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 29/01/2022 23:56 (SGT) Date of Accident 28/01/2022 12:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL5645M

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **ZHENG YUHAN** NRIC No. S8336537D

Email Address youcandoit0013@gmail.com Mobile Phone No (Phone) +65-91691565

Alternative Phone No +65-91691565

VEHICLE PARTICULARS

Manufacturer Mini Model

Cooper Variant COOPER S HATCHBACK 1.6 HID D/AB DSC SR

Private use

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Auto

Transmission CC 1598

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number SP2000643876-01

Cover Note Number

DRIVER

Name of Driver ZHENG YUHAN NRIC No. S8336537D

Date Of Birth 18/11/1983 Occupation Indoor Date Of Driving Pass 25/11/2002 Driving experience 19 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91691565 Alt. Phone Number +65-91691565 Email Address youcandoit0013@gmail.com Address BLK 124 PAYA LEBAR WAY #10-2919 Address complement Postcode 381124 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 Was anybody injured in the Accident? 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 28/01/2022 @ ABOUT 12.00HRS ALONG PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD, I WAS DRIVING MY VEHICLE A ON THE EXTREME LEFT LANE OF THE ABOVE MENTIONED ROAD BEFORE THE JUNCTION OF SIMS AVE. SUDDENLYI HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B WHO HIT INTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGE TO MY VEHICLE VEHICLE A: SKL5645M VEHICLE B: SKL8308S ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKL8308S
Vehicle Manufacturer	-
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

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- 3 arthrmation 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.
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- 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 interested parties.
- 7. By the bidgement 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 evaluable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Junderstand, acknowledge, agree and consent that

(a) M. 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 poss-essed 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/suthority (such as the police), for the purpose(s) of:

(i) pricessing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

(F) investigating the accident and/or my carrie;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me:

(iv) acmissioning my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve discipline 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, discuss 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 Hisurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

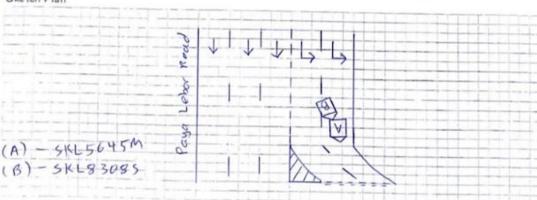


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

























Allianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903913C GST Registration No.: 201903913C

Address: 79 Robinson Road #09-01 Singapore 068897

Tel: +65 6714 3369 Website: www.allianz.sg

Allianz Contact Centre Tel: 1800 222 1818 (Local) +65 6222 1919 (Overseas) Email: customerservice@allianz.com.sg Allianz (II)

CERTIFICATE OF INSURANCE

FORM

MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2000643876-01 Coverage : COMPREHENSIVE Policyholder Name : ZHENG YUHAN Registration No. : SKL5645M

Period of Insurance 28 NOVEMBER 2021 to 27 NOVEMBER 2022

Persons or Classes of Persons Entitled to Drive*:

(a) The Policyholder.

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

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle, And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

*Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

18 November 2021

Issued Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Account Code: 0000142

Own Damage Excess Windscreen Excess

SGD SGD 600.00 100.00

4/4

