

# 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 First Submission .....	24/07/2023 17:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/07/2023 14:30 (SGT)
Exact Location of Accident .....	Malaysia
Additional Location Information .....	ALONG KARAK HIGHWAY
Country/State of Loss .....	Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGZ8000C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM YU JIN (LIN YOUJIN)
NRIC No .....	S8400451J
Email Address .....	LYJ_919@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91181898
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	440i
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 .....	2400

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2005261204-01

### DRIVER

Name of Driver .....	LIM YU JIN (LIN YOUJIN)
NRIC No .....	S8400451J
Date Of Birth .....	10/01/1984
Occupation .....	Indoor

Date Of Driving Pass .....	11/01/2003
Driving experience .....	20 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91181898
Alt. Phone Number .....	-
Email Address .....	LYJ_919@HOTMAIL.COM
Address .....	BLK 664B JURONG WEST ST 64 #04-230
Address complement .....	-
Postcode .....	642664
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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	NGUYEN THU THUNG
Gender .....	Female

#### PASSENGER 2

Name .....	BELINDA LIM JIA QI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	TRAFIK GOMBAK
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE (SGZ8000C) ALONG KARAK HIGHWAY. THE FRONT VEHICLE SNE313E DID A SUDDEN BRAKE. I APPLIED BRAKE IMMEDIATELY. HOWEVER, BEFORE MY CAR CAME TO A STOP, SBN1222Y COLLIDED INTO MY REAR PORTION. THE IMPACT CAUSED MY VEHICLE TO PUSH FORWARD AND HIT ONTO THE REAR OF SNE313E. THERE WERE 3 CARS INVOLVED.

#### 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 .....	SBN1222Y
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	4

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNE313E
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 .....	VEHICLE C
No. Of Passenger (Including Driver) .....	3

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM YU JIN (LIN YOUJIN)
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGZ8000C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	NGUYEN THU THUNG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGZ8000C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	BELINDA LIM JIA QI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGZ8000C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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

<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">C</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> </div>	<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <p>A - SGZ8000C</p> <p>B - SBN1222Y</p> <p>C - SNE313E</p> </div> </div>
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Describe Circumstance of the Accident

on the stated date and time, I was driving my vehicle SGZ 8000L along Karak Highway. The front vehicle <sup>SNE 313E</sup> did a sudden brake. I applied brake immediately. However, before my car comes to a stop SBND224 collided into my rear portion. The impact cause my car to push forward and hit of on the rear of SNE313E. There were 3 cars involved in an accident.

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 card)

















22/07/2023, 20:06

IPRS



## POLIS DIRAJA MALAYSIA REPOt POLIS

Balai : TRAFIK GOMBAK  
 Daerah : GOMBAK  
 Kontinjen : SELANGOR  
 No. Repot : TRAFIK GOMBAK/011769/23  
 Tarikh : 22/07/2023  
 Waktu : 1918 PM  
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : G25571  
 No. Repot Bersangkut : TRAFIK  
 GOMBAK/011765/23

### Butir-butir Penerima Repot :

Nama : HARITH ISKANDAR BIN ASNARI  
 No. Badan : R225756  
 Pangkat : KONS/P

### Butir-butir Jurubahasa (Jika Ada) :

Nama : ---  
 No. Pasport : ---  
 Alamat : ---  
 No. K/P (Baru) : ---  
 Bahasa Asal : ---  
 No. Polis/Tentera : ---

### Butir-butir Pengadu :

Nama : LIM YU JIN  
 No. K/P (Baru) : ---  
 No. Sijil Beranak : ---  
 Umur : 39 Tahun 6 Bulan  
 Pekerjaan : ENGINEER  
 Alamat Tinggal : BLK 664B JURONG WEST ST 91 #04-230, 642664 SINGAPORE  
 Alamat IbuBapa : ---  
 Alamat Pejabat : ---  
 No. Tel (Rumah) : ---  
 Emel : ---  
 No. Polis/Tentera : ---  
 Jantina : Lelaki  
 Tarikh Lahir : 10/01/1984  
 Warganegara : SINGAPORE  
 No. Tel (Pejabat) : ---  
 No. Tel (Bimbit) : 91181898

### Pengadu Menyatakan :

PADA 22/07/2023 JAM LEBIH KURANG 1430HRS SAYA MEMANDU M/KAR NO PEND SGZ 8000 C JENIS BMW 440 I DARI KLCC KUALA LUMPUR MENGHALA KE GENTING, MELALUI KM 24.3 LEBUHRAYA KARAK. SEMASA BERADA DI LORONG KANAN, TIBA-TIBA SEBUAH M/KAR NO PEND SNE 313 E JENIS 540 I YANG BERADA DI HADAPAN SAYA MEMBREK. SAYA MEMBREK DAN SEMPAT UNTUK MEMBERHENTIKAN M/KAR SAYA, TIBA-TIBA SEBUAH M/KAR NO PEND SBN 1222 Y JENIS 528 I YANG BERADA DI BELAKANG SAYA MELANGGAR M/KAR SAYA LALU M/KAR SAYA MENGGELUSUR KE HADAPAN DAN MELANGGAR M/KAR JENIS BMW 540 I TERSEBUT. AKIBAT DARI KEMALANGAN ITU, SAYA MENGALAMI KECEDERAAN IAITU PADA BAHAGIAN DADA DAN BELUM MENDAPAT RAWATAN. MANAKALA M/KAR SAYA MENGALAMI KEROSAKAN IAITU PADA BAHAGIAN BUMPER BELAKANG, BONET BELAKANG, NO PLATE BELAKANG, LAMPU BESAR BELAKANG KIRI DAN KANAN, BUMPER HADAPAN, BONET HADAPAN, NO PLATE HADAPAN, LAMPU BESAR HADAPAN KIRI KANAN, ENJIN DAN LAIN-LAIN KEROSAKAN BELUM DIKENAL PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ihrs.myp.gov.my/iprsweb/Modules/EO/EO\_Salinan\_Report.aspx?cStartDt=20230722 120005

1/2



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 1995 (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2005261204-01  
 Date of Issue : 31 March 2023  
 Coverage : Comprehensive  
 Policyholder : LIM YU JIN (LIN YOUJIN)  
 Period of Insurance : 03 April 2023 to 02 April 2024 (both dates inclusive)  
 Registration No. : SGZ8000C  
 Chassis number of Vehicle : WBA4E32060G3B6672

**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.

31 March 2023

Issued Date

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

Intermediary Code : 0000336 AAC PERFORMANCE PTE LTD  
 Excess : Own Damage  
 : Windscreen Damage

SGD	600.00
SGD	100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
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