

# 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 .....	22/06/2023 17:58 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	21/06/2023 10:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP RD FROM AMK AVE 5 TOWARDS YCK RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC6615G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PACIFIC M TRADING PTE.LTD.
Company Reg No .....	201116808G
Email Address .....	pacific.mtrading@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-64839002
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	HIACE 3.0 DX DIESEL TURBO AT 2WD
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003436367

### DRIVER

Name of Driver .....	SOH KEE HEOK
NRIC No .....	S1162475H
Date Of Birth .....	21/02/1956
Occupation .....	Outdoor

Date Of Driving Pass .....	08/02/1983
Driving experience .....	40 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91499330
Alt. Phone Number .....	-
Email Address .....	raymonds6151@gmail.com
Address .....	BLK 333D YISHUN ST 31 #08-155
Address complement .....	-
Postcode .....	764333
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) .....	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? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

#### 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 .....	GBL7524Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	QIAN ZIMIN
NRIC No .....	S2706532E
Contact Number .....	(Phone) +65-98510533
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

VEH NO: PC 66156  
INSURER: Allianz  
DATE OF ACC: 21/6/23  
1055 hrs

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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.
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.

Policyholder's Signature / Date & Time

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

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

22/6/23

efada (YS)

Sketch Plan

PLEASE  
TURN  
OVER

Describe Circumstance of the Accident

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ☒ ) Reporting Only

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan

Yio Chu Kang Rd.

Work Area 5

A: PC66156 (alone)

B: GBL7524Y (alone)

Vehicle No: PC66156 (Alliance)

Date & Time: 21/06/23 @ 1055 (cleaning)

Refer to police report.

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) *[Signature]* 22/6/23

























**SINGAPORE  
POLICE FORCE**



L/20230621/7040

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20230621/7040

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 21/06/2023 15:15	Vide Report No.	Station Diary No.
Name Of Informant SOH KEE HEOK	Address 333D YISHUN STREET 31 #08-155 SINGAPORE 764333	
ID Type / ID No. NRIC NO / S1162475H	Contact No. Home/Office:	Mobile: 91499330
Nationality SINGAPORE CITIZEN	Email Address raymondsoh6151@gmail.com	
Occupation Sales and related associate professionals	Sex Male	Age 67
Institution/School Name	Date of Birth 21/02/1956	Race Chinese
Date/Time Of Incident 21/06/2023 10:55	Location Of Incident ANG MO KIO AVENUE 5	

**Brief details.**

On 21st June 2023 at around 1055hrs I was driving along Ang Mo Kio Avenue 5 towards Yio Chu Kang road in my company van PC6615G. At the cross junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Avenue 6 I wanted to turn left onto Ang Mo Kio Avenue 6 towards Marymount Road so I formed up in the most left filter lane. Ahead of me was another van GBL7524Y which was also turning left onto Ang Mo Kio Avenue 6. The other van driver and I were checking for oncoming traffic from Ang Mo Kio Avenue 6 when I accidentally released my brakes. My company van then moved forward and hit GBL7524Y rear portion. We then moved our vehicles forward and went to check on one another. As we were both okay

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2023 15:15
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1



**SINGAPORE  
POLICE FORCE**



L/20230621/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230621/7040

and not injured we exchanged our particulars and went on our way. GBL7524Y and my van did not have any passengers on board.

The other van driver is Qian Zimin, S2706532E HP: 98510533

I'm lodging this report for my record purposes.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2023 15:15
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1



Allianz Insurance Singapore Pte. Ltd.

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2003436367
Date of Issue	: 11 November 2022
Coverage	: COMPREHENSIVE AUTHORISED WORKSHOP
Policyholder	: PACIFIC M TRADING PTE. LTD.
Finance Company	: THINK ONE CREDIT PTE LTD
Period of Insurance	: 23 November 2022 To 22 November 2023 (both dates inclusive)
Registration Number	: PC6615G
Chassis Number of Vehicle	: KDH2010191274

#### Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder.
- (b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

#### Limitation as to Use\*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use only in the Republic of Singapore.

\* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

11 November 2022  
 Issue Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000396 ALLINK INSURANCE AGENCY PTE. LTD.  
 Excess  
     Own Damage  
     Windscreen  
     Liabilities to Third Parties

S\$ 2,000.00  
 S\$ 200.00  
 S\$ 1,500.00