

# 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 .....	08/06/2023 11:04 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/06/2023 07:10 (SGT)
Exact Location of Accident .....	Tampines, Singapore
Additional Location Information .....	TAMPINES AVE 5 TWDS TAMPINES CENTRAL 2
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKT8487R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RAJA
NRIC No .....	SXXXX589G
Email Address .....	BAISARC@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-90671359
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	Xv
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2004869776-01

### DRIVER

Name of Driver .....	RAJA
NRIC No .....	SXXXX589G
Date Of Birth .....	01/03/1959
Occupation .....	Indoor

Date Of Driving Pass .....	25/07/1991
Driving experience .....	31 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90671359
Alt. Phone Number .....	-
Email Address .....	BAISARC@YAHOO.COM.SG
Address .....	543 CHOA CHU KANG ST 52
Address complement .....	06-84
Postcode .....	680543
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 .....	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? .....	Yes
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 .....	HMARHA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED

#### 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 .....	VIDEO WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKZ4478L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM CHIN HUI
NRIC No .....	SXXXX646Z
Contact Number .....	(Phone) +65-96648166
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 .....	SMK4716E
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 .....	UNKNOWN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMK4716E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police 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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date  
& Time:

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No. 08/06/23

SKETCH PLAN

- A) SKT 8487R
- B) SKZ 4478 L
- C) SMK 4716 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report attached.

DECLARATION

I/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:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20230608/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230608/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2023 10:39		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: RAJA		Address: 543 CHOA CHU KANG STREET 52 #06-84 SINGAPORE 680543		
ID Type / ID No.: NRIC NO / S1352589G		Contact No.: Home/Office: Mobile: 90671359		
Nationality: SINGAPORE CITIZEN		Email: BAISARC@YAHOO.COM.SG		
Sex: Male	Age: 64	Date of Birth: 01/03/1959	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: RETIREE		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2023 07:10	Type of Location: T-Junction
Location:  TAMPINES CENTRAL 6				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKT8487R	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	Orange		0
SKZ4478L	Car	PEUGEOT	3008			0
SMK4716E	Car	OTHERS				0





**SINGAPORE  
POLICE FORCE**



T/20230608/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230608/7021

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT8487R	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001869776	25/06/2022	24/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAJA		ID No.	S1352589G
Related Vehicle	SKT8487R (Car)		Contact No.	90671359
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SMK4716E (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious

**Brief Details.**

ON THE 8TH OF JUNE 2023 AROUND 0710HR, I WAS DRIVING MY WIFE TO OFFICE. I STOPPED AT THE TRAFFIC JUNCTION AS TRAFFIC TURNING ARROW WAS RED. SUDDENLY I HEARD A LOUD BANG AND FELT A HUGE JERK FROM THE REAR. I CAME OUT OF MY VEHICLE AND FOUND OUT THAT MY VEHICLE WAS INVOLVED IN A 3 CAR CHAIN COLLISION. MY VEHICLE WAS THE FIRST CAR OF THE COLLISION. THE SECOND CAR IN THE COLLISION IS SKZ4478L AND THE THIRD CAR IN THE COLLISION IS SMK4716E. MY WIFE WAS DIZZY AFTER THE COLLISION. SHE WENT TO SEE A DOCTOR AT WELL MEDICAL CLINIC AT BLK739 PASIR RIS DRIVE 10 AND WAS GIVEN 2 DAYS MC. THE DRIVER OF SMK4716E WAS INJURED AND CONVEYED TO HOSPITAL VIA AMBULANCE. THE POLICE TOOK THE SD CARD FROM MY IN CAR CAMERA. I WAS ATTENDED BY THE POLICE. THE POLICE REF. REPORT NO. IS G/20230608/0052.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230608/7021

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Report No. T/20230608/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIS /  
PHUA TIAK YEE  
Contact No.: 65476200

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
08/06/2023 10:39

Classification Of Case:

NP168