

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	13/07/2023 14:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 22:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG DR (OPPOSITE BLK 215) BESIDE MI CASA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR4623B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG WEILI KENNY
NRIC No	S8421559G
Email Address	KENNYHWL@MSN.COM
Mobile Phone No	(Phone) +65-96207650
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60 D2
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	1560

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002281764-01

DRIVER

Name of Driver	HUANG WEILI KENNY
NRIC No	S8421559G
Date Of Birth	03/07/1984
Occupation	Indoor

Date Of Driving Pass	27/04/2007
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96207650
Alt. Phone Number	-
Email Address	KENNYHWL@MSN.COM
Address	31 FERNSVALE ROAD #20-43
Address complement	-
Postcode	797417
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)	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	LEE WAI PENG
Gender	Female

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 PLAN

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EM2263S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY ANNIE
NRIC No	S1528475G
Contact Number	(Phone) +65-98337692
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

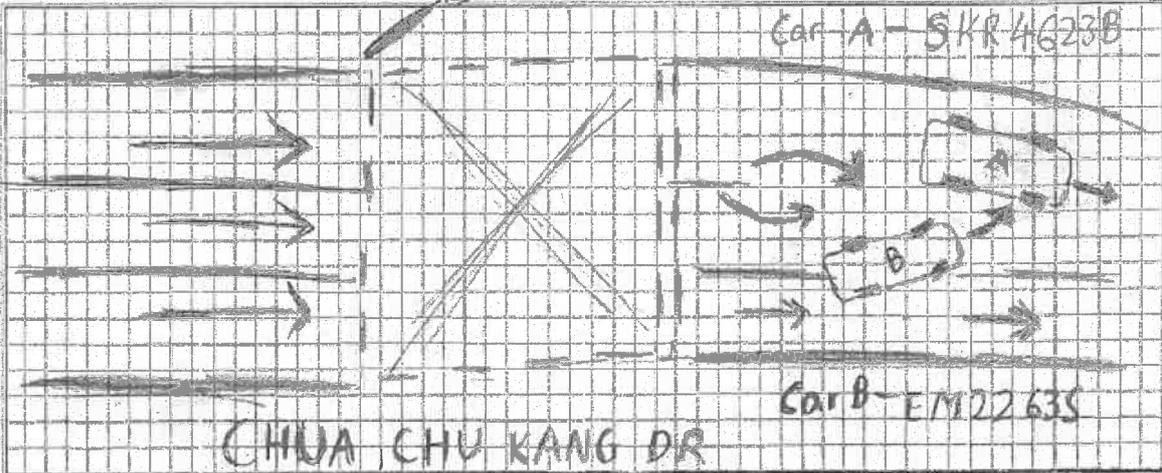
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

AFTER I CROSSED THE TRAFFIC JUNCTION AT CHIA CHU KANG DRIVE & CHIA CHU KANG AVE 3, I APPROACHED A ROAD MERGER (INSIDE MI CASA CONDO). THE WEATHER IS CLEAR, AND ROAD CONDITION IS DRY. I WAS DRIVING STRAIGHT ON THE LEFT MOST LANE INTO THE ROAD MERGER.

BEFORE ENTERING THE ROAD MERGER, I NOTICED THE OTHER VEHICLE IS SPEEDING UP, AND IS COMING CLOSER AND CLOSER TO ME. AS I REACHED THE END OF THE ROAD MERGER, I NOTICED IN MY RIGHT SIDE MIRROR THAT THE OTHER VEHICLE IS VERY CLOSE TO ME. I APPLIED BRAKE BUT THE VEHICLE IS ALREADY APPROACHING MY SIDE. THE NEXT MOMENT THE OTHER VEHICLE HIT MY CAR. HER LEFT SIDE CAME IN CONTACT WITH MY VEHICLE RIGHT SIDE BODY.

AS SEEN IN THE PHOTOS, HER FRONT LEFT TIRE POSITION WAS ~~THE~~ TILTED TOWARDS MY VEHICLE (STEERED LEFT) AND PUSHED MY BUMPER OUT OF POSITION.

AS I CHECKED THE CONDITION OF MY VEHICLE, THERE WERE SCRATCHES AND DENTS ON BOTH FRONT & REAR RIGHT DOOR, ALL THE WAY TO THE FRONT RIGHT WHEEL TENDER AND BUMPER. I ALSO NOTICED SOME DAMAGE SUFFERED ON MY RIGHT SIDE MIRROR. THERE ARE SCRATCHES ON THE FRONT RIGHT TIRE AND RIM DUE TO CONTACT WITH THE OTHER VEHICLE.

-TP claim @ carworkz sq pte ltd.

Declaration

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


 Policyholder's Signature / Date & Time

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


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

