

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 10/05/2023 16:42 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 09/05/2023 15:53 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1989A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM HAO
NRIC No S2194959J
Email Address LIM.HAO@HOTMAIL.COM
Mobile Phone No (Phone) +65-91288558
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2001607558

DRIVER

Name of Driver LIM HAO
NRIC No S2194959J
Date Of Birth 20/07/1965
Occupation Indoor

Date Of Driving Pass	25/06/1991
Driving experience	31 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91288558
Alt. Phone Number	-
Email Address	LIM.HAO@HOTMAIL.COM
Address	24 WATTEN HEIGHTS
Address complement	-
Postcode	287456
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

CAR A WAS QUEUING TO MAKE AN U-TURN. FEW SECONDS LATER, CAR B CAME AND HIT THE REAR OF MY CAR A.

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	SMC748G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YOU WEI
NRIC No	S8617241J

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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

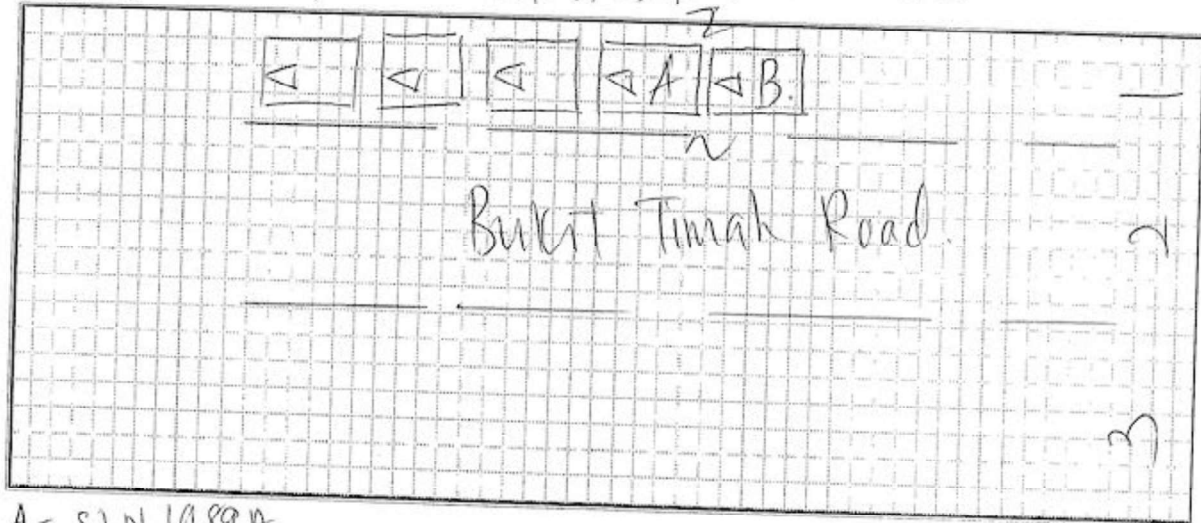
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time
10/5/23, 330pm

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
10/5/23, 330pm

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

Sketch Plan



A - SLN 1989A
B - SMC 745G


Describe Circumstance of the Accident

Car A was queuing to to make a u-turn.
Few seconds later, Car B came and hit the rear of my
(Car CA).

Declaration

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


Policyholder's Signature / Date & Time
10/5/23 330pm.


Driver's Signature (if driver is not the policyholder) / Date
& Time 10/5/23, 330pm

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











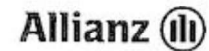








Confidential



Allianz Insurance Singapore Pte. Ltd.

25 February 2023

Hao Lim
Watten Heights
24
Singapore 287456

Reference No. : SP2001607558
Intermediary : FINANCIALALLIANCE PTE LTD
Intermediary Code : 0000103
Policyholder : Hao Lim
New Period of Insurance : 26/04/2023 to 25/04/2024

Dear Client,

ALLIANZ MOTOR PROTECT - RENEWAL INVITATION

Thank you for insuring with Allianz Insurance Singapore Pte. Ltd.

It has been a privilege to provide the insurance cover for your needs.

Your Policy will expire on 25/04/2023. We are pleased to invite renewal based on the details as per the expiring policy.

A summary:

Vehicle number	: SLN1989A [Toyota WISH]
Type of coverage	: Comprehensive (Panel Workshop)
Premium payable inclusive of 8% GST	: S\$ 920.61
Own Damage Excess	: S\$ 0.00
Windscreen Excess	: S\$ 100.00
Renewal NCD	: 50%
[Optional Benefit] NCD Protector	: Yes
[Optional Benefit] Personal Accident	: Yes

*NCD Protector is available as an Optional Benefit, if your NCD is 30% and above.

To ensure continuous insurance cover, kindly complete the Renewal Notice and return the duly completed Renewal Notice to your Insurance Intermediary or directly to Allianz Insurance Singapore Pte. Ltd.

Should you require further assistance, please reach out to your Insurance Intermediary or call us at 1800-222-1818, Monday – Friday, between 9am and 5pm or email us at customerservice@allianz.com.sg for support.

We look forward to being of service to you again.

Sincerely,

Allianz Insurance Singapore Pte. Ltd.

This is a system generated letter. No signature is required.

Allianz Insurance Singapore Pte. Ltd. | UEN 201503913C
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