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 07/11/2022 14:27 (SGT) Reported by Driver Date of Accident 05/11/2022 12:30 (SGT) Exact Location of Accident 73 Jln Tua Kong, Singapore 457264 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3457H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA XUE WEI EUNICE** NRIC No S8634465C Email Address COLIN.J.SAMUEL@GMAIL.COM Mobile Phone No (Phone) +65-83383524 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E250 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1796

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001763694-01

DRIVER

Name of Driver SAMUEL COLIN JOSEPH NRIC No S8838141F Date Of Birth 04/10/1988 Occupation Outdoor

Date Of Driving Pass 08/05/2008 Driving experience 14 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-83383524 Alt. Phone Number Email Address COLIN.J.SAMUEL@GMAIL.COM Address 73 JALAN TUA KONG #08-02 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH. 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 SMS3857X Vehicle Manufacturer **BMW** Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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)	-

Allia

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 (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SING/

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

: SP2001763694-01

Certificate Number

: 2022-05-13

Date of Issue

: Comprehensive

Coverage Policyholder

: Eunice Chua

: SMP3457H

Period of Insurance

Registration No.

: 16 May 2022 to 15 May 2023(both dates inclusive)

Chassis number of Vehicle

: WDD2120472A095089

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 V been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf fro Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been concelled at a 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 S 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 (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amer Acts passed in substitution thereof.

13 May 2022

Issued Date

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

Intermediary Code

: 0000374 SINGSAVER INSURANCE BROKERS PTE. LTD.

SKETCH PLAN

Park East Condo Con park H = SMP 3457H B = SMS 3857X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5th MOV 2022, My Car (SMP 3457H) Was Park in one of the
lot of my resident (Park East Condo Car park). When I heady Walley towards my car than I realise my car was damage on front left
towards My CAE than I realise my ear was damage on front lett
of the cur, I than retrieve vedeo footage and found out
of the car, I than retrieve video footage and found out that my car is being knock by another vehicle (BMWSMS3857X)
Also there is a note by the owner/Driver of BMW SMS 3857x left it on my windscreen. on the note Proof that the owner/Driver of BMW SMS 3857x admits the He knock on
14 17 on my vindosiceni or me note to the
to my car.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Contro Forsofriel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Followholder's Signature

Date 8. Times

Driver's Signatura

(if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

TREIC/FIM No.