VERSION: 1 (17/07/2023 19:06 (SGT))



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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 17/07/2023 19:06 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/07/2023 18:20 (SGT) Exact Location of Accident Near 04-08 Sims Ave, Singapore Additional Location Information KPE (MCE) BEFORE EXIT 2C SIM AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1300

Vehicle Registration Number SJY6303L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHENG SHEN ROSS NRIC No S9142911Z Email Address CSTAN313@GMAIL.COM Mobile Phone No (Phone) +65-93682277 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Jazz 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005177952-01

DRIVER

Name of Driver TAN CHENG SHEN ROSS NRIC No S9142911Z Date Of Birth 21/11/1991 Occupation Outdoor

Date Of Driving Pass 14/01/2011 Driving experience 12 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93682277 Alt. Phone Number Email Address CSTAN313@GMAIL.COM Address BLK 836 HOUGANG CENTRAL #08-543 Address complement Postcode 530836 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJU6402E Vehicle Manufacturer Kia Vehicle Model Cerato

Private car

S9528579A

MUHAMMAD ZAKI BIN ZAID

Accident report SA19237H0006

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

NRIC No

Contact Number Address	(Phone) +65-87425947
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3
PASSENGER 1	
Name	UNKNOWN
Name Gender	UNKNOWN
	UNKNOWN -
Gender	UNKNOWN - UNKNOWN

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK7887Z
Vehicle Manufacturer	Mercedes
Vehicle Model	Cla180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WALLACE CHAN ZHEN YI
NRIC No	S8401352H
Contact Number	(Phone) +65-98316287
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

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")

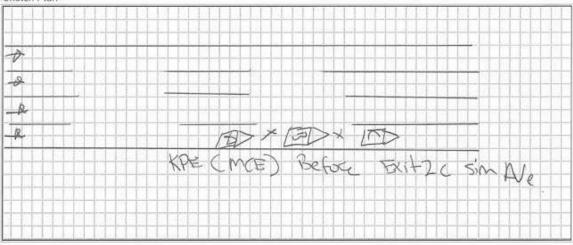
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Seporting Course Personnel (Name as in NRICTO curd)

VEH B: 554 6402 E VEH B: 554 6402 E

Sketch Plan



1

Describe Circumstance of the Accident	
DATE OF ACCIDENT: 5/7/23	TIME OF ACCIDENT: HONRES
VEHASTY BOOK VEHB: 5TV	TIME OF ACCIDENT: HOURS
Vehicle A was travelling along KPE tower	ds MCE on *lone 2
Vehicle A was travelling along KPE toward Vehicle B and Vehicle C was travelling on	r lane 1.
Nehole A filterediato lane I after signallia	ng and checks behind Vehicle B.
There was another accident infrant on la Despite slowing down during the filtering, Vehicl	ne I and caused a jam brake. le A & B's emergency brake was two
Despite slowing down during the filtering. Vehicle Sudden and about causing vehicle A to be unemorgency brake.	oble to stop in time despite efforts to -
052 89	
The same of the sa	

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

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

2



































