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.

- 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 22/09/2022 16:08 (SGT) Reported by Date of Accident 21/09/2022 15:00 (SGT) Exact Location of Accident Compassvale Dr, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT3447R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO WEI LIANG ALVIN NRIC No S8833460D Email Address ALVIN 963@HOTMAIL.COM Mobile Phone No (Phone) +65-96351979 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A4 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?

Vehicle Category Transmission CC

Private use

No - Claiming third party Private car

Auto 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2000623573

DRIVER

Name of Driver HO WEI LIANG ALVIN NRIC No S8833460D Date Of Birth 12/09/1988 Occupation Indoor

Date Of Driving Pass 08/08/2012 Driving experience 10 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96351979 Alt. Phone Number Email Address ALVIN_963@HOTMAIL.COM Address BLK 215A COMPASSVALE DRIVE #16-516 Address complement Postcode 541215 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked 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? Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220922/2174 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLP5128G**

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	VEHICLE B
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 Form must be completed by the Policyholder and/or the Actual Driver
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- 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.

Policyholder's Signature / Date & Time

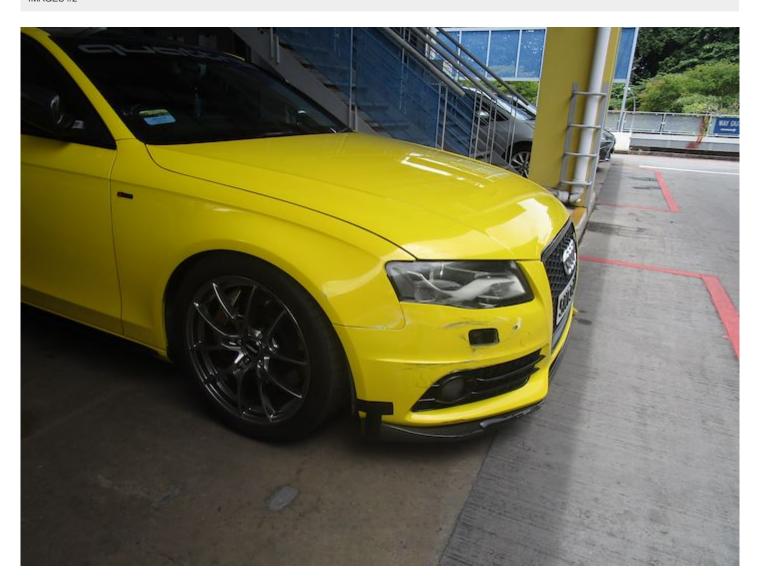
Driver's Signature (if driver is not the policyholder) / Date

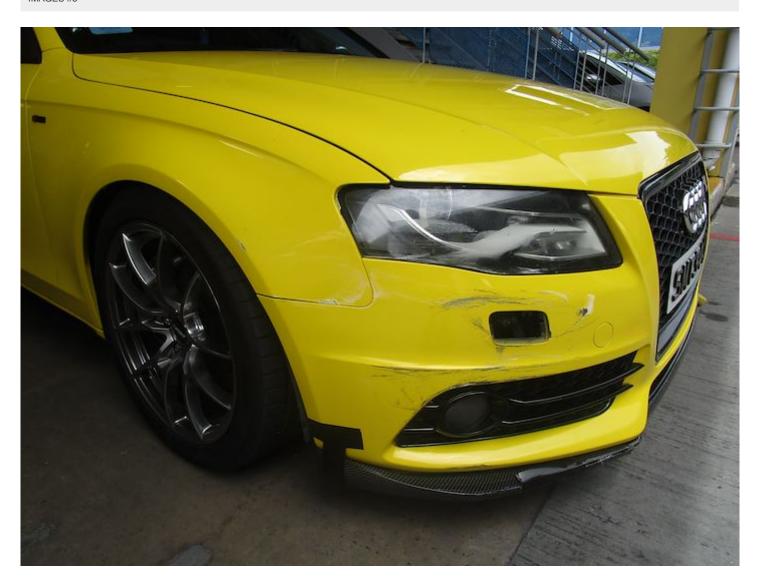
& Time

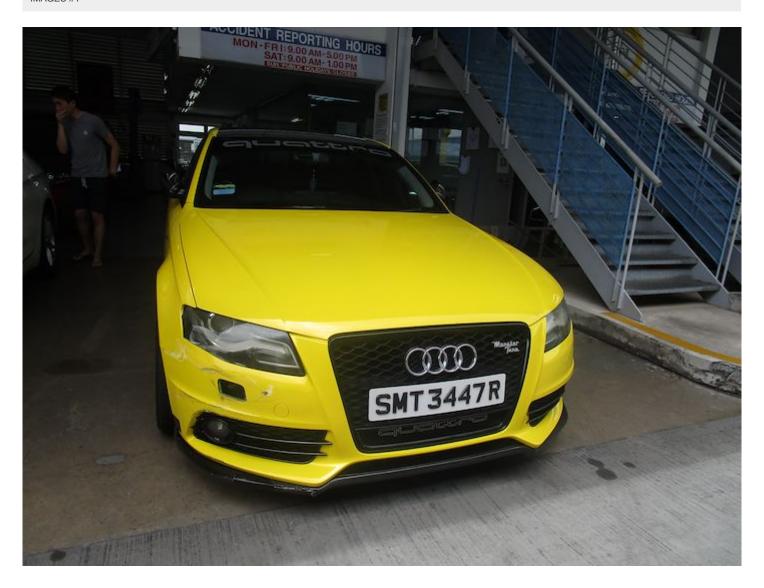
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

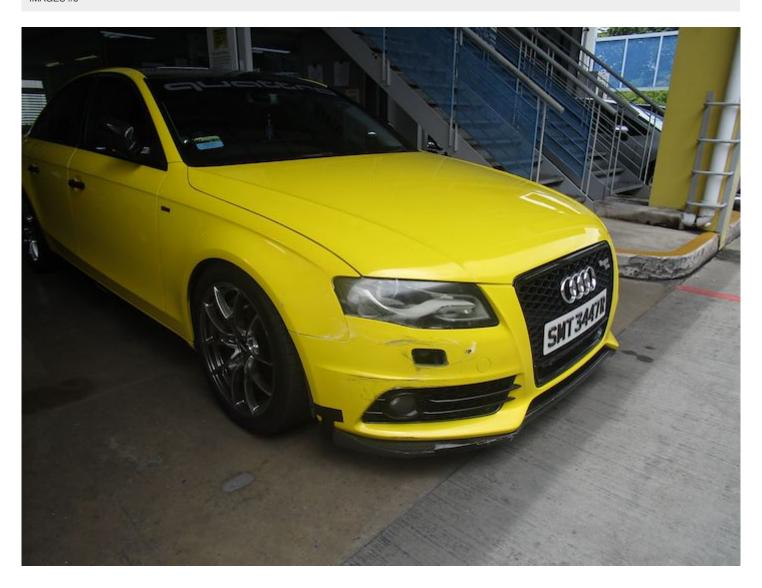
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eclaration		
e declare the foregoing particul	rs are true in every respect.	
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licyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
		(Name as in NRIC/ID card)















Report No. T/20220922/2174

Police Station Of Origin: Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

DEDODT	OF A	TDACEIC	ACCIDENT
KEPUKI	UF A	IRAFFIC	ACCIDENT

Date/Time Report Made: 22/09/2022 13:03		Vide Report No.:	Station Diary No.: 88		
Informa	nt's Partic	ulars			
	f Informant: I LIANG, AL		Address: APT BLK 215A COMPA 541215	SSVALE DRIVE #16-516 SINGAPORE	
ID Type / ID No.: NRIC NO / S8833460D		Contact No.: Home/Office:	Mobile: 96351979		
National SINGAF	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 34	Date of Birth: 12/09/1988	Type of Informant: Vehicle Owner		
Race: Chinese		Language:	Institution / School Name:		
Occupation:		Driving Licence Informat	ion:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/09/2022 15:00	Type of Location: Carpark	
Location: COMPASSV/	ALE DRIVE	Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Hit and Run	sion:			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	alles - s-			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLP5128G	Car					0
SMT3447R	Car					0

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





T/20220922/2174

2 of 3 Report No. T/20220922/2174

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver					
Name	Unknown Driver		ID No.		NIL
Related Vehicle	SLP5128G (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		0.000		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
			Degree of Injury NIL		
Vehicle Owner			No.		
Name	HO WEI LIANG, ALVIN		ID No.		S8833460D
Related Vehicle	SMT3447R (Car)		Contact No.		96351979
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 21/09/2022 at about 1430hrs, I last parked my vehicle bearing vehicle number SMT3447R at B/215 Compassvale Drive MSCP, Deck 2A, everything in order.

On 22/09/2022 at about 1123hrs, I went to my vehicle and saw a piece of white note stating "Hi, a white car 5128 female driver hit your car. Sorry didn't get more details but you can reach me at 91504718 if you need a witness". There after I discovered that there were scratches on my front and side right of my vehicle, paint chipped off, tow cover and front lip came off.

I then reviewed my in car camera and discovered that on 21/09/2022 at about 1500hrs, one white Toyota vehicle bearing vehicle number SLP5128G came out of a parking lot beside my vehicle, subsequently, the vehicle made two reverse and side swiped my front right vehicle area and subsequently drove off and left the location.

I then contacted the witness whom told me about the hit and run incident that she saw and informed that she could be a witness for me. Her details are as follows:

Name: Yee Yan HP: 91504718





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

3 of 3 Report No. T/20220922/2174

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: F / SGT 2 EUGENE NG YONG JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2022 13:03
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	

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.sg Allianz Contact Centre

Tel: 1800 222 1818 (Local) +65 6222 1919 (Overseas)

Email: customerservice@allianz.com.sg



ENDORSEMENT SCHEDULE

HO WEI LIANG ALVIN BLK 215A COMPASSVALE DRIVE COMPASSVALE MAST SINGAPORE 541215

Policyholder Name

: HO WEI LIANG ALVIN

Product Type

: ALLIANZ MOTOR PROTECT

Replacing Covering Note No.

: NA

Form

: MX1

Policy No.

: SP2000623573

Account Code

: 0000336

Period of Insurance

: From 29 NOVEMBER 2021 To 28 NOVEMBER Issue Date

: 02 NOVEMBER 2021

2022

Adjustment Premium

SGD 0.00

GST (7 %)

: SGD 0.00

Total Premium Payable

SGD 0.00

Insurance Cover

COMPREHENSIVE

Agreed Value

: MARKET VALUE

Off-Peak Car

Registration No.

: SMT3447R

Good Driver Discount: Y

Make and Model

: Audi A4

Seating Capacity

Year of Manufacture

2010

Body Type

: Wagon

Engine Capacity

: 1984 CC

Engine No.

: CDN152286

Hire Purchase Owner

: WAUZZZ8K7BA049245

WindScreen

: UNLIMITED

: MITSUBISHI HC CAPITAL ASIA PACFIC PTE No Claim Discount LTD

: 30 %

Optional Coverage

: NCD Protector

Named Drivers

HO WEI LIANG ALVIN

Limitations as to Use*:

Used only for social, domestic and pleasure purposes

- The Policy does not cover:
 (a) use for racing, pace-making, reliability trials or speed testing
- (b) use for any purposes in connection with the Motor Trade

Page 1 of 2