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 07/11/2022 15:37 (SGT) Reported by Date of Accident 05/11/2022 12:45 (SGT) Exact Location of Accident Singapore Additional Location Information **HOLAND ROAD** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SJZ63M INSURED/POLICYHOLDER Is company? No Name Of Registered Owner TERRINDER SINGH SMAGH NRIC No S7720991C Email Address TERRYSMAGH@GMAIL.COM Mobile Phone No (Phone) +65-98531214 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mercedes Model C63 Variant 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

No - Claiming third party

Private car

Auto

6208

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002524780-01

DRIVER

CC

Name of Driver JOHAN MEGA NRIC No S7929687B Date Of Birth 29/09/1979 Occupation Indoor

your vehicle? Vehicle Category

Transmission

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	25/08/1998 24 YEARS AND 3 MONTHS Male (Phone) +65-96707007 - TERRYSMAGH@GMAIL.COM 21 JALAN NOVENA UTARA - 308499 No Sibling No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Chain Collision CLOUDY Wet
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	-
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
REFER SKETCH PLAN REPAIR AT OWNER'S WORKSHOP ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1

SFM898L

Vehicle Registration Number
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH8842A
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 Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

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

mica

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

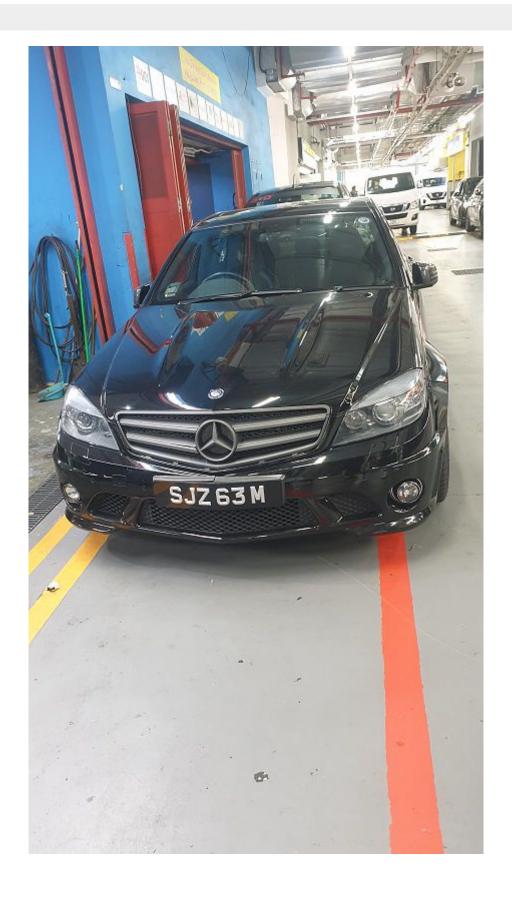
Sketch Plan

C - SLH8842A A - SJZ63M B - SFM898L

vJun2022

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eclaration We declare the foregoing particulars are true in every respect.		FALCON AIR
· Alw	_	
White	02/11/22	4
Policyholder's Signature / Date & Time Actual Driver's Signature (if		

vJun2022



















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20221107/7061

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 07/11/2022 11:21		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: JOHAN MEGA			Address: 21 JALAN NOVENA UT	ARA SINGAPORE 308499	
	Type / ID No.: Contact No.: IC NO / S7929687B Home/Office: Mobile: 96707		Mobile: 96707007		
Nationality: SINGAPORE CITIZEN		Email: megajo@gmail.com			
Sex: Male	Age: 43	Date of Birth: 29/09/1979	Type of Informant: Driver		
Race: Indian		Language: Institution / School N English			
Occupation:		Driving Licence Informat Class: 3	tion: Date of Expiry:		

	mation of the Acci	The state of the s	T	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2022 12:45	Type of Location Straight Road
Location:				
HOLLAND R	DAD			
M/		Deed Outroom		
		Road Surface:		Decide Control Control
		923		Road Speed Limit:
Cloudy		Wet		70 Km/h
Traffic Flow:		Wet Traffic Control:		70 Km/h Traffic Volume:
Cloudy		Wet		70 Km/h

Details of V	enicle mvo	iveu				
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFM898L	Car	AUDI	AUDI A5	Blue		0
SJZ63M	Car					0
SLH8842A	Car	AUDI	Audi Q5	Grey		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20221107/7061

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFM898L	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Perso	n Involved					
Any Pedestrian Ir	volved: No		-25			
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver						
Name	LOH TECK KWANG	3		ID No.		S8236351C
Related Vehicle	SFM898L (Car)			Conta	ct No.	91818855
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date	NIL	701	Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f	NIL	
Driver						
Name	JOHAN MEGA			ID No.		S7929687B
Related Vehicle	SJZ63M (Car)			Conta	ct No.	96707007
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	06/11/2022	721	Date		06/11	/2022
No. of Days gran	ted Medical Leave	03	Degree of	f	Slight	t
Driver				100		
Name	LEE BEE HONG			ID No.		S7523993I
Related Vehicle	SLH8842A (Car)			Conta	ct No.	90620672
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	79	Date		NIL	
No. of Dave gran	ted Medical Leave	NIL	Degree of	f	NIL	



T/20221107/7061

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20221107/7061

CONTINUATION OF REPORT

Brief Details.

- 1) Videos available front and read car camera
- 2) No Landmarks
- 3) Travelling down Holland Road towards Orchard
- 4) Accident did not take place at a pedestrian crossing

I (SJZ63M) was travelling down Holland Road about 12.45pm towards Orchard. Traffic in front had slowed and the car in front of me (SLH8842A) had come to a stop. I proceeded to brake and was coming to a complete stop, when I got hit in the back by another vehicle (SFM898L). The impact of the hit caused my car to then hit the car in front. The impact caused me to be thrown forward and backward in the seat despite me wearing a seat belt. I started to develop a neck ache and back ache towards the evening and was having a bit of a headache. Due to this, I went to Novena Mount Elizabeth Accident & Emergency Department to get myself checked. The doctor took and x-ray and informed me that I had a bad case of whiplash. I was then given 3 days MC (7th November to 9th November)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20221107/7061

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

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: 07/11/2022 11:21
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	



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 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

Certificate Number : SP2002524780-01 Date of Issue : 03 August 2022 Coverage : Comprehensive

Policyholder : TERRINDER SINGH SMAGH

: 15 July 2022 to 14 July 2023(both dates inclusive) Period of Insurance

: SJZ63M Registration No.

: WDD2040772F549380 Chassis number of Vehicle

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 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.

03 August 2022

Issued Date

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

: 0000162 G&M PTE LTD Intermediary Code

Excess : Own Damage SGD 2,000.00

: Windscreen Damage SGD 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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