

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	24/04/2023 18:00 (SGT)
Reported by	Actual Driver
Date of Accident	20/04/2023 17:15 (SGT)
Exact Location of Accident	Near 78 Jln Eunus, Singapore 419521
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE3828L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIN
NRIC No	S1357129E
Email Address	tanzhuoling@gmail.com
Mobile Phone No	(Phone) +65-92302701
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Evo-10
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003504556-01

DRIVER

Name of Driver	TAN ZHUO LING
NRIC No	T0024741Z
Date Of Birth	22/07/2000
Occupation	Indoor

Date Of Driving Pass	05/10/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92302701
Alt. Phone Number	-
Email Address	tanzhuoling@gmail.com
Address	SINGAPORE
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

On the 20/04/23, at 1715Hrs, I (A:SFE3828L) was travelling along Jln Eunus heading towards Still Rd. Way before approaching Jln Ismail, I signalled my intention to turn left. Veh B (FF77B) was behind me, riding rather dangerously weaving in and out of lanes. I checked my blindspot and ensured it was clear before I changed lanes. Just then, Veh B hit my vehicle from the rear left to the front left portion of my vehicle. I do have video footage as evidence. At the end of the video my signal is audible.

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	File is too big

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FF77B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

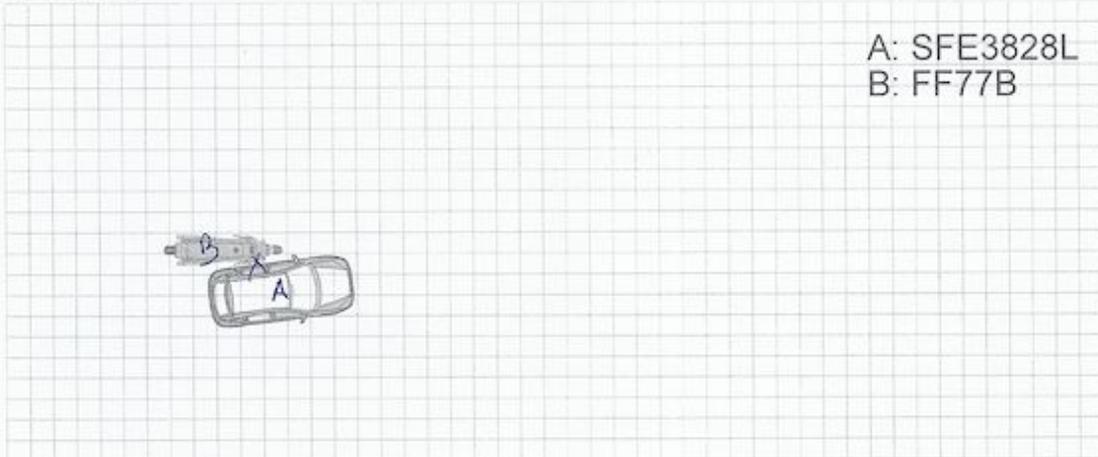
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	Male
Phone No	(Phone) +65-91777411
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FF77B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Date of Accident: 20/04/2023

SKETCH PLAN



A: SFE3828L

B: FF77B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 I do have video footage as evidence.
 At the end of the video my signal is audible.

- Own Damage Claim
- Third Party Claim
- OD/TP Claim at another workshop : _____
- Reporting Only

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: 24/4/23

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



CLAIMS_SketchPlanForm_V3

5:34 pm







