

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	04/05/2023 15:22 (SGT)
Reported by	Actual Driver
Date of Accident	03/05/2023 19:30 (SGT)
Exact Location of Accident	Near 230 Whitley Rd, Singapore 297823
Additional Location Information	PIE TOWARDS TUAS (AFTER STEVENS ROAD EXIT 19)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD201B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PERFECTKOH LIMO
Company Reg No	5XXXX949B
Email Address	SIMONLAW76@GMAIL.COM
Mobile Phone No	(Phone) +65-98778475
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002383039

DRIVER

Name of Driver	WEE GEOK ENG
NRIC No	SXXXX842E
Date Of Birth	01/09/1968
Occupation	Outdoor

Date Of Driving Pass	22/05/1997
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-89024226
Alt. Phone Number	-
Email Address	SIMONLAW76@GMAIL.COM
Address	BLK 13 BEDOK SOUTH ROAD #03-617
Address complement	-
Postcode	460013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	3
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	CONSTRUCTION WORKER
Gender	Male

PASSENGER 2

Name	CONSTRUCTION WORKER
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

ON 03.05.2023 AT ABOUT 19:30 HOURS ALONG PIE TOWARDS TUAS (AFTER STEVENS ROAD EXIT 19), I WAS TRAVELLING STRAIGHT ON LANE 2 AT THE ABOVE MENTIONED LOCATION AND WHEN THEN FRONT VEHICLE SLOWED DOWN AND STOPPED, HENCE I FOLLOWED SUIT.

SUDDENLY, I HEARD A BANG AND FELT AN IMPACT FROM BEHIND. WHEN I ALIGHTED, I THEN REALIZED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR AND READ RIGHT PORTION OF MY VEHICLE (A).

I WISH TO STATE THAT I HAVE 2 PASSENGERS IN MY VEHICLE (A).

VEHICLE (A): PD201B
VEHICLE (B): FBQ67U

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 FBQ67U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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

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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/are 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

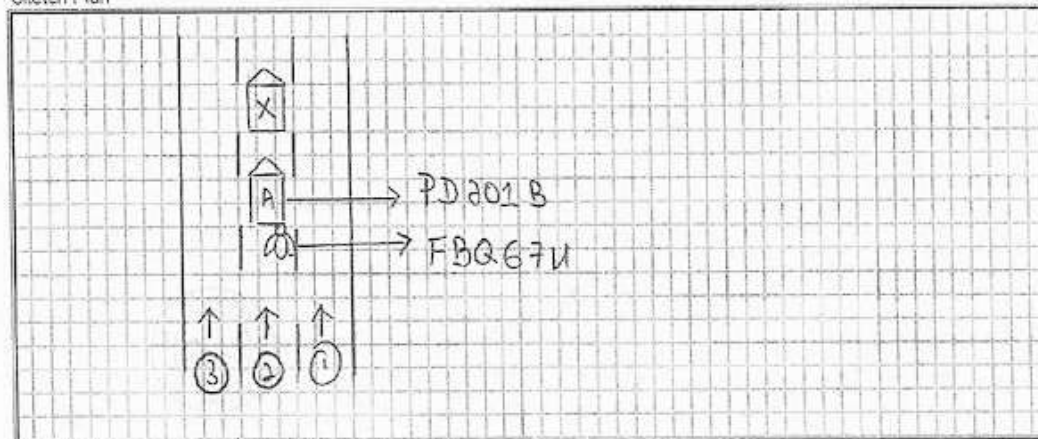
[Handwritten Signature]

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



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Attached

Declaration

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



Policyholder's Signature / Date & Time

Enb

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



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

On 03.05.2023 at about 19:30 hours along PIE towards Tuas (After Stevens Road Exit 19), I was travelling straight on lane 2 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a bang and felt an impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear and rear right portion of my vehicle (A).

I wish to state that I have 2 passengers in my vehicle (A).

Vehicle (A): PD 201B

Vehicle (B) : FBQ 67U

