

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 28/03/2022 17:09 (SGT)
Date of Accident 28/03/2022 13:45 (SGT)
Exact Location of Accident Near 4 Sunrise Cl, Singapore 806601
Additional Location Information CTE BEFORE EXIT 15 TOWARDS YIO CHU KANG RD (LANE 4)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB9906B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWAN MING FENG, KELVIN
NRIC No S8839305H
Email Address KWAN.KELVIN@GMAIL.COM
Mobile Phone No (Phone) +65-90116943
Alternative Phone No +65-90116943

VEHICLE PARTICULARS

Manufacturer Tesla
Model MODEL 3
Variant TESLA MODEL 3 STANDARD RANGE
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 1999

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2000574138-01
Cover Note Number -

DRIVER

Name of Driver KWAN MING FENG, KELVIN
NRIC No S8839305H

Date Of Birth	12/09/1988
Occupation	Indoor
Date Of Driving Pass	06/11/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90116943
Alt. Phone Number	+65-90116943
Email Address	KWAN.KELVIN@GMAIL.COM
Address	BLK 327 RIVER VALLEY ROAD #22-03
Address complement	-
Postcode	S238359
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 ACCIDENT REPORT ATTACH

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	YL135K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	HONG HUAT CHOY
NRIC No	S6984221F
Contact Number	(Phone) +65-86511468
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	GBF1837R
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	ANNADURAI PERIYASAMY
Work Permit No	G2055025U
Contact Number	(Phone) +65-82289935
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 willful 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. 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 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.
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) 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")

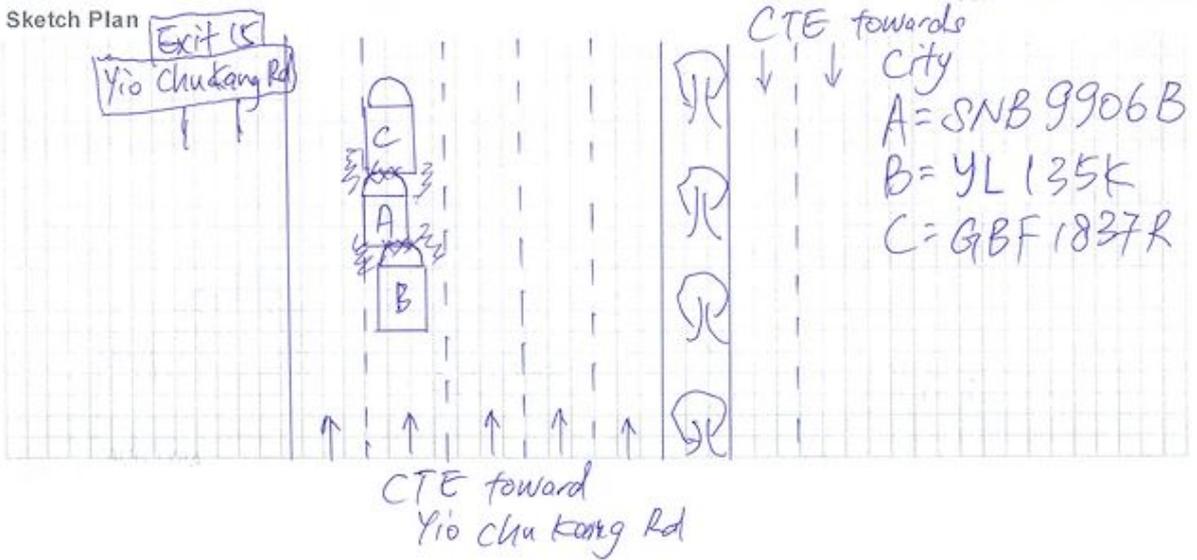
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

He 28/03/22
 Policyholder's Signature / Date & Time

He 28/03/22
 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel ARY CHUA 28 MAR 2022



Describe Circumstances of the Accident

On 28/03/2022 @ 13:45 HRS I was driving along CTE Before Exit 15 towards Yio Chu Kang Road at lane 4. Suddenly Vehicle C: GBF1837R brake on time then Vehicle B: YL135K collided to my vehicle A: SNB9906 B rear portion and push my vehicle to collided the front vehicle C: GBF1837R. So my vehicle front & rear damage badly due to this chain collision.

Declaration

We declare the foregoing particulars are true in every respect.

