

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 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 30/09/2021 15:05 (SGT)
Date of Accident 28/09/2021 17:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information FORMER HALLPIKE ST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number ER5005A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAJ KUMAR S/O NARAINDAS
NRIC No S0207646B
Email Address saleha@rbgroup.com.sg
Mobile Phone No (Phone) +65-97586067
Alternative Phone No +65-97586067

VEHICLE PARTICULARS

Manufacturer Rolls Royce
Model Phantom
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 6749

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2000085397-01
Cover Note Number 02/11/2020 - 01/11/2021

DRIVER

Name of Driver MOHAMED ISHAK SADHIK ALI
Passport No/FIN G5405927U

Date Of Birth	21/04/1976
Occupation	Outdoor
Date Of Driving Pass	26/06/2018
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92475004
Alt. Phone Number	-
Email Address	saleha@rbgroup.com.sg
Address	25 NORTH BRIDGE ROAD #09-00 EFG BANK BUILDING
Address complement	-
Postcode	179104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	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 STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3557L
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	NGOK CHIA SEE
NRIC No	S0187565E
Contact Number	(Phone) +65-98766588
Address	BLK 550 SERANGOON NORTH AVE 3 #11-39

Address complement	-
Postcode	550550
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 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' law yers/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 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.

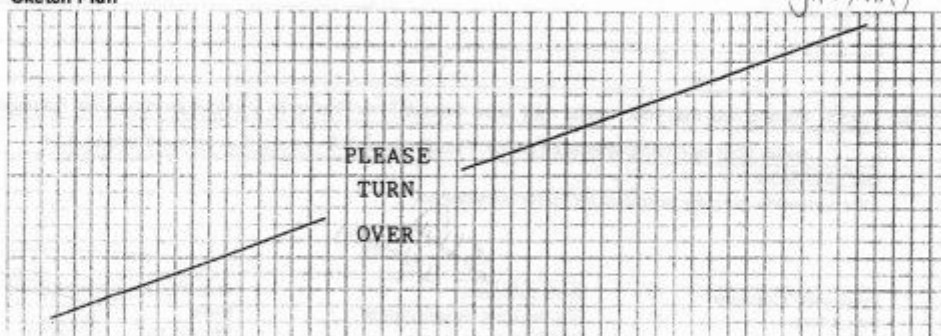
1. VEHICLE NO.: ER5005A
2. INSURER CO: Allianz
3. ACCIDENT DATE & TIME: 28/09/21 @ 1750

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER

Sketch Plan

refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: ER 5005A (Allianz)
Date & Time: 28/09/2021 @ 1750 (raining/wet)

refer to statement attach.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

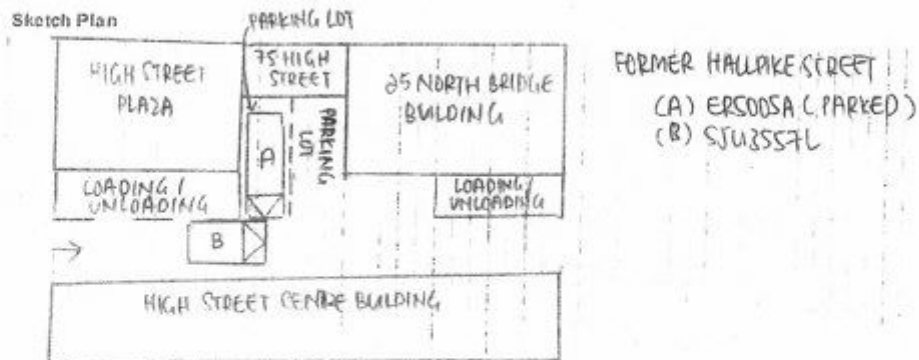
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop () Optimum Works



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/09/2021 at about 5.50pm, I Mohamed Ishak Sadhik Ali (Fin: GS4059 276) was about to drive off my boss, Mr Raj Kumar S/O Narendras (SO2D76468) Rolls Royce Phantom car (ERS00SA) from the private parking lot 75 High Street and was waiting to see any oncoming car coming from the right side of the road. Mr Ngok Chia See (SO187565E) who was driving Toyota Altis (SJU3557L) didn't see my car waiting on the left to come out and hit against the front part of my car. We both went to the River Valley Neighbourhood police post at Delta Avenue to report the incident. The police noted our particulars and that we exchanged our particulars. Mr Ngok Chia See had admitted his fault of not seeing my car on the left and that he had hit against my car.


I'm making this report to make a third-party claim against insurer of Mr Ngok Chia See.

TP claim @ optima werkz

[Signature]
30/09/21

I was driving ^{crash} ~~toward~~ along service road
behind High Street Centre. It is about 5.50pm.
on 28/Sept/2021. It was raining heavily and unable
to see and suddenly I hit against Roll Royce
ER 5005 A front bumper. We exchange
particular to claim against my Insurance.

^{crash}
NGOK CHIA SEE
I/C 50187565/E
28/Sept 2021
7.40pm
HP 98766588


MOHAMED ISHAK SADIK ALI
PIN ~~5~~ G5405927 U
^{crash}
28/Sept 2021
7.40pm
HP 92475004