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 04/05/2022 17:30 (SGT) Date of Accident 01/05/2022 12:00 (SGT) Exact Location of Accident Henderson Rd, Singapore Additional Location Information THE SLIP ROAD OF HENDERSON ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SNA5904M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JIANG SHUAI NRIC No. SXXXX079E Email Address MWZZ@LIVE.COM Mobile Phone No (Phone) +65-93397470 Alternative Phone No (Office) +65-93397470

VEHICLE PARTICULARS

Manufacturer

Model Q8 Variant 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 3000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number Cover Note Number PER/AIS/2021/0000260

DRIVER

Name of Driver JIANG SHUAI NRIC No. SXXXX079E

| Date Of Birth | 05/01/1996 |
|---|---|
| Occupation | Indoor |
| Date Of Driving Pass | 21/07/2021 |
| Driving experience | 10 MONTHS |
| Gender Mahila Number | Male |
| Mobile Number Alt. Phone Number | (Phone) +65-93397470 |
| Email Address | (Office) +65-93397470 |
| Address | MWZZ@LIVE.COM 220 DEPOT ROAD |
| Address complement | THE INTERLACE #15-76 |
| Postcode | 109704 |
| 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? | NI ₂ |
| Number of vehicles involved in the accident | No 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) | 2 |
| Has the driver been approached by unknown person(s) | |
| soliciting/offering accident claims assistance? | No |
| PASSENGER 1 | |
| Name | SHI LIYANG |
| Gender | Female |
| | |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | Ma |
| Was notice of intended Prosecution given? | No No |
| If yes, against whom? | - |
| m yoo, agamot whom: | |
| CIRCUMSTANCES OF ACCIDENT | |
| | |
| I STOPPED MY CAR AT THE SLIP ROAD OF HENDERSON ROABLANGAH (THE MAIN ROAD) BEFORE I PROCEED. AFTER A | AD , TO CHECK IF THERE IS ANY ON COMING CARS AT TELOK FEWS SECOND, I GOT HIT BY A CAR FROM BEHIND. |
| ATTACHMENT(S) | |
| | |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? Was there any audio recorded? | No No |
| vvas uiere ariy audio recorded! | No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| | |
| Vehicle Registration Number | SJX5620H |
| Vehicle Manufacturer | - |

Vehicle Variant
Vehicle Colour

Vehicle Model

| Vehicle Category | Private car |
|---|----------------------|
| Name of Driver | EE KIM SENG |
| Contact Number | (Phone) +65-96363588 |
| 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 Formmust 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")

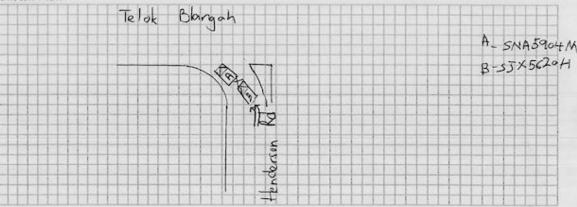
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



| Takand my sah at | t the slip road of herolesan road, to check if the |
|-------------------------------------|--|
| | |
| is any on coming | cars at telok blongah (the main Road) before. I pla |
| After a fews second, | I got hit by a cor from behind. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Declaration | |
| We declare the foregoing particular | s are true in every respect. |
| 8 a | (*) E |
| 5 04/05/2022 | The state of the s |
| Policyholder's Signature / Date & | Driver's Signature (If driver is not the policyholder) / Date Wilnessed by Reporting Centre |
| Time | & Time Personnel |









