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 30/11/2022 18:14 (SGT) Reported by Date of Accident 30/11/2022 08:00 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS AVE 3 TOWARDS MARSILING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SLQ257U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHOW YONG CHIENG, JEREMY NRIC No S8605076E Email Address jemz2502@hotmail.com Mobile Phone No (Phone) +65-91828463 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1997

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001895805-01

DRIVER

Name of Driver CHOW YONG CHIENG, JEREMY NRIC No S8605076E Date Of Birth 25/02/1986 Occupation Indoor

Date Of Driving Pass 31/08/2012 Driving experience 10 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91828463 Alt. Phone Number Email Address jemz2502@hotmail.com Address 11 WOODLANDS AVE 6 #07-04 Address complement Postcode 738992 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 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 ATTACHED (REPAIR BY OWN WORKSHOP) 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 **SLF8922M** Vehicle Manufacturer

 Vehicle Registration Number
 SLF8922M

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 MR NG

 NRIC No
 S8517002C



Contact Number	(Phone) +65-96378549
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

INSURER ALMINZ
DATE OF ACC 30/11/22 POURM

IMPORTANT NOTICE

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- 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.

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.

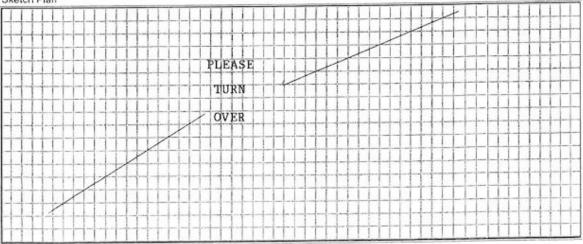
30/11/22

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)

Sketch Plan



1

) Claim Own Police		ensive policy. Pls check y) Claim Third party		eporting Onlly	
) Claim Ob/ TP at			() /)	
etch Plan	Other Work	, , , , , , , , , , , , , , , , , , ,			
	JOO WANDS	SLF 8922 M SLQ 257 AVE 3	'u		
I was on the off and I not not move off. I About half of my SLF8922m	nced dri I signal Ny vehic	night turn only, wer in SLF8922M I left to cut hat le into 2nd land	MINIST PRINT	his share and (did

Declaration

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

30/11/22

Policyheider's Signature / Date & Time

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

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

2





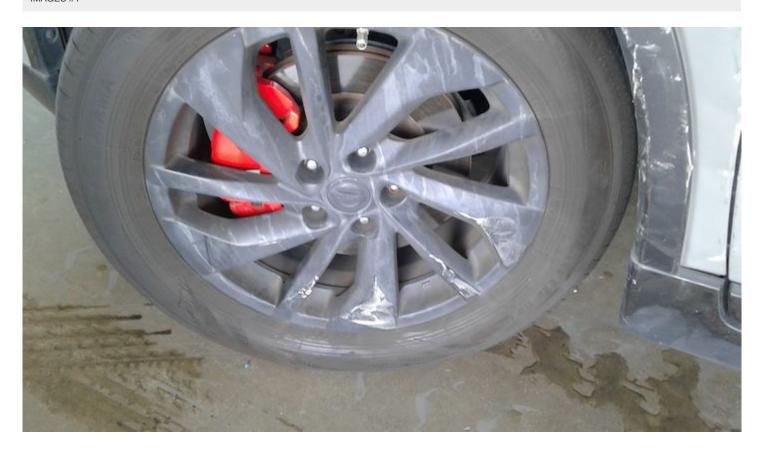














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SC1122B40001 Vehicle Registration No: SLQ2574 Name (as shown in NRIC): Chew Yong Chieng NRIC/FIN/Passport No: 28605076E (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore (Mobile No.: 9182 84 63 Contact (Tel):____ Email Address: jemz 2502 @ hotmail, com ____ Time of Accident: _____ Sam Date of Accident: 30 11 22 Place of Accident: Woodlands Ave 3 Towards Marsiling Insurance Company: Allianz Insurance Singapore (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: like to convert from reporting only to coun damage claim' Repair by my own workshop. Would like to recover uninsured loss from Urner of SLF8922M did not notice me changing lane in front of him as he was using his handphone while morning off. I understand that I am mostly liable as SIF89800M has the right of way . But such actions and behavior is unsafe! Hope some liability on his end. Thanks.

Policyholder / Driver's Signature
Date: [[2/12]

Reporting Centre Personnel's Signature

Name: Wei Lin NRIC/FIN No.: Date: 1/12/22

GIARMC Addendum Form



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) 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)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

SP2001895805-01 Date of Issue 2022-05-30 Coverage : Comprehensive

Policyholder : CHOW YONG CHIENG JEREMY

: 27 June 2022 to 26 June 2023(both dates inclusive) Period of Insurance

Registration No. : SLQ257U

Chassis number of Vehicle : JN1JANT32Z0003296

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.

30 May 2022

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

Intermediary Code : 0000385 LELE INSURANCE AGENGY PTE LTD

: Own Damage : Windscreen Damage Excess SGD 600.00 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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