

# 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 .....	26/06/2023 13:36 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/06/2023 13:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG VICTORIA STREET TOWARDS ROCHOR ON THE EXTREME RGHT LANE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC364T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NAGARAJAH S MANIAM
NRIC No .....	S6805144D
Email Address .....	NAGARAJAH0111@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94556161
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Passat
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003486874-01

### DRIVER

Name of Driver .....	NAGARAJAH S MANIAM
NRIC No .....	S6805144D
Date Of Birth .....	25/02/1968

Occupation .....	Indoor
Date Of Driving Pass .....	22/08/2001
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94556161
Alt. Phone Number .....	-
Email Address .....	NAGARAJAH0111@GMAIL.COM
Address .....	93 CHUAN DRIVE
Address complement .....	-
Postcode .....	554736
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 .....	Side Swipe
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 .....	ABIRAMI
Gender .....	Female

#### PASSENGER 2

Name .....	PREMKKUMAR
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

#### REFER TO SKETCH PALN

#### 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 .....	SMZ8949U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JEFFRY
Contact Number .....	(Phone) +65-91549779
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	-

## SKETCH PLAN

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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 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.

24.6.2023  
25.10pm

24.6.2023 5.10pm

Policyholder's Signature / Date & Time \_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_  
Witnessed by Reporting Centre Personnel \_\_\_\_\_

**Sketch Plan**

Victoria Street TOWARDS

Bain Street

national library building

(A) SN 3647  
(B) SMZ8949U



**Describe Circumstances of the Accident**

On 24/06/23 at about 1330 hrs. I was travelling along Victoria Street towards rochor on the extreme right lane. As I wanted to turn into Bain Street which is a one-way Street. I Stopped at the give way line at A1. As traffic was heavy due to congestion caused by National Day Rehearsal, I followed a car behind which was also making a right turn into Bain Street. The other vehicles stopped on lanes 1 and 2. I had stopped on the give way line to see if the cars had stopped before the yellow box. This road had 3 lanes and there was a long in the middle lane which had stopped before the yellow box for me to proceed with my turn. The car in the first lane had also stopped before the yellow box to give way. However, my view on the 3rd lane was blocked due to the long in the middle lane. Therefore, I slowly inched forward and just as I ~~passed~~ past the 2 lanes onto the 3rd lane a blue MG SUV SMZ 8949U just dashed in front of me. Upon seeing the car coming at me, I immediately braked. But the other car failed to notice my car ~~braking~~ ~~and the car came away~~ and collided into the front left portion of my car. I had the right to enter into the yellow box junction in order to turn into Bain Street, just as the car ~~to~~ in front of me did. The other car driver did not seem to have braked or slowed down. The driver did not approach with caution when approaching the yellow box junction especially so when the other 2 vehicles on the other 2 lanes had stopped for me to execute my turn into Bain Street. This is because there was a traffic hold up before the yellow box junction due to traffic light junction in the direction of the blue <sup>MG</sup> SUV.

<sup>apart from his name and phone number</sup>  
Driver did not want to exchange particulars. He seemed to be in a hurry. From the windscreen, I noticed that the car had a blue PHV (Private Hire Vehicle) Decal. Also realised he had a 1 passenger with him.



Nobody was injured. I approached a police patrol car at the police patrol car had noticed I met with an accident and they suggested to make a motor accident statement as there were no injuries involved.

(A) SNC3647  
(B) SMZ 8949U

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

**Declaration**

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
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