SS3724B80008 / Success United Pte Ltd ENTRY DATE & TIME: 08/11/2024 17:02 (SGT) SUBMITTED BY: TAN WEI NI VERSION: 1 (08/11/2024 17:02 (SGT))

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 witholding 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 08/11/2024 17:02 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/11/2024 22:30 (SGT) Exact Location of Accident Near Woodlands Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMN1988R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TOH SHAO GUAN** NRIC No. S1135915I Email Address RTOH1212@GMAIL.COM Mobile Phone No (Phone) +65-81841212 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E200 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 1991 Vehicle Fuel Petro First Regisration Date 10/07/2019 Chassis no WDD2130802A654169 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2006586018-01

DRIVER



Name of Driver	TOH SHAO GUAN
NRIC No	S1135915I
Date Of Birth	28/01/1955
Occupation	Indoor
Driving Pass Date	19/12/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81841212
Alt. Phone Number	-
Email Address	RTOH1212@GMAIL.COM
Address	APT BLK 544 WOODLANDS DRIVE 16 #06-93 S 730544
Address complement Postcode	•
Is the driver the policyholder?	- Vee
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlide registration number of other verlide owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
GENELVAL IN ORWATION OF THE ACCIDENT	
Time of Assident	0.111.11.11.11
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)	2
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	
7,105=110=11	
Name	CHONG YI FANG
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO _
ii yoo, againot wiloiii.	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Von
Was there any video captured by Car Camera?	Yes No
THE STORE WITH THE COUNTY OF THE CHILD IN THE COUNTY OF TH	1917

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	FBU1002D
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)	-

SKETCH PLAN

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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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, involces, 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.

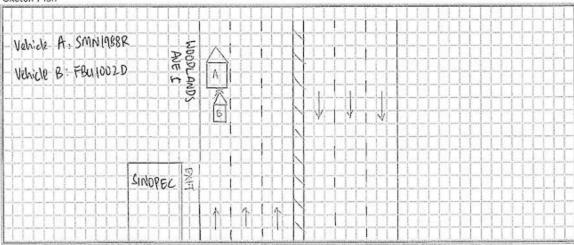
3,

Policyholder's Signature / Date & Time

Daver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



lescribe Circumstance of the Accident
On the 5th of November 2024@ 2230 Hrs. I had just finish pumping
that for my vahide (Vehicle A, SmN1988R) at SiMOPEC along woodbads
avenue 5 and exited the petrol station into the third most outer for at least 30 seconds
left lane. While I was driving straight in my lane at this moment
All of a sudden I felt an impact to the rear of my vehicle.
The impact Startled bottom my wife of I . As we regained a level state
of mind after stopping our vehicle immediately. I then realised a motorcycl
(vehicle B, FBU1002D) had rollided into the rear of my ushicle.
I got down my rehicle & called an ambulance of the troffic police
to assist in the situation. I then took on-scene pictures and
1994 shortly after the arrival of twoffic police & ambulance.
Nas there any video captured by Car Camera? Yes / (10)
Has the driver been approached by unknown person(s) ? Yes / No
Number of Passengers (Including Driver)? 2
Name (HONG YI FANG Gender: F
Name Gender;
Name Gender:

Declaration

I/We declare the foregoing particulars are true in every respect.

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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)

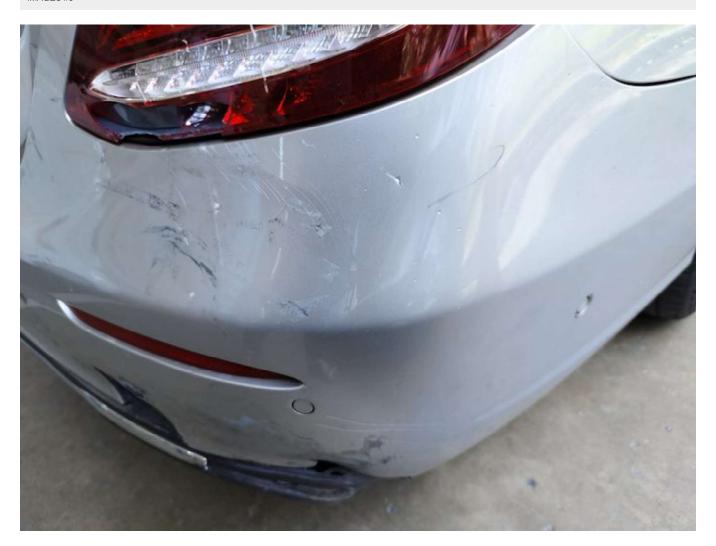
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Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1859 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORS)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1986 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1980
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2006586018-01

Date of Issue

: 19 June 2024

Coverage Policyholder : Comprehensive : TOH SHAO GUAN

Period of Insurance

: 10 JULY 2024 to 09 July 2025(both dates inclusive)

Registration No.

: SMN1988R

Chassis number of Vehicle : WDD2130802A654169

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 concelled 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 (Molaysia), 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.

19 June 2024

Issued Date

Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code

: 0000347 CASA MERAKI PTE LTD

: Own Damage : Windscreen Damage

SGD

100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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