Hi 28/03/22
 Policyholder's Signature / Date & Time

Hi 28/03/22
 Driver's Signature (if driver is not the policyholder) / Date & Time

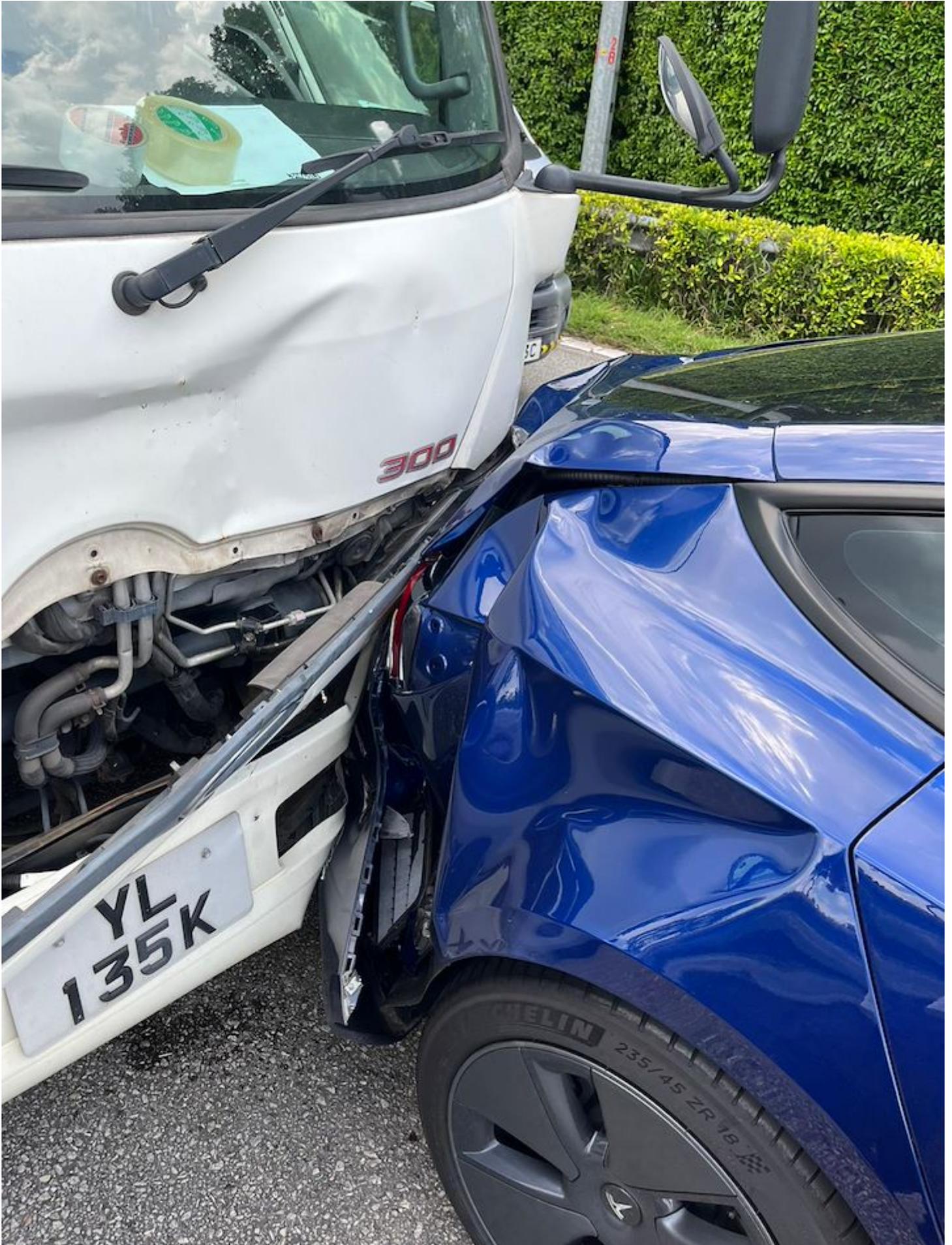
 ARY
 Witnessed by Reporting Centre Personnel ARY CHUA 28 MAR 2022























































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SO03223S0002 Vehicle Registration No: SNB9906B
 Name (as shown in NRIC): Kwan Ming Feng, Kelvin NRIC/FIN/Passport No: SXXXX305H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 327 River Valley Rd #22-03 S238359 Singapore ()
 Contact (Tel): - Mobile No.: 90116943
 Email Address: kwan.kelvin@gmail.com
 Date of Accident: 28/03/2022 Time of Accident: 13:45 Hrs
 Place of Accident: CTE Before Exit 15 towards Yio Chu Kang Rd
 Insurance Company: Allianz Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Addendum key in wrong name Kwan Ming Feng, Kelvin
instead of Kwan Ming Feng, Kelvin.

 Policyholder / Driver's Signature
 Date:

ARY
 Reporting Centre Personnel's Signature
 Name: ARY CHUA
 NRIC/FIN No.: SXXXXXXXXX
 Date: