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 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.

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 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 06/09/2022 11:36 (SGT) Reported by Date of Accident 06/09/2022 08:50 (SGT) Exact Location of Accident 6A Lincoln Rd, Singapore 308366 Additional Location Information PARK INFINIA CONDO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

1496

Vehicle Registration Number SND4086P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner OPTIMA CARZ LEASING PTE LTD Company Reg No 201431727M Email Address janet.ong@ocleasing.sg Mobile Phone No (Phone) +65-91719288 Alternative Phone No (Office) +65-64526868

VEHICLE PARTICULARS

Manufacturer

Model 3 Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number OCL2022JM6BP2SAAM1109348TW25062022

DRIVER

Name of Driver LIU JUI-LI Passport No/FIN G6056692K Date Of Birth 08/08/1974 Occupation Indoor

Date Of Driving Pass 25/11/2021 Driving experience 10 MONTHS Gender Female Mobile Number (Phone) +65-80280736 Alt. Phone Number Email Address LILY.LIU@CPCI.COM.SG Address **6A LINCOLN ROAD** Address complement #23-15 Postcode 308366 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle 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? No 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 06/09/2022 @ 08:50 HOURS, WHILE I WAS DRIVING OUT FROM MY CONDO 'PARK INFINIA' CARPARK LOT, MY VEHICLE A: SND7086P ACCIDENTALLY GRAZED INTO VEHICLE B: SMQ5235M FRONT LEFT PORTION CAUSING MINOR DAMAGE. HAVE INFORMED MY CONDO MANAGEMENT ABOUT THIS ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SMQ5235M

Honda

Vehicle Model

Vehicle Variant

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)				_

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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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)

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")

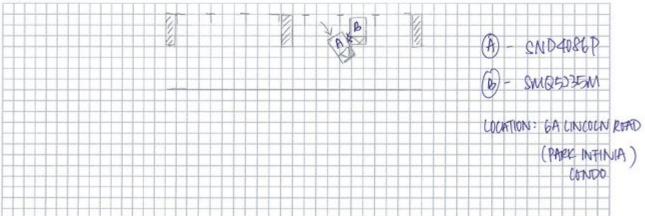
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

s Signature / Date &

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

Witnessed by Reporting

Sketch Plan



wer (STATEMENT.	

Declaration

We declare the foregoing particulars are true in every respect.

A CHILAGO * COLINGO *

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

