# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 23/06/2023 15:09 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/06/2023 10:50 (SGT) Exact Location of Accident Near 2306 Bedok Reservoir Rd, Singapore 479224 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

1998

Vehicle Registration Number SDE282D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAU KING KIAT NRIC No S7272806H Email Address KKLAU105@HOTMAIL.COM Mobile Phone No (Phone) +65-96841768 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 730i 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 - Reporting only Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003268911

DRIVER

CC

Name of Driver LAU KING KIAT NRIC No S7272806H Date Of Birth 30/05/1972 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	02/04/1994 29 YEARS AND 2 MONTHS Female (Phone) +65-96841768 - KKLAU105@HOTMAIL.COM 10 JALAN LIMAU MANIS S 468342 Yes - No
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	FBU4417X - -

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN HOCK GUAN ADRIAN
NRIC No	S8036407E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

# 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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

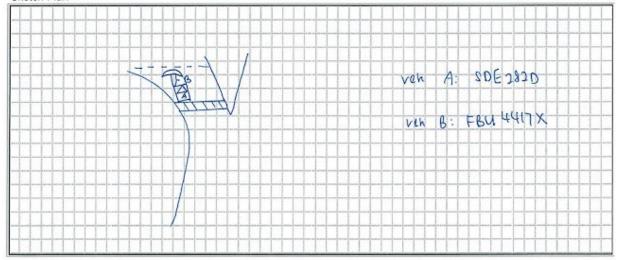
Policyholder's Signature / Date & Time

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

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

In Win

## Sketch Plan

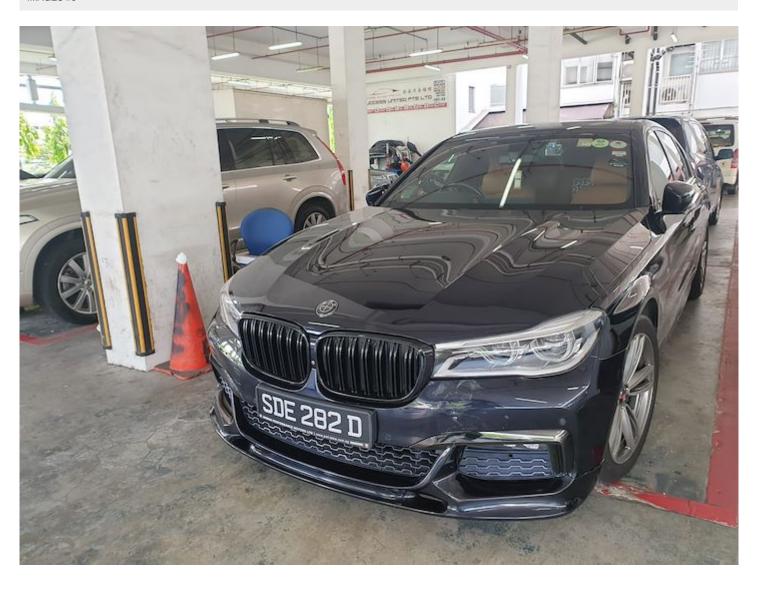


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Declaration		
/We declare the foregoing particulars	are true in every respect.	
/		
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Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

















1 of 3

Report No. T/20230623/7037

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

# REPORT OF A TRAFFIC ACCIDENT

Informant's Particulars           Name of Informant:         Address:           LAU KING KIAT         10 JALAN LIMAU MANIS SINGAPORE 468342           ID Type / ID No.:         Contact No.:           NRIC NO / \$7272806H         Home/Office:         Mobile: 96841768           Nationality:         Email:           SINGAPORE CITIZEN         kklau105@hotmail.com           Sex:         Age:         Date of Birth:         Type of Informant:           Male         51         30/05/1972         Driver           Race:         Language:         English           Occupation:         Driving Licence Information:	e/Time Repo 06/2023 14:0	Station Diary No.
LAU KING KIAT       10 JALAN LIMAU MANIS SINGAPORE 468342         ID Type / ID No.:       Contact No.:         NRIC NO / \$7272806H       Home/Office:       Mobile: 96841768         Nationality:       Email:         SINGAPORE CITIZEN       kklau105@hotmail.com         Sex:       Age:       Date of Birth:       Type of Informant:         Male       51       30/05/1972       Driver         Race:       Language:         Chinese       English	ormant's Par	
NRIC NO / S7272806H         Home/Office:         Mobile: 96841768           Nationality:         Email:           SINGAPORE CITIZEN         kklau105@hotmail.com           Sex:         Age:         Date of Birth:         Type of Informant:           Male         51         30/05/1972         Driver           Race:         Language:           Chinese         English		
SINGAPORE CITIZEN kklau105@hotmail.com  Sex: Age: Date of Birth: Type of Informant: Male 51 30/05/1972 Driver  Race: Language: Chinese English		
Male         51         30/05/1972         Driver           Race:         Language:           Chinese         English		
Chinese English English	100000 10000000000000000000000000000000	
Occupation: Driving Licence Information:		
Sales manager Class: 2B,3 Date of Expiry:	Occupation: Sales manager	

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Date/Time of Accident: No 23/06/2023 10:2		Type of Location: Left turn slip road
Location: BEDOK RES	ERVOIR ROAD			
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way				Traffic Volume: Moderate
Type of Collis Between Mov	sion: ring Vehicles - Head To Re	ar		Anyone conveyed by ambulance: Yes

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDE282D	Car	BMW	730I M SPORT LED SR NAV HUD	Black	Slightly Damaged	0

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No, T/20230623/7037

# CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDE282D	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2003268911	18/11/2022	17/11/2023

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Use	of Pedestri	edestrian Crossing: NA		
Driver						
Name	LAU KING KIAT	LAU KING KIAT		No.	S7272806H	
Related Vehicle	SDE282D (Car)		Cor	itact No.	96841768	
Hospital/Clinic	NIL		Driv	ence &	Class: 2B,3 Date of Expiry: NIL	
Date	NIL Date			NIL	1	
No. of Days granted Medical Leave NIL			ee of	Sligh		

## Brief Details.

I have video footage and SD card was handed over the TP on site.

I was traveling from Bedok North Road making a left turn on 2 lane slip road on Bedok Reservoir road (in the direction of Kaki Bukit), with a motorbike moving ahead of me, I slowed down with intent to stop completely (as there was road works blocking off the left lane of Bedok Reservoir Road), to check on the traffic condition along Bedok Reservoir Road, when the motorbike suddenly came to a complete stop. I braked and read ended him. He could not steady his bike and fell to the roadside.



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



3 of 3 Report No. T/20230623/7037

CONTINUATION OF REPORT

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: 23/06/2023 14:08
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	Classification Of Case:
NP168	

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# 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)

: 18 November 2022 to 17 November 2023(both dates inclusive)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1986 (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2003268911-01

Date of Issue

: 27 October 2022

Coverage

: Comprehensive

Policyholder Period of Insurance : LAU KING KIAT

Registration No.

: SDE282D

Chassis number of Vehicle

: WBA7A02090GL97043

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

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her 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 has not been cancelled at the time of accident loss or damage.

#### Limitation as to Use^:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

# The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

Limitation rendered inaperative 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.

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) or Amendment, Act or Acts passed in substitution thereof.

27 October 2022

Issued Date

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

Intermediary Code

: 0000385 LELE INSURANCE AGENGY PTE LTD

Excess

: Own Damage

SGD

600.00

: Windscreen Damage

SGD

100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

