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 20/05/2022 11:37 (SGT) Date of Accident 19/05/2022 02:20 (SGT) Exact Location of Accident Singapore Additional Location Information PENANG ROAD TOWARDS SOMERSET ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB2005Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHARLES JUNTIRA** NRIC No S9380724C Email Address charlesitattoo@gmail.com Mobile Phone No (Phone) +65-92326661 Alternative Phone No (Home) +65-92326661

VEHICLE PARTICULARS

Manufacturer

Lamborghini Model **AVENTADOR LP700-4** 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? Yes Vehicle Category Private car Transmission Auto CC 6498

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number SP2000503068-01 Cover Note Number

DRIVER

Name of Driver **CHARLES JUNTIRA** NRIC No S9380724C

Date Of Birth Occupation Date Of Driving Pass Occupation Driving experience Sender Mobile Number (Phone) +65-93226661 (Home) +65-9		
Date Of Driving Pass O4/09/20/20 Driving experience Cender Cender Mobile Number Alt. Phone Number Femil Address Address Address Address Address Address Address	Date Of Birth	23/06/1993
Driving experience Gender Mobile Number (Phone) +65-92326661 (Horne) +65-9232661 (Horne) +65-923266	Occupation	Indoor
Gender Mobile Number (Phone) +85-92326661 Alt. Phone Number (Hone) +85-92326661 Chail Address charlesgiator (Signation of State Processing of Stat	Date Of Driving Pass	04/09/2020
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Address complement - 56B JOO CHIAT PLACE - 427780 Postcode	Alt. Phone Number	(Home) +65-92326661
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Private car

Address complement	
Accident report :	SK0L225J000D

Address

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Postcode nsurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	-
PASSENGER 1	
Name Gender	PASSENGER 1

SKETCH PLAN

IMPORTANT NOTICE

SKOL 235 JOOOD

- 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.
- 3. 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>.
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- 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)

l 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;

136 BM

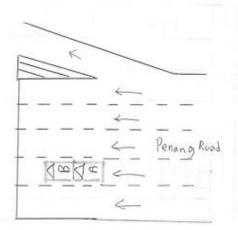
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying 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 inay/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

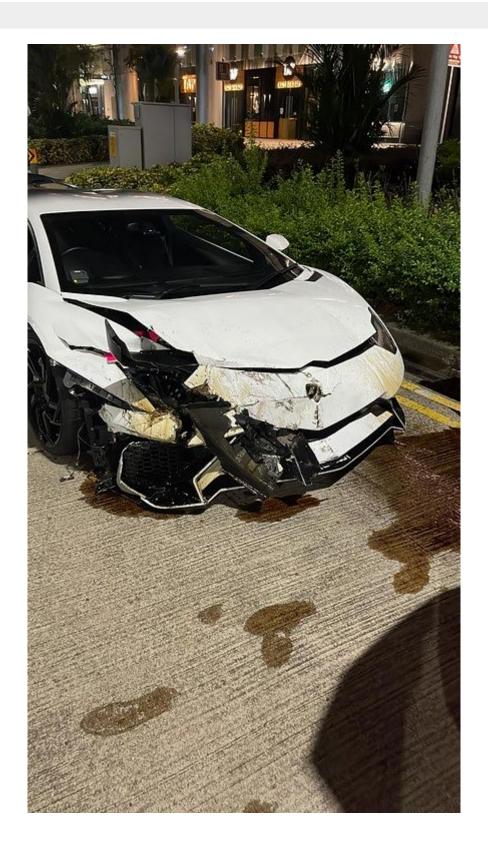
Witnessed by Reporting Centre Personnel

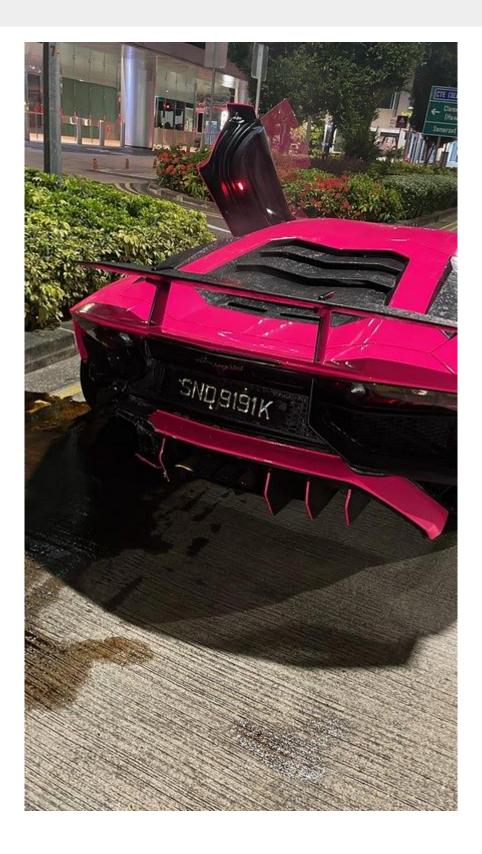
Sketch Plan



A- SNB 2005 Y B- SND GIGIK

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culars are true in every respect.	
36PM A) =	
Driver's Signature (If driver is not the po	licyholder) / Date Witnessed by Reporting Centre
	culars are true in every respect. You 2322 36Pm



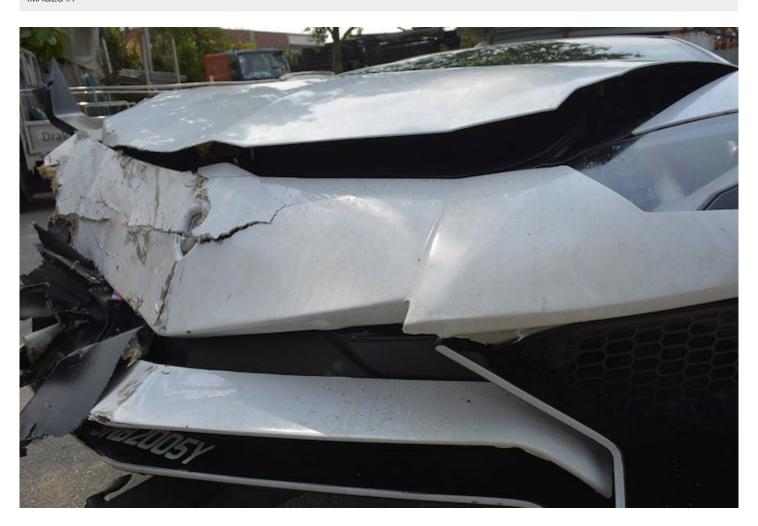


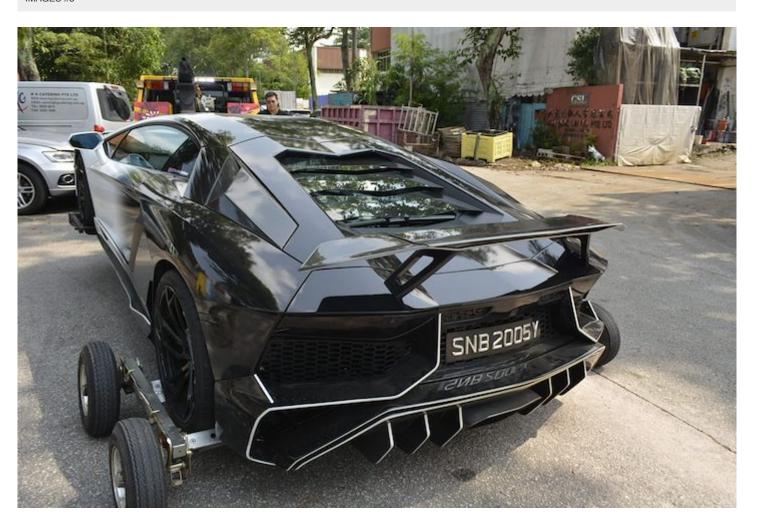




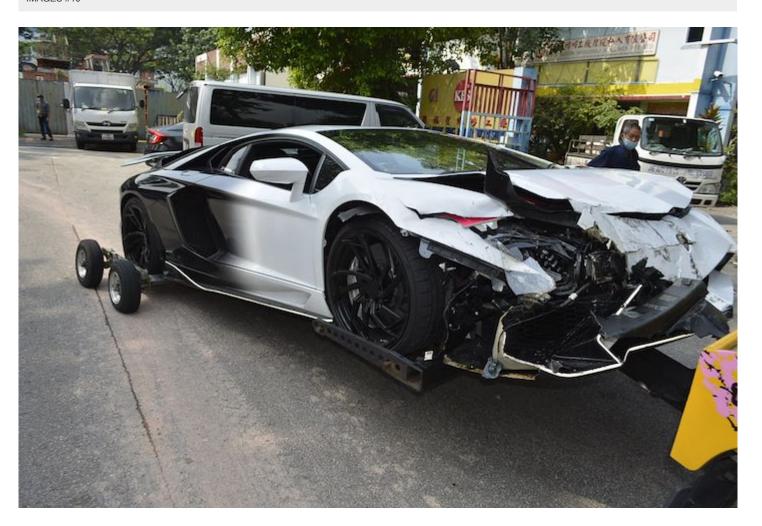


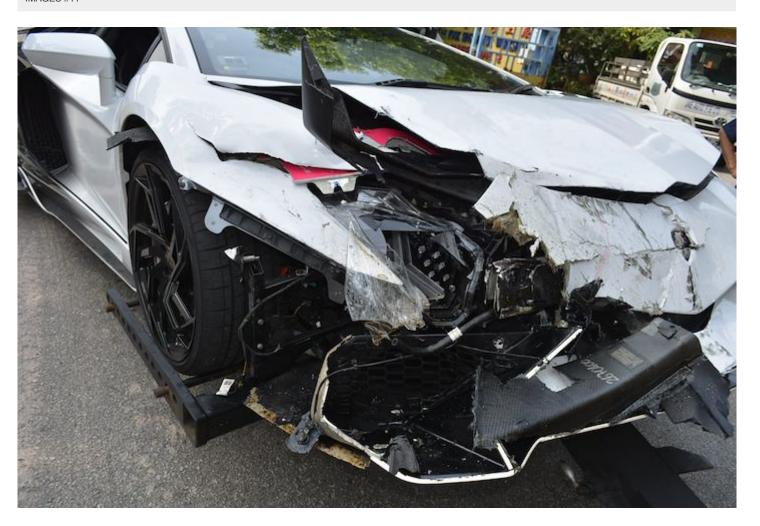


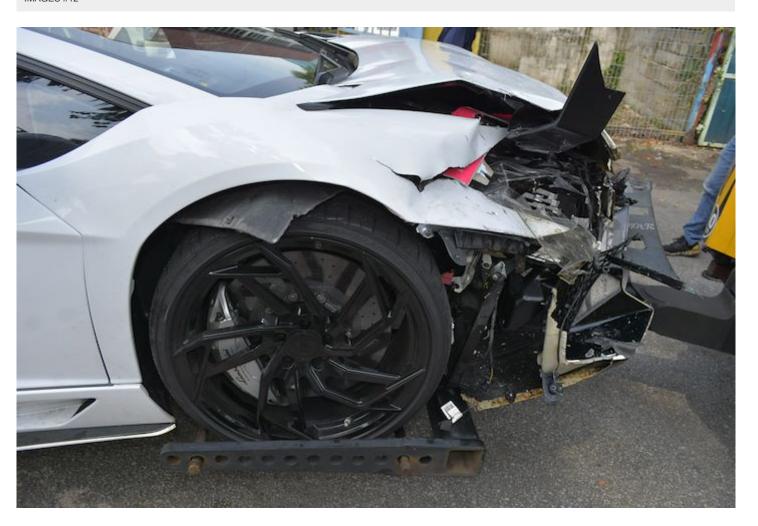


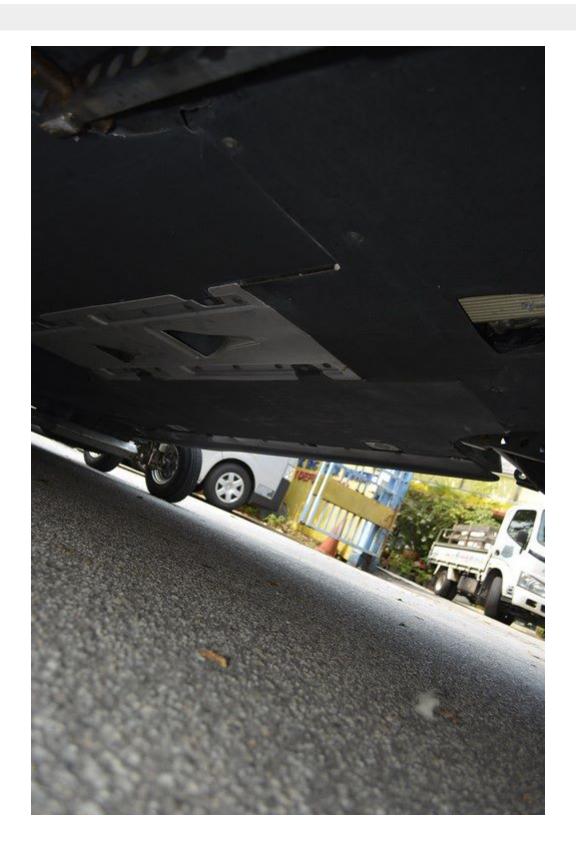


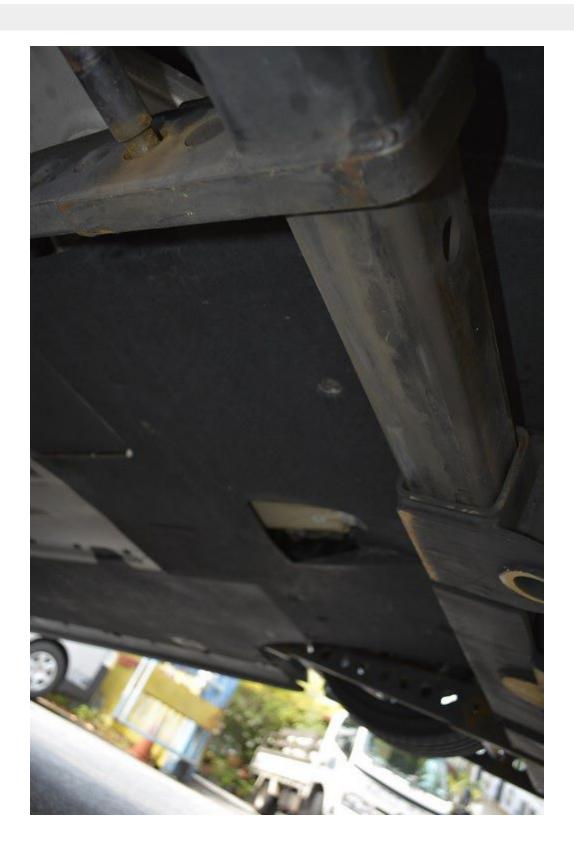






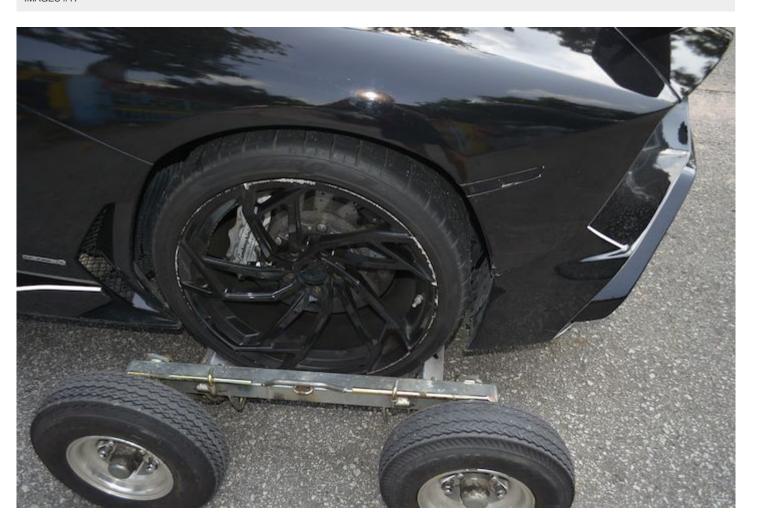


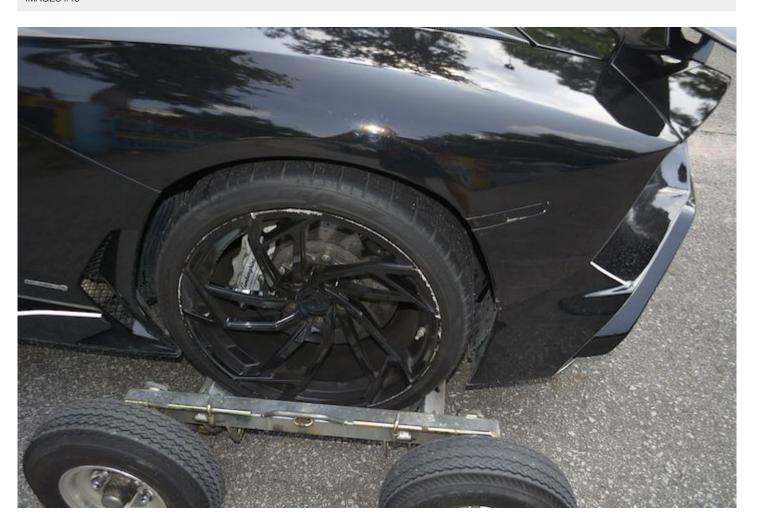






















Allianz Insurance Singapore Pte. Ltd.

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

Address: 79 Robinson Road #09-01 Singapore 068897

Tel: +65 6714 3369 Website: www.allianz.sq Allianz Contact Centre

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



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 (CAP.189 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 : SP2000503068-01

: COMPREHENSIVE Coverage

Policyholder Name : CHARLES JUNTIRA

Registration No. : SNB2005Y Period of Insurance : 30 JULY 2021 to 29 JULY 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:

- use for hire or reward
- use for racing, pace-making, reliability trials or speed testing (b)
- use for the carriage of goods (other than samples) in connection with any trade or business
- 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 AUGUST 2021

Issued Date

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

Account Code: 0000336

Excess:

Own Damage Excess Own Damage Excess outside of Singapore Windscreen Excess

SGD SGD 15,000.00 30,000.00

SGD

100,00