

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 Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

04/02/2022 14:46 (SGT) 03/02/2022 17:30 (SGT)

Singapore

BUKIT PANJANG RING ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ9053U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

Nο

ANG WEE BOON S7836341Z

angweeboon@hotmail.com (Phone) +65-94517102

+65-94517102

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

CC

Transmission

BMW

216I GRAN TOURER HALOGEN LIGHT

No - Claiming third party

Private car Auto

1499

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

Allianz Insurance Singapore Pte, Ltd. Comprehensive

SP2000681106-01

09/12/2021 TO 08/12/2022

ANG WEE BOON S7836341Z



Date Of Birth 03/12/1978 Occupation Indoor Date Of Driving Pass 21/04/2003

Driving experience 18 YEARS AND 10 MONTHS

Gender

Mobile Number (Phone) +65-94517102 Alt, Phone Number +65-94517102

Email Address angweeboon@hotmail.com

Address 30 SEGAR ROAD #08-11 (S) 677721

Address complement Postcode 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? Νo 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 WITH ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT198A Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Private car Name of Driver YUNG

Contact Number (Phone) +65-90675980

Address Address complement

SKETCH PLAN

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- 7. By the loggement 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)

Eungerstand, acknowledge, spree 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 fams, the Monetary Authority of Singapore and any relevant government agency/author(y isuch 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:

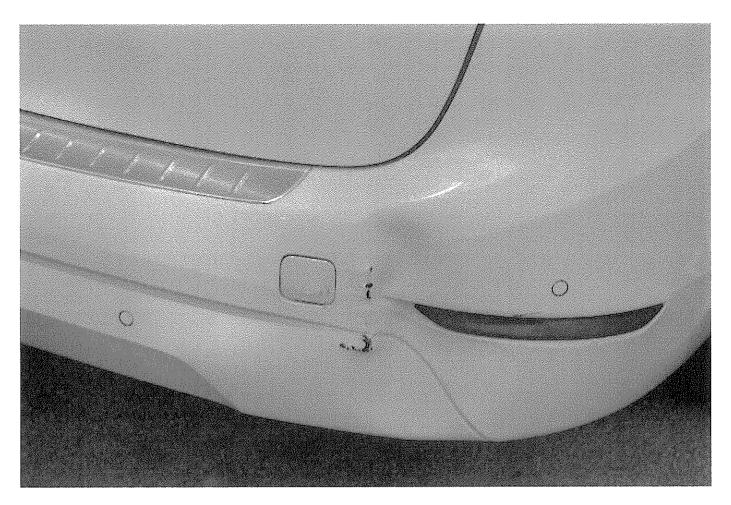
- (ii) investigating the accident and/or my claims.
- the carrying out and/or dealing with my instructions or responding to any enquiries by me
- (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain 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 addlectively the "Purposes")
- (b) all insurer(s) who have issured 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 uncluding their tawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

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Policyholder's Signature : Date &	Driver's Signature & Time	if dover is not the p	slidyholder) i Cate	Weressed by Reporting Centre Personnel











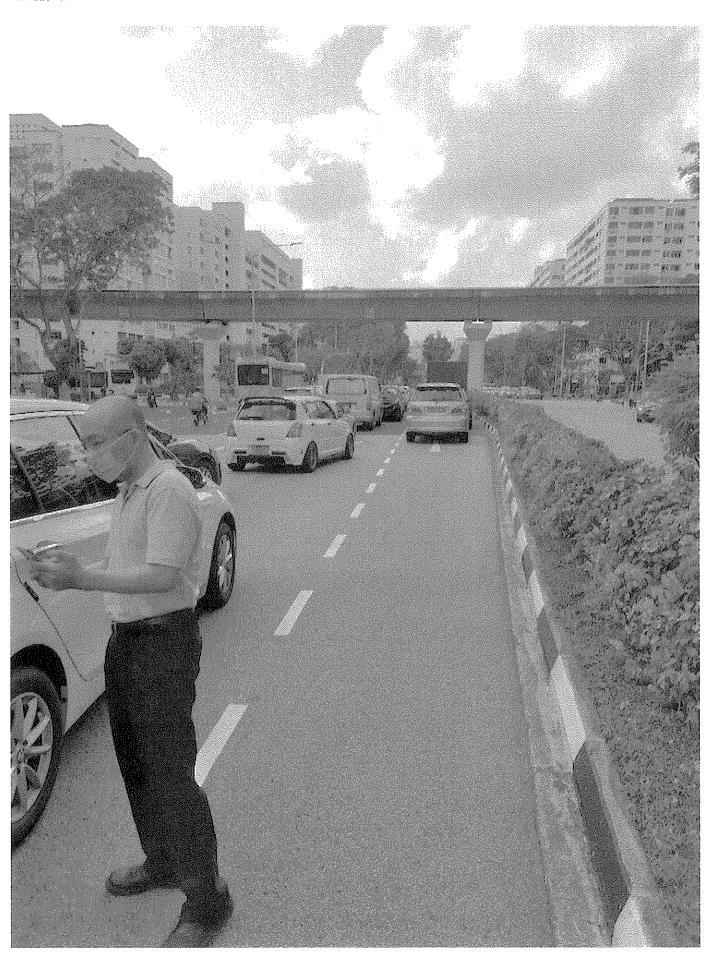


















Alfianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903813C GST Registration No.: 201933913C Additions, 70 Robinson Road IMP-01 Surgapore 069697 Tel: +65 6714 3369 Website your maga so

Aillanz Contact Centur Tel 1800-222 1818 (Local) +65-6222 1919 (Oversees) Eroni Kustanerservicesijalisez com sg

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FORM MX1

Allianz (ii)

ROAG TRANSPORT ACT 1827 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1829 (FEDERAHON OF MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMMENSATION) ACT (CAP 183 (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMMENSATION) AULES 1838 (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION DIEREOP

SP2000681106-01 Coverage COMPREHENSIVE

Policyholder Name ANG WEE BOON Registration No. SM09053U

Period of Insurance 09 DECEMBER 2021 to 08 DECEMBER 2022

Persons or Classes of Persons Entitled to Orive":

(a) The Pelicynolder

(b) Any other person who is driving on the Policyholder's order or with the histher permission

*Provided that the person origing is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and re not disquashfeed by order of Court of Law or by respons of any engatment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Fraffic Act that not been cancelled in the time of accident loss or damage

Limitation as to Use:

Used only for social, demestic and pleasure purposes and for the Policyteseter's business

The Policy does not cover

(b) use for earing, pace-making, reliability trials or speed testing.

(C) two for the careage of goods (other than samples) in connection with any trade or business.

(d) use for any purposes in connection with the Mater Trade

"Lizzabon rendeted insperative by Section 8 of Muser Vetricles (Third-Party Rinks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Millaysta), are not to be included under these beadings

TAVE HEFFERY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Veteries. That there is and Compunisation Act (Chapter 189) and Part IV of the Boad Transport Act, 1997 (Matayata) or Amendment, Act or ACM passed in substitution thereof

Allianz hisurance Singapone Pto 13.1d.

30 November 2021

Issued Date

Hicham Raisni Chief Executive Officer Altianz Issurance Singapore Pte, Ltd.

Account Code : 0000094

Excess

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