

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	08/05/2023 10:30 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2023 10:55 (SGT)
Exact Location of Accident	Geylang, Singapore
Additional Location Information	LORONG 9 GEYLANG TOWARDS LORONG 7 GEYLANG (EXIT CARPARK OF CENTRA RESIDENCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF321M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARRY LI HONGWEI @ HARRY LEE
NRIC No	SXXXX764D
Email Address	HE280971@GMAIL.COM
Mobile Phone No	(Phone) +65-97118821
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003901665-01

DRIVER

Name of Driver	ROLAND HO JUAY CHUAN
NRIC No	SXXXX076G
Date Of Birth	28/09/1971

Occupation	Indoor
Date Of Driving Pass	15/01/1992
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81337779
Alt. Phone Number	-
Email Address	HE280971@GMAIL.COM
Address	BLK 442 ANG MO KIO AVENUE 10 #04-1193
Address complement	-
Postcode	560442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - Major/Minor Rd
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

ON 6.5.2023 AT ABOUT 10:55 HOURS ALONG LORONG 9 GEYLANG TOWARDS LORONG 7 GEYLANG (EXIT CARPARK OF CENTRA RESIDENCE), I WAS TRAVELLING STRAIGHT ON MY LANE ALONG LORONG 9 GEYLANG, WHEN SUDDENLY VEHICLE B DASHED OUT FROM THE EXIT OF CENTRA RESIDENCE CARPARK WITHOUT CHECKING THE ONCOMING TRAFFIC CONDITION, HENCE COLLIDED ONTO THE FRONT LEFT HAND SIDE PORTION OF MY VEHICLE 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	EK3000M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
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:

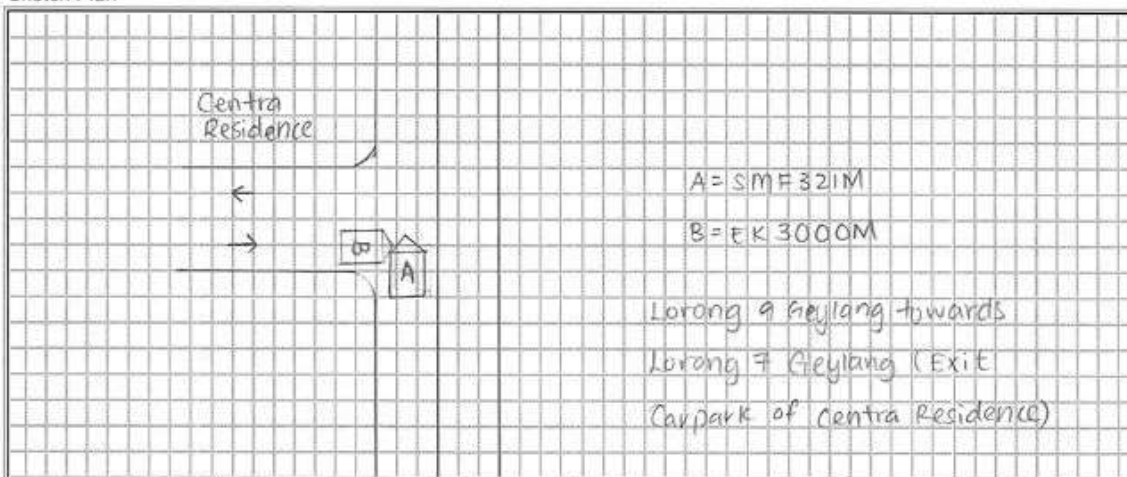
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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/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.

Harry Lee
Policyholder's Signature / Date & Time

Mohd A.
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.

Ham Lee
Policyholder's Signature / Date & Time

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

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

On 06.05.2023 at about 10:55 hours along Lorong 9 Geylang towards Lorong 7 Geylang (Exit Carpark of Centra Residence), I was travelling straight on my lane along Lorong 9 Geylang, when suddenly vehicle (B) dashed out from the Exit of Centra Residence Carpark without checking the oncoming traffic condition, hence collided onto the front left hand side portion of my vehicle (A).

Vehicle (A): SMF 321M

Vehicle (B): EK 3000M