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.

- 4. The issue and acceptance of this is form by instrained 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 29/04/2022 18:16 (SGT) Date of Accident 29/04/2022 02:10 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information SLIP ROAD FROM BKE TO KJE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SKR3830B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PEGASUS LEASING PTE LTD Company Reg No 202114237Z Email Address GTFORCE@LIVE.COM Mobile Phone No (Phone) +65-97201817 Alternative Phone No +65-97201817

VEHICLE PARTICULARS

Manufacturer

Model Rs5 Variant 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 Transmission Auto CC 4163

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number SP2000423719-01 Cover Note Number

DRIVER

Name of Driver CALVIN FONG JUN JIE NRIC No. S9431674Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	01/09/1994 Indoor 10/01/2013 9 YEARS AND 3 MONTHS Male (Phone) +65-97201817 - GTFORCE@LIVE.COM 23 HUME AVE #04-02 - 598729 No Hirer No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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? PASSENGER 1 Name Gender	No 2 Yes No Yes 2 No Nicholas Young Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	
DETAILS OF OTHER	VEHICLE PROPERTY 1

SBK8100K

Vehicle Registration Number
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CALVIN FONG JUN JIE
Phone No	-
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2	
Name of injured person	NICHOLAS YOUNG
Gender	-
Phone No	-
Address	_
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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' 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.

THE PECTON OF STATE O

Policyholder's Signature / Date & Time

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

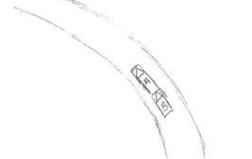
Witnessed by Reporting Centre Personnel

Sketch Plan

SLIP ROAD FROM BKE TO KJE

A-SKR 3830B

B-SBK8100K





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	T/2022 0429/7031.	
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		S-13-2

Declaration

Time

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

Policyholder & Spature / Date &

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

Witnessed by Reporting Centre Personnel



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1960

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

 Certificate Number
 : SP2000423719-01

 Date of Issue
 : 29 June 2021

 Coverage
 : COMPREHENSIVE

Policyholder : PEGASUS LEASING PTE LTD
Period of Insurance : 28 June 2021 To 27 June 2022

Registration No. : SKR3830B

Chassis number of Vehicle : WUAZZZ8T7BA902354

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 (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes
- 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

29 June 2021

Issue Date

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

Intermediary Code: 0000165 Pana Harrison (Asia) Pte Ltd

Excess : Section 1: Own Damage

Section 2: Liabilities to Third Parties

SGD 2500.00 amount SGD 2000.00 amount

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C 79 Robinson Rood #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg





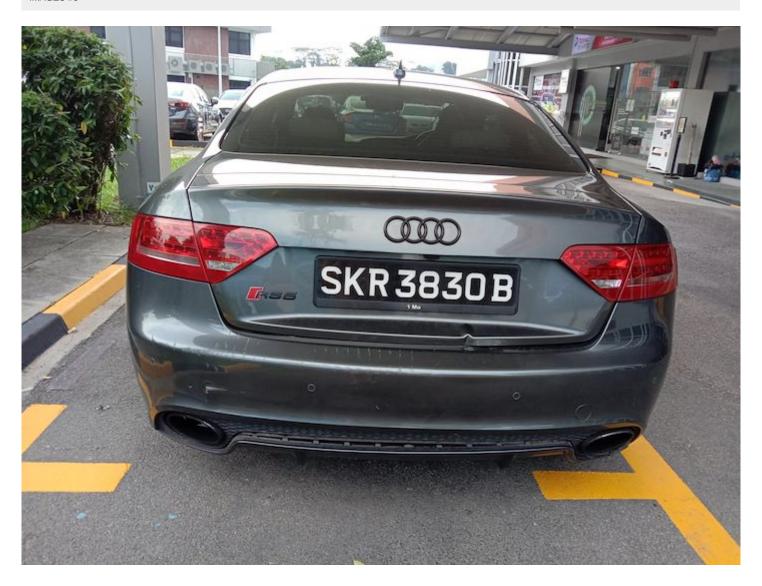




















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220429/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 29/04/20	ie Report N 22 16:43	Made:	Vide Report No.: L/20220429/0027	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: CALVIN FONG JUN JIE			Address: 23 HUME AVENUE #04-02 SINGAPORE 598729		
ID Type I	/ ID No.:) / S94316	74Z	Contact No.: Home/Office:	Mobile: 97201817	
Nationality: SINGAPORE CITIZEN		EN	Email: GTFORCE@LIVE.COM		
Sex: Male	Age: 27	Date of Birth: 01/09/1994	: Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		}	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Attended by Police Drive: Accident:		Date/Time of Accident: 29/04/2022 02:10	Type of Location: Bend	
Location: BUKIT TIMAI	H EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way		Not Controlled		Moderate	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SBK8100K	Car					1
SKR3830B	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220429/7031

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220429/7031

CONTINUATION OF REPORT

Passenger		- Sur	NOTES TO SERVICE		G-A	T. C. S.
Name	NICHOLAS YOUNG HOONG PAN			ID No		S9408607H
Related Vehicle	SKR3830B (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving License Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	·	Date	NIL		
No. of Days gran	granted Medical Leave NIL Deg			of Serious		
Driver	thems may may be					New York
Name	CALVIN FONG JUN JIE		ID No		S9431674Z	
Related Vehicle	SKR3830B (Car)			Conta	ct No.	97201817
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	No. of Days granted Medical Leave NIL Dec			f	Serio	us

Brief Details.

On the stated time and date, i was driving my vehicle A bearing SKR3830B slip road from BKE to KJE. Suddenly i felt an impact from my rear. I got off my vehicle and realized Vehicle B bearing SBK8100K had collided onto the rear of my vehicle. Vehicle B driver got off from his vehicle as well to check the damages, he became aggressive and angry after i asked him to exchange particulars and went back into his vehicle and drove off right after.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220429/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2022 16:43
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:
NP168	