

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 17/01/2022 19:28 (SGT) Date of Accident 17/01/2022 08:38 (SGT) Exact Location of Accident ECP, Singapore AT MARINE PARADE, ALONG ECP HIGHWAY, DIRECTION Additional Location Information **TOWARDS TOWN** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFR111Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner VINCENT CHIUN TZE YEN NRIC No S1588809A Email Address CTGMT.SNAP@GMAIL.COM Mobile Phone No (Phone) +65-97956065 Alternative Phone No (Office) +65-97956065

VEHICLE PARTICULARS

Manufacturer **BMW** Model Variant X3 SDRIVE20I 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 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number SP2000587967 Cover Note Number

DRIVER

Name of Driver VINCENT CHIUN TZE YEN



NRIC No Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	\$1588809A 08/04/1963 Indoor 28/09/1988 33 YEARS AND 4 MONTHS Male (Phone) +65-97956065 (Office) +65-97956065 CTGMT.SNAP@GMAIL.COM 109 PASIR RIS STREET 11 #05-601 510109 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 3 No - Yes 3 No	
Name Gender	KRISTY CHIN Female	
PASSENGER 2		
Name Gender	CAO YING YING Female	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO THE SKETCH PLAN & ACCIDENT STATEMENT.		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCL9339R



Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LAW LEONG TECK LOUIS
NRIC No	S7033312J
Contact Number	(Phone) +65-97555775
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMX9682S BMW
Vehicle Model	-
Vehicle Variant	=
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LIONG KWOK YEAN
NRIC No	S7702322D
Contact Number	(Phone) +65-92251750
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (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
- (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 &

Driver's Signature (If driver is not the policyholder) / Bate

Witnessed by Reporting Centre 1,/2022 @1530

Sketch Plan

A-SFRIIIY B-SMX 9682S C-SCL9339R

	pened on 11 January 2022, 91	around 8.38am
occurred at Marin	e parade along the ECP Highway,	in the direction going
ord i was there	pened on 17 January 2022, at e Parade along the ECP Highway, Is in the car, along with my da	wahter and her finend.
I WAS travelling	on lone 1, and my walkedling s situation at the time:	peed was around 70 tm/h,
Suddenly, the nmediately, My	car in front of me, BMW SCL reaction was to affo also follo	9339R, jam-braked. W suit so I jam-braked.
Then, the ca ar from the near ar in front.	r behind me, BMW SMX968; causing our car to be pulhed	2 S, banged on my d forward and hit the
	Author explanded our partially	dri. There were no
Carrier Carrette	m Ha Alanda in all 3 Carl	I have all world
have sept the	nublued exchanged our favious to the people in all 3 cars. The people in all 3 cars. The people wideos to your employ	er, including the
WOUL AND LAND CO	V VIANO	
claration		
e declare the foregoing particula	rs are true in every respect.	
		AUTOCA
Ohn		
	Driver's Signature (If driver is not the policyholder) / Da	te Witnessed by Reporting Centre Personnel