIANHONG Contact No.: 65476904

Signature Of Informant:
Date/Time: 04/05/2023 18:57
Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**


T/20230504/2095

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No: T/20230504/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2023 18:57	Vide Report No.: T/20230504/2094	Station Diary No.: 120
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Informant's Particulars

Name of Informant: ANDREW WONG SIEW		Address: APT BLK 502 CHOA CHU KANG STREET 51 #05-149 SINGAPORE 680502	
ID Type / ID No.: NRIC NO / S1736795A		Contact No.:	Mobile: 84483118
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 27/03/1966	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2023 09:30	Type of Location: Straight Road
Location: CLEMENTI ROAD				
Lamp Post Number: 177				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5225U	Van				Slightly Damaged	0
SMR1097R	Car				Seriously Damaged	1
SMV7226A	Car				No Damage	1



**SINGAPORE
POLICE FORCE**



T/20230504/2095

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230504/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANDREW WONG SIEW	ID No.	S1736795A
Related Vehicle	SMR1097R (Car)	Contact No.	84483118
Hospital/Clinic	JO-LIN FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2023	Date Discharge	04/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/05/2023 around 0930hrs, I was traveling along Clementi Road on the 2nd lane with my vehicle bearing plate number SMR1097R with a passenger on board. As the vehicle Infront of me SMV7226A slow down and came to a stop, as such I follow suit. Out of a sudden, I felt a very huge impact coming from the rear portion of my vehicle. After the impact I got down my vehicle and realized vehicle bearing plate number GBH5225U collided onto the rear portion of my vehicle and causing my vehicle to propel forward hitting the rear portion of SMV7226A.

After that I felt pain on my back and rear and visited Jo-Lin Family Clinic & Surgery and was given 5 days MC. My passengers were also injured, and Ambulance make a check on him, no conveyance. I am making this report for insurance purposes.

Passenger details
Jeffrey
93822564

Kenny Lee Shi Jie
S9303336A
96236667
SMV7226A

Lim Yuan Ding
S7920088C
86683527
GBH5225U





Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2005149485
 Date of Issue : 23 March 2023
 Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
 Policyholder : W AUTO PTE. LTD.
 Finance Company : PRIME CAR TRADERS PTE LTD
 Period of Insurance : 25 March 2023 To 24 March 2024 (both dates inclusive)
 Registration Number : SMR1097R
 Chassis Number of Vehicle : W0VBD8EG2K8031035

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.


* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

23 March 2023
 Issue Date


 Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000156 GENRIVER FINANCIAL PTE LTD		
Excess	: Section 1: Own Damage	S\$	2,000.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities To Third Parties	S\$	1,500.00
	Comprehensive - Exclusive Workshop Per Policy Schedule		

Allianz Insurance Singapore Pte. Ltd. | UEN: 201905913P
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