

## 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 .....	22/07/2023 11:47 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/07/2023 15:35 (SGT)
Exact Location of Accident .....	Near 31 Bukit Batok Cres, Singapore 658070
Additional Location Information .....	THE SPLENDOUR CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCP59L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	OH SWEE KIT
NRIC No .....	S0221652C
Email Address .....	HDCORP@YAHOO.COM
Mobile Phone No .....	(Phone) +65-98524564
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
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 .....	1991

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003991613

#### DRIVER

Name of Driver .....	LIN HUI WEN JOANNA
NRIC No .....	S8517306E
Date Of Birth .....	15/06/1985
Occupation .....	Indoor

Date Of Driving Pass .....	18/03/2004
Driving experience .....	19 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98294051
Alt. Phone Number .....	-
Email Address .....	JLING12122002@YAHOO.COM.SG
Address .....	21 JALAN SUASA
Address complement .....	-
Postcode .....	S678511
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collided into Parked Vehicle
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) .....	0
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ760M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUN QIU FENG
Contact Number .....	(Phone) +65-62841819

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

# SKETCH PLAN

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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:

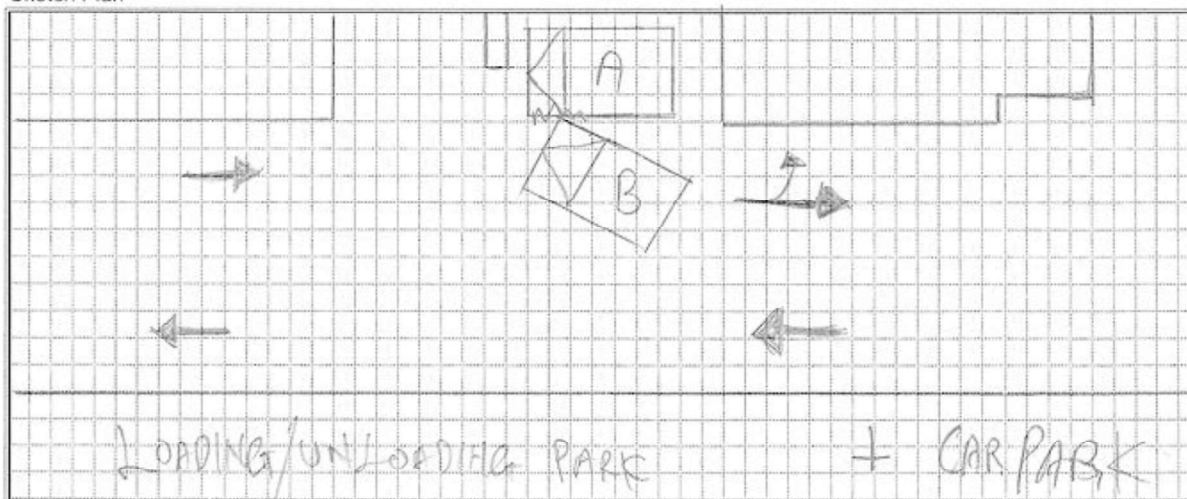
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

\_\_\_\_\_  
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)

## Sketch Plan



**Describe Circumstance of the Accident**

On 21 July 2023 at about 3:35pm, I parked my vehicle, SCP59L at my office carpark lot which is near the entrance of the building, office address 31 Bukit Batok Crescent, #01-35, The Splendour (S) 658070.

The vehicle, GBJ 760M was driving out of the area when the driver hit the left side of my vehicle.


The driver admitted his mistake and that he collide my vehicle.


Vehicle company name: Liko trade centre Pte Ltd, 101 Kitchener Road, #01-06, Jalan Besar Plaza (R) 208511

Driver of van : Mr. Sun Qinfeng, S 68630951

**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 & Time

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





































Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE  
ALLIANZ MOTOR PROTECT

ORIGINAL

Date	:	30 December 2022		
Policy Number	:	SP2003991613 *		
Type of Cover	:	ALLIANZ MOTOR PROTECT		
Plan Type	:	Comprehensive		
Intermediary	:	AAC PERFORMANCE PTE LTD		
Intermediary Code	:	0000336		
Policyholder/Insured	:	OH SWEE KIT *		
Correspondence Address	:	21 JALAN SUASA GREEN HILL ESTATE SINGAPORE 678511		
Replacing Cover Note No.	:	NA		
Period of Insurance	:	From 13/12/2022 To 12/12/2023 (Both Dates Inclusive)		
Premium Payable	:	S\$ 795.38		
GST 7%	:	S\$ 55.68		
Total Premium Payable	:	S\$ 851.06		
Make and Model	:	Mercedes Benz E200 *		
		AVG		
Agreed Value	:	MARKET VALUE	Off Peak Car	: No
Registration No.	:	SCP59L *	Good Driver Discount	: No
Year of Manufacture	:	2016	Body Type	: Sedan
Engine Capacity	:	1991.0	Engine No.	: 27492030817485
Chassis No.	:	WDD2130422A108655	Windscreen	: UNLIMITED
Hire Purchase Owner	:	UNITED OVERSEAS BANK LIMITED	No Claims Discount	: 50 %
Additional Cover	:	NCD Protector		
		Preferred Workshop for Accident Repairs		
Named Drivers	:	OH SWEE KIT		
Excess	:	Own Damage	S\$	600.00
	:	Windscreen Damage	S\$	100.00