

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 withholding 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.
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 01/10/2022 17:12 (SGT)
Reported by Both
Date of Accident 24/09/2022 02:22 (SGT)
Exact Location of Accident Paterson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX5567T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHRISTOPHER CHARTIERAH
Passport No/FIN G3806904M
Email Address CCECHARTIER@GMAIL.COM
Mobile Phone No (Phone) +65-87255744
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Porsche
Model 911
Variant COUPE TIP
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 3600

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP200164578-01

DRIVER

Name of Driver CHRISTOPHER CHARTIERAH
Passport No/FIN G3806904M
Date Of Birth 06/10/1988
Occupation Indoor

Date Of Driving Pass	30/10/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87255744
Alt. Phone Number	-
Email Address	CCECHARTIER@GMAIL.COM
Address	8 RIVER VALLEY GROVE
Address complement	#06-01
Postcode	238406
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	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)	3
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	-

PASSENGER 1

Name	PIERRE DORGES
Gender	Male

PASSENGER 2

Name	AUGUSTE LEFEVRE
Gender	Male

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

PLEASE REFER TO THE BELOW SKETCH PLAN & ACCIDENT STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No


DETAILS OF OTHER VEHICLE PROPERTY 1

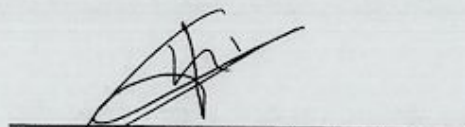
Vehicle Registration Number	SHA803A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

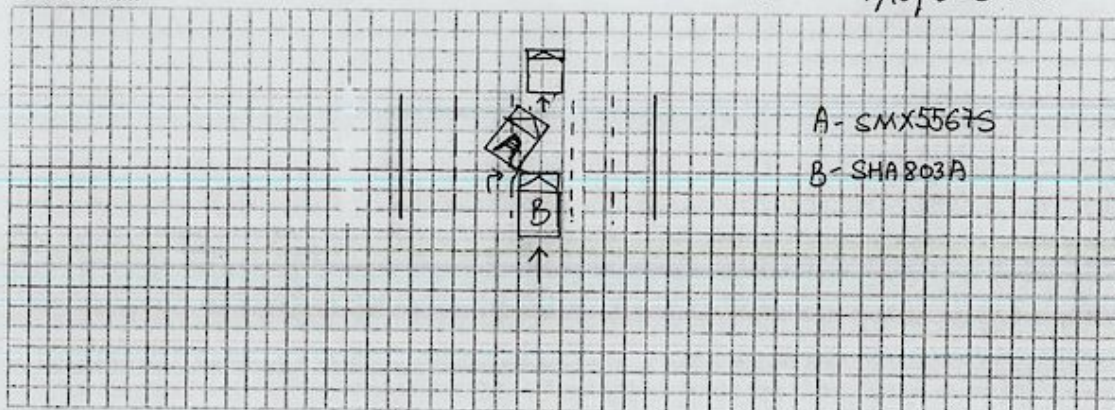
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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
1/10/22 @ 1100

Sketch Plan



Describe Circumstances of the Accident

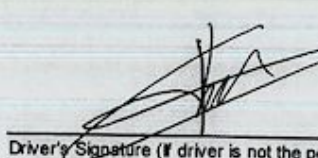
The traffic light was red, almost none on the road.
 This taxi was on the right lane, a bit behind me.
 The traffic light passed green. I wanted to let him pass.
 He didn't move and was on his phone.
 After for 2 seconds, he was not moving, so I slowly moved forward.
 All of a sudden he accelerated and hit my back.
 We went out of the car. He apologized many times but he
 didn't want to give me his name and phone number.
 I took pictures and left.

Please ask him his video camera.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time


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


 Witnessed by Reporting Centre
 Personnel

1/10/22 @ 1100

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 or 65 6222 1919
 Email: customerservice@allianz.com.sg

**CERTIFICATE OF INSURANCE**

FORM MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1996 (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 : SP2001949578-01
 Coverage : THIRD PARTY, FIRE AND THEFT
 Policyholder Name : CHRISTOPHER CHARTIERAH
 Registration No. : 8MX5567T
 Period of Insurance : 21 APRIL 2022 to 20 APRIL 2023

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 latter's 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:

- (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.

25 April 2022
 Issued Date


 Hilcham Raisi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Account Code: 0000360

Excess:

FIRE & THEFT EXCESS	800	5,000
FIRE & THEFT EXCESS OUTSIDE OF SINGAPORE	800	10,000







