

# 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 .....	28/07/2023 17:57 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/07/2023 13:15 (SGT)
Exact Location of Accident .....	Guillemard Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNL2771R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GETGO SG SPV B PTE LTD
Company Reg No .....	2XXXXX512G
Email Address .....	fleet@getgo.sg
Mobile Phone No .....	(Phone) +65-31585889
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1197

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2006897688

### DRIVER

Name of Driver .....	NURUL HUDA BINTE HASSAN
NRIC No .....	SXXXX549A
Date Of Birth .....	23/12/1996
Occupation .....	Outdoor

Date Of Driving Pass .....	27/06/2017
Driving experience .....	6 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-81005875
Alt. Phone Number .....	-
Email Address .....	fleet@getgo.sg
Address .....	BLK 216 PETIR ROAD #04-403
Address complement .....	-
Postcode .....	670216
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	No 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 .....	1
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

ON THIS DATE 27072023 AROUND 1315 IM DRIVING SNL2771R ALONG GUILLEMARD ROAD WITH 1 FEMALE PASSANGER. AS I WAS DRIVING ON THE ON THE SECOND LANE SHORTLY AFTER I FELT THE STEERING WAS SHAKING AND I START TO LOSE OF THE VEHICLE AND MOUNT THE CURB. NO INJURIES

#### 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 .....	KERB
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

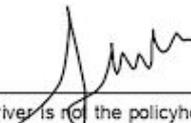
I understand, acknowledge, agree and consent that:

- (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 involvedisclosure 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.

FLASH ACCIDENT REPORTING OFFICER  
**FAIRAN**



27072023  
 2010

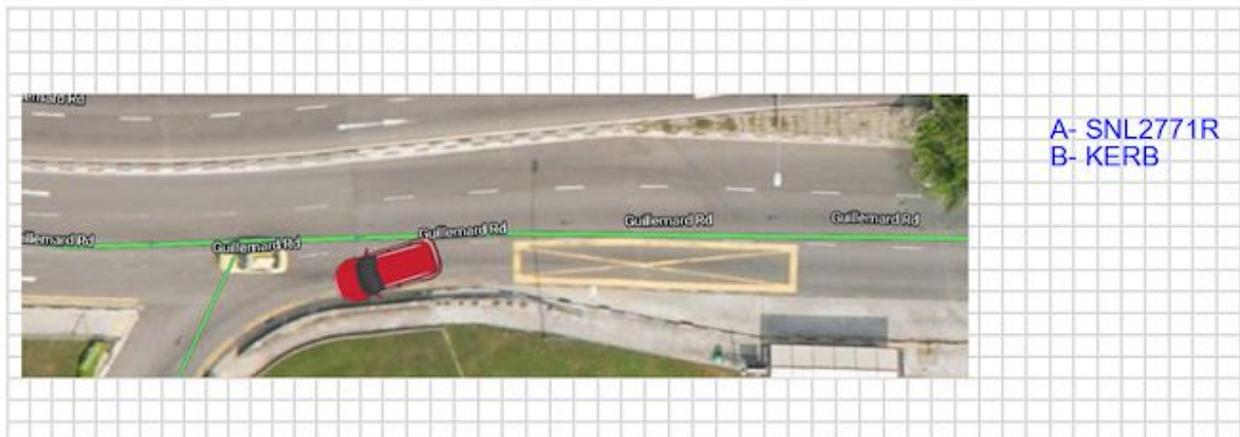


\_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON THIS DATE 27072023 AROUND 1315 IM DRIVING SNL2771R ALONG GUILLEMARD ROAD WITH 1 FEMALE PASSANGER. AS I WAS DRIVING ON THE ON THE SECOND LANE SHORTLY AFTER I FELT THE STEERING WAS SHAKING AND I START TO LOSE OF THE VEHICLE AND MOUNT THE KERB. NO INJURIES

**Declaration**

We declare the foregoing particulars are true in every respect.

27072023  
2010



FLASH ACCIDENT  
REPORTING OFFICER  
FAIRAN 

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G237S0015 Vehicle Registration No: SNL2771R  
 Name (as shown in NRIC): GETGO SG SPV B PTE LTD NRIC/FIN/Passport No: 2XXXXX512G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 27/07/2023 Time of Accident: 13:15  
 Place of Accident: Guillemard Rd.  
 Insurance Company: Allianz Insurance Singapore Pte. Ltd.

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS TO OWN DAMAGED  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*Siti*  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 03.08.2023