

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	26/07/2023 14:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 17:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOUNT PLEASANT RD TWD WHITTLE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM895Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DEEPU JOSEPH
NRIC No	S8273090G
Email Address	JOSEPHDEEPU@GMAIL.COM
Mobile Phone No	(Phone) +65-90274504
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004930925-01

DRIVER

Name of Driver	DEEPU JOSEPH
NRIC No	S8273090G
Date Of Birth	23/10/1982
Occupation	Indoor

Date Of Driving Pass	11/06/2010
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90274504
Alt. Phone Number	-
Email Address	JOSEPHDEEPU@GMAIL.COM
Address	BLK 554 CHOA CHU KANG NORTH 6 #11-38
Address complement	-
Postcode	680554
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	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

PLEASE REFER TO THE ACCIDENT SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV85D
Vehicle Manufacturer	Kia
Vehicle Model	Forte
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FONG KIM HENG
NRIC No	S1397746A

Contact Number	(Phone) +65-97379347
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Veh A: SLW 895 Z
Veh B: SCV 85 D

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



26 July 23
11:59 AM

Policyholder's Signature / Date & Time

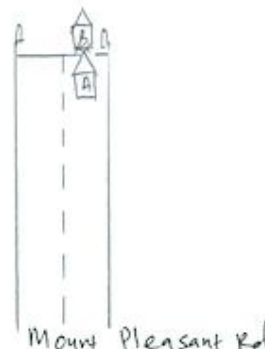
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Whitley Rd



Declaration

Veh B: SLV85DVeh B: SLV85D

- On Tuesday 25th July 2023, 5:15pm, I was driving along Mt Pleasant road towards Whitley road
- A Red KIA FORTÉ K3, SCU8SD, was in front of me, and travelling in the same direction
- As both of us approached the traffic light of Mt Pleasant exit towards Whitley road, the signal turned yellow
- The Red KIA FORTÉ K3, SCU8SD, continued to move as the signal turned yellow
- I had interpreted the driver of SCU8SD's intention to complete the turn onto Whitley road while the signal was yellow
- I followed The Red KIA FORTÉ K3, SCU8SD, with the intention to complete the turn to Whitley road while the signal was yellow
- The driver of the RED KIA FORTÉ jammed his brakes after crossing the white line of Mt Pleasant road, and stopped after the white line
- I was unable to stop in time and hit the rear of ~~me~~ the (A) SCU8SD
- Both Driver and passenger of SCU8SD mentioned that they were not injured.

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

ACCORD AUTO SERVICES PTE LTD

Witnessed by Reporting Centre
Personnel



















