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 Authorised 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 Submission	26/02/2021 13:47 (SGT)
Date of Accident	25/02/2021 22:12 (SGT)
Exact Location of Accident	Near 5 Lor Chuan, Singapore 556741
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC959M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Han Yong (Lin Hanyong)
NRIC No	SXXXX388J
Email Address	limhanyong@hotmail.com
Mobile Phone No	(Phone) +65-97990396
Alternative Phone No	+65-97990396

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Allianz
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000110361
Cover Note Number	-

DRIVER

Name of Driver	Lim Han Yong (Lin Hanyong)
NRIC No	SXXXX388J
Date Of Birth	19/05/1978
Occupation	Indoor

Date Of Driving Pass	12/11/1998
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97990396
Alt. Phone Number	+65-97990396
Email Address	limhanyong@hotmail.com
Address	8 Pulasan Road
Address complement	#02-02
Postcode	424376
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 material 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

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1220C
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	Thiyagarajar Pevadoss
Contact Number	(Phone) +65-99583738
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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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 data/information provided by me or processed by my insurer, (collectively, the "**Personal Information**") and disclose and/or transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident (all insurers who have insured vehicle(s) involved in the accident shall be collectively referred to as the "**Insurers**"), the Insurers' law firms, the Ministry of Transport of Singapore and any relevant government agency, authority (such as the police), for the purposes 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

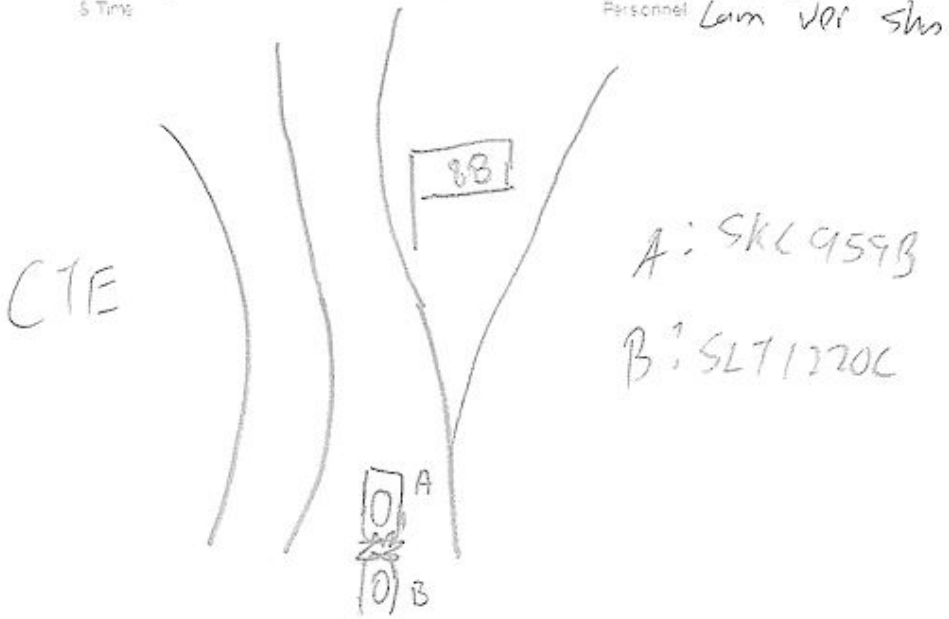
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: Hong 26/02/21 @ 1340h

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

Witnessed by Reporting Centre Personnel: Lam Yor Shu

Sketch Plan



Describe Circumstances of the Accident

Driving along CTE & heading to back home near Eunos.

Approach Exit 8B on CTE & was on the lane that is exiting towards Changi Airport.

Come to a gradual stop as the cars ahead were ~~beg~~ lining up to exit CTE.

All of a sudden felt a force from the rear of my car that pushes my car forward.

When I exit my car & inspect car no. SLT 1220C have crashed into the rear of my car & damage it.

We exchanged details & agreed to report this matter.

