

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	12/05/2023 12:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/05/2023 06:55 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM779M
INSURED/POLICYHOLDER	
	
Is company?	No
Name Of Registered Owner	QUAH CHIN KEAT
NRIC No	S7979217I
Email Address	dezangiez@hotmail.com
Mobile Phone No	(Phone) +65-96875068
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	318I MSPT ADPT LED HL
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004711692-01

DRIVER

Name of Driver	QUAH CHIN KEAT
NRIC No	S7979217I
Date Of Birth	26/05/1979
Occupation	Indoor

Date Of Driving Pass	31/05/2005
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-96875068
Alt. Phone Number	-
Email Address	dezangiez@hotmail.com
Address	BLK 21 JALAN RAJA UDANG #21-05
Address complement	-
Postcode	329215
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	QUAH EE JUN EVAN (SON)
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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHP.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE617X
Vehicle Manufacturer	-

Vehicle Model		-
Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		Commercial vehicle
Name of Driver		VEERASINGAM ARUNKUMAR
-		G8566713R
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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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 nonaccident 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]

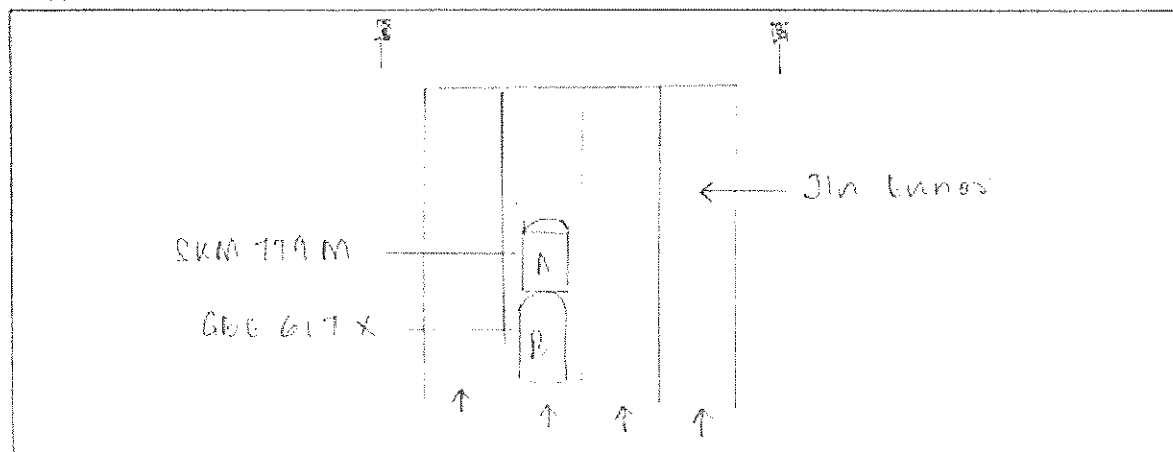
Policyholder's Signature / Date & Time

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



[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING ALONG SAWAH BUNOS, AS THE CAR
IN FRONT OF ME SLOWED DOWN AND STOPPED, I
STOPPED MY CAR GRADUALLY AS WELL. VEHICLE
GRE GITA DID NOT STOP IN TIME AND KNOCKED
MY CAR AT THE REAR

buah 66 juta 600 (800)

Vicrasangan Brumbumay - 68566213R

Declaration

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

12/5/23 / 1045

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel.