

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	20/06/2023 18:16 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 20:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF CHOA CHU KANG NORTH 5 TURNING TO CHOA CHU KANG DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9897R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANNIE JOAN CHOONG TUCK CHING
NRIC No	SXXXXX532I
Email Address	anniechoong@gmail.com
Mobile Phone No	(Phone) +65-97349515
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Beetle
Variant	Beetle Cabriolet 1.2 I TSI 77kW DSG
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004844242-01

DRIVER

Name of Driver	ISABELLA AU SHIMIN
NRIC No	SXXXXX497E
Date Of Birth	09/08/1997

Occupation	Indoor
Date Of Driving Pass	11/05/2018
Driving experience	5 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97503740
Alt. Phone Number	-
Email Address	isabellaau@gmail.com
Address	APT BLK 755 CHOA CHU KANG NORTH 5
Address complement	#07-107
Postcode	680755
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

REFER TO THE SKETCH PLAN

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	SHD6417B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YAN KAM WENG

NRIC No	SXXXX909G
Contact Number	(Phone) +65-92459746
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:

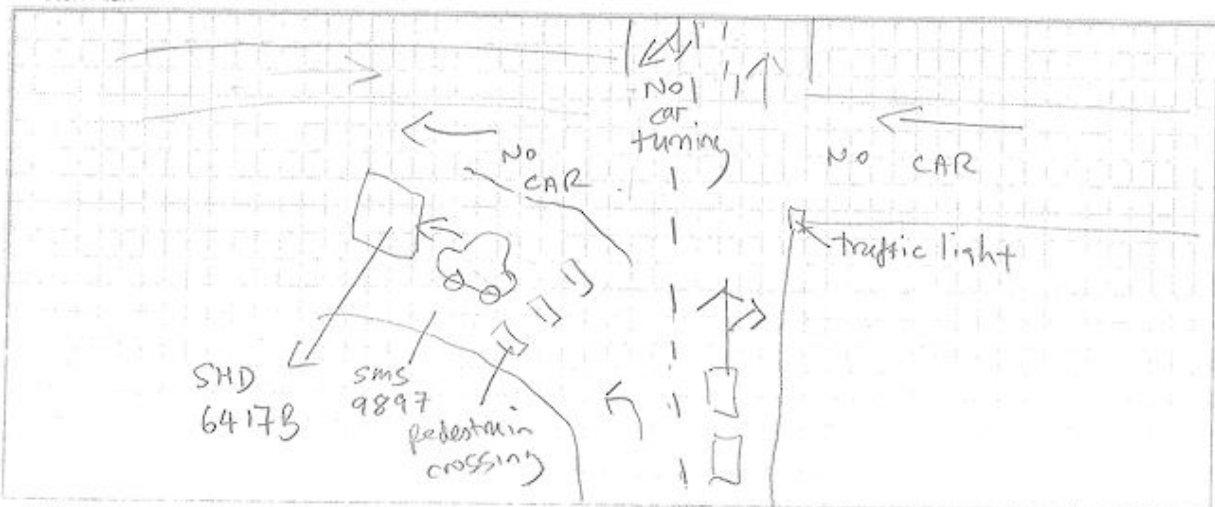
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature] 20/6/23
 ANNIE JOAN CHONG
 Policyholder's Signature / Date & Time
 TUECHING 535 pm

[Signature] 20/6/2023 1735
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] Hui Wen
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Date of incident: 19/06/2023, ~ 608 pm

Happened Accident happened at cross the slip road of Choa Chu Kang North 5, turning to Choa Chu Kang drive. No cars were present on the main road, no cars were turning right. The road I was about to turn into (Choa Chu Kang drive) was empty.

Vehicle - ~~SHD 65778~~ SHD 64778 was ahead and was moving. He drove past the pedestrian crossing and looked like he was about to merge into the main road, however, he abruptly stopped as I was checking my blind spot. My car gently hit the rear of vehicle SHD 64778.

Declaration

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

 20/6/23
535 pm

Policyholder's Signature / Date & Time

 20/06/2023, 1735

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

 Hui Nien

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

















