

# 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 .....	11/07/2023 17:16 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/07/2023 07:19 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVE 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA6947G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM GUANG CHENG ROGER
NRIC No .....	S8441273B
Email Address .....	ROGERGCLIM@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97667892
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	S60
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 .....	1969

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2004601407-01

### DRIVER

Name of Driver .....	LIM GUANG CHENG ROGER
NRIC No .....	S8441273B
Date Of Birth .....	20/12/1984
Occupation .....	Indoor

Date Of Driving Pass .....	19/04/2005
Driving experience .....	18 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97667892
Alt. Phone Number .....	-
Email Address .....	ROGERGCLIM@GMAIL.COM
Address .....	BLK477B, UPPER SERANGOON VIEW, #11-570
Address complement .....	-
Postcode .....	532477
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	PASSENGER
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 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT4888G
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
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**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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

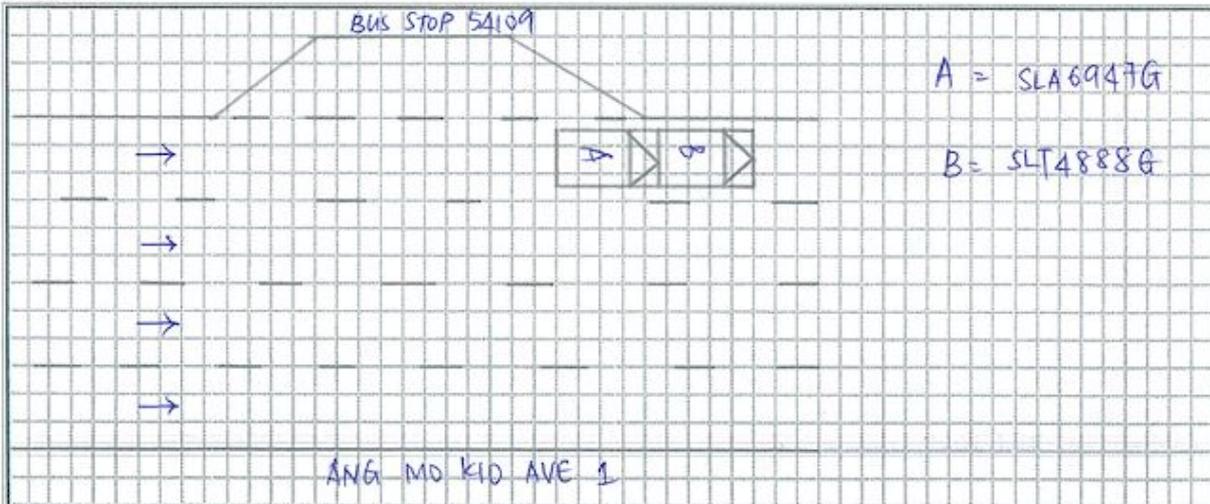
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Rgn*  
11/7/2023  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
\_\_\_\_\_  
Witnessed by Reporting Officer/Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

DATE: 11 JULY 2023.

TIME: 7:19 AM

LOCATION: ANG MO KIO AVE 1, BUS STOP 54109 Beside.

Complete stop before bus stop yellow box. SLT4888G was the car in front. Traffic light turned green, car in front SLT4888G moved off but came to a complete stop < 20m after moving off. I, driving SLA6947G failed to stop in time and knocked, rear-end car SLT4888G.

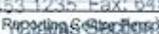
OD claim will be done at Alan's United Auto P/L.

Declaration

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

  
11/7/2023  
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-52/50/52 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Witnessed by  (Name as in NRIC/ID card)





















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1N237B000H Vehicle Registration No: SLA6947G  
 Name (as shown in NRIC): LIM GUANG CHENG ROGER NRIC/FIN/Passport No: S8441273B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 477B, UPPER SERANGOON VIEW, #11-570 Singapore (532477)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97667892  
 Email Address: ROGERGCLIM@GMAIL.COM  
 Date of Accident: 11/07/2023 Time of Accident: 07:19  
 Place of Accident: ANG MO KIO AVE 1  
 Insurance Company: ALLIANCE INSURANCE-SP2004601407-01

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EDITED ACCIDENT LOCATION ...  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



Allianz Insurance Singapore Pte. Ltd.

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**CERTIFICATE OF INSURANCE**


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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 : SP2004601407-01  
 Date of Issue : 15 February 2023  
 Coverage : Comprehensive  
 Policyholder : LIM GUANG CHENG ROGER  
 Period of Insurance : 11 March 2023 to 10 March 2024(both dates inclusive)  
 Registration No. : SLA6947G  
 Chassis number of Vehicle : YV1FS40LDG2406597

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**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 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.*

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.

15 February 2023

Issued Date

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

Intermediary Code	: 0000180 All Ins Marketing Pte Ltd		
Excess	: Own Damage	SGD	600.00
	: Windscreen Damage	SGD	100.00

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