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 withouting 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 03/10/2022 13:41 (SGT) Reported by Date of Accident 01/10/2022 10:25 (SGT) Exact Location of Accident JIn Besar, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP3222D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEE SIN YOONG NRIC No S0198098Z Email Address plasma_888@hotmail.com Mobile Phone No (Phone) +65-90710276 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto 2362

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001010125-01

DRIVER

Name of Driver **CHEE YONG MIN** NRIC No S8804667F Date Of Birth 05/02/1988 Occupation Outdoor

Date Of Driving Pass 18/12/2006 Driving experience 15 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-92768639 Alt. Phone Number Email Address plasma 888@hotmail.com Address BLK 160 TAMPINES ST 12 #06-119 Address complement Postcode 521160 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child 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? 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? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 SKD6362P 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	_
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The 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.
- 8y 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)

Lunderstand, 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.

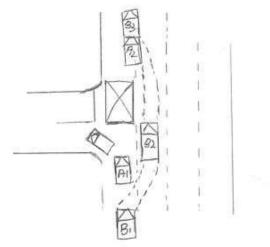
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Jalun Besar road.



B- SKD 6361P

Refer to police Report.	
G/20221002/7042	

Policyholder's Signature / Date & Time

IWe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel 1 of 1

! 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 (CAP 189 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, 1960 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

: SP2001010125-01 Certificate Number Date of Issue : 2022-02-19 Coverage : Third party only Policyholder : CHEE SIN YOONG

19 March 2022 to 18 March 2023(both dates inclusive) Period of Insurance

: SJP3222D Registration No.

Chassis number of Vehicle MR053BK4007033405

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:

- (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.

19 February 2022

Issued Date

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

Intermediary Code : SCB0000343 CLICKCASHBACK PTE LTD

Excess : Section1:Own Damage Excess SGD

0.00 : Section2 Own Damage Excess outside of Singapore SGD Section3:Windscreen Excess SGD 0.00 : Section4 Liabilities to Third Parties NA

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

























1 of 2

Report No. G/20221002/7042

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 02/10/2022 17:46	Vide Report No.		Station Diary No.
Name Of Informant CHEE YONG MIN	Address 160 TAMPINES S 521160	TREET 12 #06-119	SINGAPORE
ID Type / ID No. NRIC NO / S8804667F	Contact No. Home/Office:	Mobile: 92768639	
Nationality SINGAPORE CITIZEN	Email Address PLASMA_888@HOTMAIL.COM		
Occupation	Sex Age	Date of Birth	Race
Food processing and related trades worker Institution/School Name	Male 34 Language English	05/02/1988	Chinese
Date/Time Of Incident 01/10/2022 10:25 - 01/10/2022 10:30	Location Of Incide Jalan besar road	nt	

Brief details.

Driver of black car model KIA, number plate SKD6362P recklessly over take me from the side and cut back into my lane without signaling. And suddenly applying ebrake immediately causing me to crash into his car. Thus causing an accident.

Traffic was very light, road was empty all ahead as per shown in the video evidence. No reason to apply ebrake. Excuse given by him was he was turning left. (Video evidence provided shown that he did not use his turning signal) he took pictures and left immediately without saying much or exchanging any

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2022 17:46		
Officer In Charge Of Case:	Classification Of Case:		
2			





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221002/7042

particulars. The whole encounter from accident to him leaving after that was only 3 minutes or lesser.

Suspected possible insurance claim fraud by causing an accident.

I have also made a report at the feedback on road user. (Submission number is 20221002-0061.) Please refer to the video summitted there as evidence as I can't upload the video here.

Victim			
Person Name	CHEE YONG MIN		
ID Type	NRIC NO	ID No	S8804667F
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Food processing and related trades worker	Address	160 TAMPINES STREET 12 #06-119 SINGAPORE 521160
Mobile No	92768639	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2022 17:46
Officer In-Charge Of Case:	Classification Of Case: