SS37228N0001 / Success United Pte Ltd ENTRY DATE & TIME: 23/08/2022 10:58 (SGT) SUBMITTED BY: Emilaine

VERSION: 1 (23/08/2022 10:58 (SGT))

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 Actual 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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 23/08/2022 10:58 (SGT) Reported by Date of Accident 22/08/2022 19:00 (SGT) Exact Location of Accident Near Boon Keng Stn/Blk 102, Singapore Additional Location Information Along Serangoon Road at Boon Keng Mrt Bus stop Towards Whampoa West Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1984

No - Reporting only

Vehicle Registration Number SJV8406B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Liu Li Fung NRIC No S9804626G Email Address liulifong7@gmail.com Mobile Phone No (Phone) +65-96571911

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Scirocco Variant 2.0L AT TSI 1379V3 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?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001130805-01

DRIVER

Name of Driver Liu Li Fung NRIC No S9804626G Date Of Birth 06/02/1998

Occupation Indoor Date Of Driving Pass 29/06/2016 Driving experience 6 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96571911 Alt. Phone Number Email Address liulifong7@gmail.com Address 27 Jalan Setia Address complement Singapore Postcode 368445 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKB460P Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Loo Swee Leng Nina

Vehicle Colour
Vehicle Category

Name of Driver

NRIC No	S1688044B
Contact Number	(Phone) +65-96975063
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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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiste 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

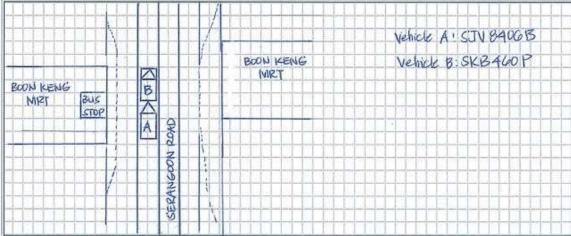
I understand, acknowledge, agree and consent that:

- (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' 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.

0	2408/	12	10-02AM
Pol	icyholder's Signa	sture / D	ate & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Faulte Emiloriae Juocente
Witnessed by Reporting Centre Personnel
(Name as in NRICIID card)

Sketch Plan



1

escribe Circumstance of the Ad	ccident the of accident, I was travelling along
Grange on the	the library lest of the me laborated are
want Jama die 4	owards whampon west, as the car infront of me to transic light, i couldn't react in time and i hit
is the fac The	ont of me - ND injuries was involved in the accusant.
HO THE CY INTO	of me, no injune, was involved in the account.
	in the second se

Declaration

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

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

Forme Emilgine Inocente Witnessed by Reporting Centre Person (Name as in NRIC/ID card)

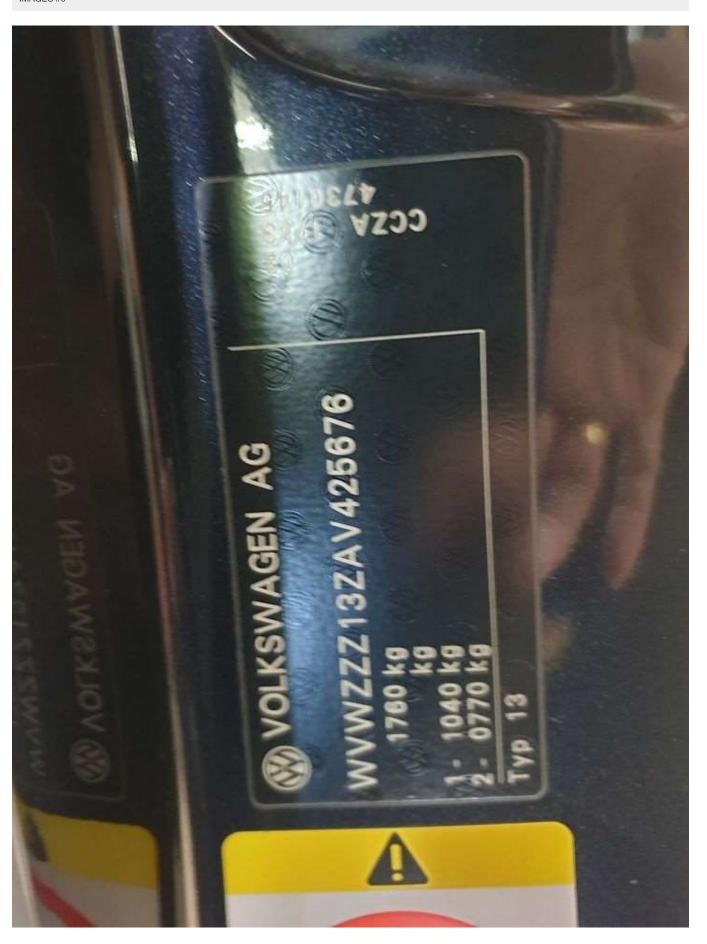














Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

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)

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

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2001130805-01

Date of Issue

: 2022-03-03

Coverage

Comprehensive : LIU LI FUNG

Policyholder Period of Insurance

: 03 March 2022 to 02 March 2023(both dates inclusive)

Registration No.

: SJV8406B

Chassis number of Vehicle

: WVWZZZ13ZAV425676

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.

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.

03 March 2022

Issued Date

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

Intermediary Code

: SCB0000343 CLICKCASHBACK PTE LTD

Excess

: Section1:Own Damage Excess SED : Section2:Own Damage Excess outside of Singapore SGD Section3:Windscreen Excess : Section4:Liabilities to Third Parties

2,000.00 100.00

NA.

Allianz Insurance Singapore Pte, Ltd. | UEN 201903913C

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