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.

- 4. The issue and acceptance of this is form by instrained 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 05/07/2021 19:51 (SGT) Date of Accident 03/07/2021 22:35 (SGT) Exact Location of Accident Near 270 Orchard Rd, Singapore 238857 Additional Location Information LEFT TURN INTO BIDEFORD RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lamborghini

Vehicle Registration Number SNA989B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MATTHEW LAM HIN YUI NRIC No. SXXXX757D Email Address mattlamhy@gmail.com Mobile Phone No (Phone) +65-94569398 Alternative Phone No +65-94569398

VEHICLE PARTICULARS

Manufacturer

Model Huracan Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 5204

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number SP2000015769-01 Cover Note Number

DRIVER

Name of Driver MATTHEW LAM HIN YUI NRIC No. SXXXX757D

Date Of Birth 14/02/1989 Occupation Indoor Date Of Driving Pass 12/04/2012 Driving experience 9 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-94569398 Alt. Phone Number +65-94569398 Email Address mattlamhy@gmail.com Address 1091 SERANGOON ROAD Address complement #04-05 Postcode 328190 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Poonyathorn Naewkhamdee 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? CIRCUMSTANCES OF ACCIDENT ON 3 JULY 2021, 10:35 PM, I WAS DRIVING ON ORCHARD ROAD TOWARDS MANDARIN GALLERY, AT THE JUNCTION OF ORCHARD RD, BIFEFORD RD AND ORCHARD LINK. I WAS ON THE SECOND LANE, WHICH CAN EITHER GO STRAIGHT OR TURN LEFT. THERE WAS A CAR SBJ 333 M, A BLUE MERCEDES ON THE FIRST LANE, WHICH CAN ONLY TURN LEFT. HOWEVER, SHE WENT STRAIGHT ON AN "ONLY TURN LEFT LANE". I SIGNALLED LEFT BEFORE TURNING, AND PROCEEDED WITH MY LEFT TURN. AS SHE WENT STRAIGHT, SHE COLLIDED WITH THE LEFT DOOR OF MY CAR. WE LEFT THE SCENES AFTER WE EXCHANGED PARTICULARS. 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 SBJ333M

Vehicle Manufacturer SBJ333M

Vehicle Manufacturer Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 Authorised 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 7. By the lodgment 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)
 - (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' 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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection. investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

SKETCH PLAN B + SBT 333 M ORGHARD ROAD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 2021 10.35 PM drivina was Bideford Rd Orchard link are the can either go second ane Which (BEE) or turn left There 2DW SBJ 333M, a blue Mercedes car lane which can only turn an "only turn left Went lane" I w signalled lefwith callide d the DECLARATION declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Pers

(If driver is not the policyholder)

Date & Time:

Name: Chang NRIC/FIN No.:

Date & Time: 5/7/2021