Declaration

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

26/02/21 @13:50h

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

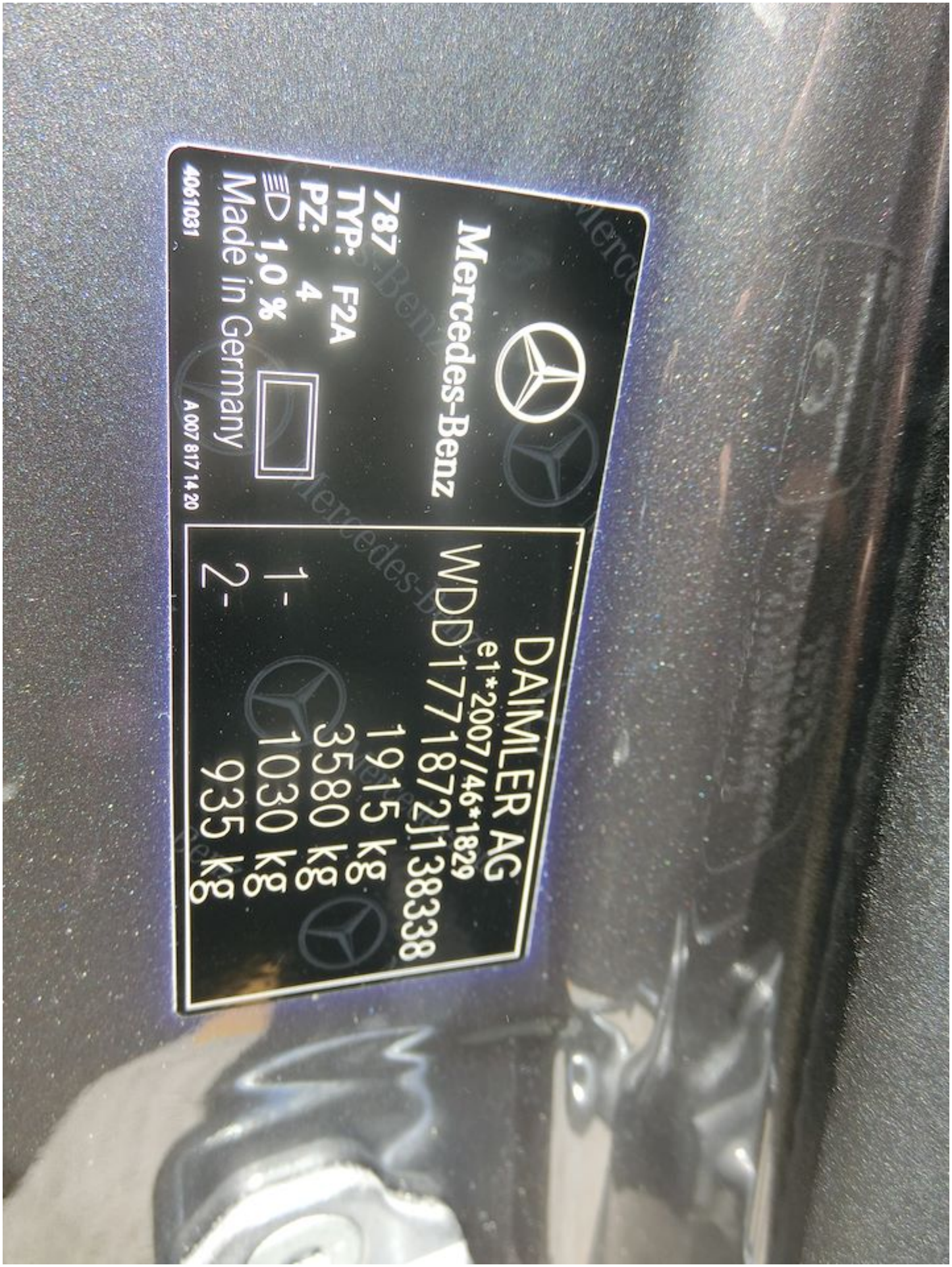
IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


Mercedes-Benz
787
TYP: F2A
PZ: 4
1,0 %
Made in Germany
4061031
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DAIMLER AG
e1*2007/46*1829
WDD1771872J138338
1915 kg
3580 kg
1030 kg
935 kg
1-
2-