

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	25/07/2023 18:18 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 11:30 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS AVE 10 towards GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8542R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIMON LEAN SEAN LONG
NRIC No	S7872694F
Email Address	simonlean9966@gmail.com
Mobile Phone No	(Phone) +65-84229966
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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 - Reporting only
Vehicle Category	Private car
Transmission	Manual
CC	1328

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003313958-01

DRIVER

Name of Driver	CHENG SHENG WEI
NRIC No	S9478269D
Date Of Birth	25/07/1994
Occupation	Outdoor

Date Of Driving Pass	04/05/2019
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97823827
Alt. Phone Number	-
Email Address	dericku28@hotmail.com
Address	BLK 203C COMPASSVALE ROAD #02-33
Address complement	-
Postcode	543203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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)	1
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	SMH6698B
Vehicle Manufacturer	BMW
Vehicle Model	X3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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**IMPORTANT NOTICE**

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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

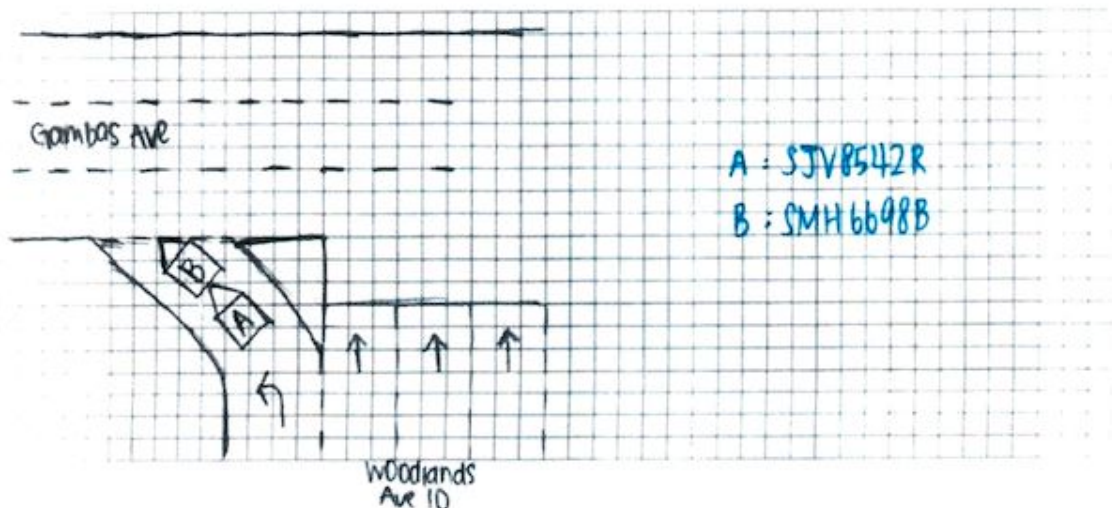
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

At 11.30 a.m., 25 July 2023, I am travelling along Woodland Ave 10 to Gambar Avenue. Before Gambar Avenue's stop line, the brown X3 (Car Make no. SMH65988) suddenly brake and I could not brake immediately, which has caused a hit to the lower left rear bumper.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

25/7/23
Derrick Cheong

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



Toh

Witnessed by Reporting Centre Personnel

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT (PART IV) (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES (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 1993
 (WHERE APPROPRIATE ACT OR ACTS PASSED IN SUBSTITUTION THEREOF)

Certificate Number: SP2003312955-01
 Date of issue: 01 November 2022
 Coverage: Comprehensive
 Policyholder: SIMON LEAN SEAN LONG
 Period of Insurance: 01 November 2022 to 31 October 2023 (both dates inclusive)
 Registration No: SJV8542R
 Chassis Number of Vehicle: ZC115407058

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 permit on

*Provided that the subject of the Insurance is in accordance with the licensing and the law of the jurisdiction to drive the Motor Vehicle in his/her place of residence and a valid driver's licence is held by the driver. The driver must also be licensed to drive the Motor Vehicle in the jurisdiction of the Motor Vehicle's registration and must not be a driver who is disqualified or whose licence has not been renewed at the time of the accident or coverage.

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

*Insurance coverage is not given by Section of Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1997 (Malaysia) or Section 101 of the Motor Vehicle Act 1993 (Singapore) under these headings.

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 1997 (Malaysia) or Amendment Act or Acts passed in substitution thereof.

01 November 2022

Issued Date:



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

Intermediary Code : 0000210 MK CARZ PRIVATE LIMITED

Excess	: Own Damage	SGD	800.00
	: Windscreen Damage	SGD	100.00



























