# **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 17/07/2023 13:03 (SGT) Reported by **Actual Driver** Date of Accident 15/07/2023 05:50 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF NEW BRIDGE ROAD/EU TONG SEN ST Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMR3550K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **ZODAK PTE LTD** Company Reg No 2XXXXX966H Email Address ZODAK.CARS@GMAIL.COM Mobile Phone No (Phone) +65-91398600 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1496

#### **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002741462

#### DRIVER

Name of Driver **TEO HENG HUAT** NRIC No SXXXX133I Date Of Birth 22/02/1952 Occupation Outdoor

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	23/03/1972 51 YEARS AND 4 MONTHS Male (Phone) +65-83799209 - ZODAK.CARS@GMAIL.COM BLK 170 LOR 1 TOA PAYOH #02-1106 310170 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd 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 Ang Mo Kio South Neighbourhood Police Centre (Phone) +65-18004519999 (Fax) +65-65535679 81 Ang Mo Kio Ave 3 Singapore 569929 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED POLICE REPORT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1

QX693Y

## Accident report SD08237H0002

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	SGT AFIQ
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person Gender Phone No Address Address Complement	TEO HENG HUAT Male (Phone) +65-83799209 BLK 170 LOR 1 TOA PAYOH #02-1106
Post Code	310170
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR3550K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

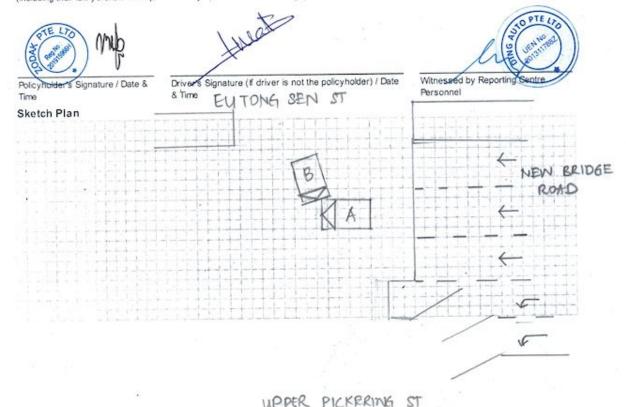
- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



	Please ref	er to police	- report	attached.	
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	7/20230	715/2049			
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Driver's Signature (If driver is not the policyholder) / Date & Time

Accident report SD08237H0002

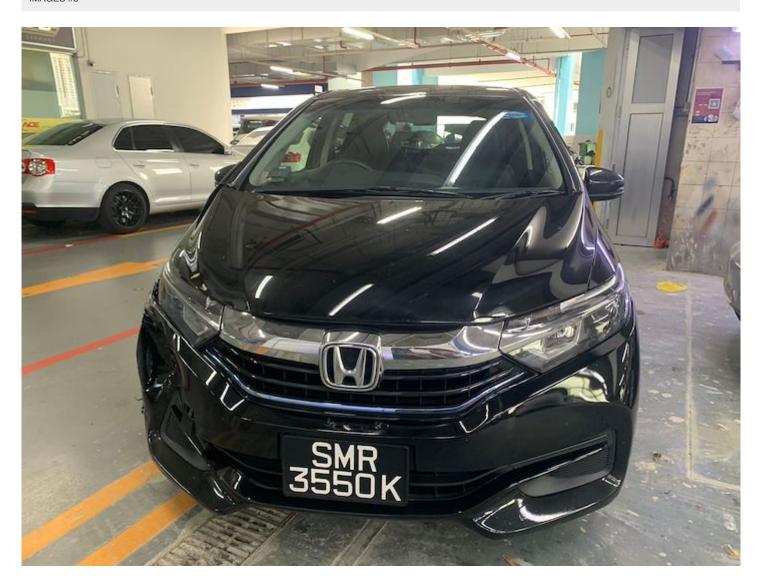
Policyholder's Signature / Date & Time Witnessed by Reporting Cer Personnel























1 of 3

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

Report No. T/20230715/2049

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 23 12:02	lade:	Vide Report No.:         Station Dia           A/20230715/0072         55		
Informa	nt's Particu	ulars			
	Informant: NG HUAT		Address: APT BLK 170 LORONG 1 TO SINGAPORE 310170	A PAYOH #02-1106	
and the second s	/ ID No.: D / S01261;	331	Contact No.: Home/Office: Mobile: 83799209		
	lationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 71	Date of Birth: 22/02/1952	Type of Informant: Rider	to the same and th	
Race: Chinese			Language: English	- No - CO Violett	
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	mation of the Accident	HARRY DESIGNATION		
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 15/07/2023 05:50	Type of Location X-Junction
Location: NEW BRIDGI	E ROAD			
Weather: Clear	1.5	Road Surface:		
Traffic Flow: Two Way	A DESCRIPTION OF THE PROPERTY	raffic Control:	rking	Traffic Volume: Light
Type of Collis				Anyone conveyed by ambulance: No

Details of Volume Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
QX693Y	Car				Slightly Damaged	0
SMR3550K	Car				Slightly Damaged	0

Details of Person Involved	工作的 化自己的 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 3 of 3 Report No. T/20230715/2049

Tel No: 1800-4519999

CONTINUATION OF REPORT

A STATE OF THE PARTY OF THE PAR	Signature Of Informant:	Signature of Officer Recording The Report: F / SGT 2 TAN CHEE HEIN
	Date/Time: 15/07/2023 12:02	Signature Of Interpreter: Not applicable
	Classification Of Case:	Officer In Charge Of Case: TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000
	Classification Of Case:	TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME



T/20230715/2049

2 of 3

Report No. T/20230715/2049

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

## CONTINUATION OF REPORT

Rider	MAINTENANT NEW YEARS AND ASSESSMENT	ALL DESCRIPTION OF REAL PROPERTY.	To de la constitución de la cons	ID No		S0126133I
Name	TEO HENG HUAT			ID No.		301201331
Related Vehicle	QX693Y (Car)		Conta	ct No.	83799209	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	-0.07	Date Disc		NIL	
No. of Days granted Medical Leave NIL Degre		Degree o	f Injury	NIL	- suntr	

#### Brief Details.

On 15/07/2023 at about 0550hrs, I was driving my vehicle, SMR3550K, along the junction of New Bridge Road and Upper Pickering Street. When I was at the middle of the junction, a police car, QX693Y, had made a right turned and collided at the front of my vehicle. Traffic police recorded my statement and my in -car camera SD card was seized. I was provided with a case card and was advised to lodge a police report.

My front right bumper was dented and broken.





### 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

SP2002741462

Date of Issue

: 30 August 2022

Coverage

COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP

Policyholder

ZODAK PTE. LTD.

**Finance Company** 

TECK WEI CREDIT PTE LTD

Period of Insurance

: 30 August 2022 To 29 August 2023 (both dates inclusive)

Registration Number

: SMR3550K

Chassis Number of Vehicle

: GP72001023

#### 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 or to whom the vehicle is hired.
- 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 for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.
- 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

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).

30 August 2022 Issue Date

Hicham Raissi **Chief Executive Officer** 

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000099 INSURE GENERAL PTE LTD Excess

: Section 1: Own Damage Within Singapore 2,000.00 S\$ 4,000.00 Section 1: Own Damage Outside Singapore S\$ 100.00 S\$ Section 1: Windscreen 2.000.00 Section 2: Liabilities to Third Parties Within Singapore 5\$ 4 000.00 Section 2: Liabilities to Third Parties Outside Singapore S\$ Comprehensive - Exclusive Workshop Per Policy Schedule

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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