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 03/12/2022 15:51 (SGT) Reported by Date of Accident 03/12/2022 11:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG CARPARK AT BLK 164 BISHAN STREET 13 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGJ8101D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HON LI FERN NRIC No S7041674C Email Address fern.hon@gmail.com Mobile Phone No (Phone) +65-96420883 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model LATIO 1.5L T 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 1498

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002128670-01

DRIVER

Name of Driver **TAY KIN PIN** NRIC No S1812890Z Date Of Birth 24/08/1967 Occupation Indoor

Date Of Driving Pass 03/02/1995 Driving experience 27 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91187655 Alt. Phone Number Email Address francis_tay@yahoo.com Address APT BLK 147 BISHAN STREET 11 #06-25 Address complement Postcode 570147 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 Collision - Head on collision 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **DAUGHTER** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 SJU3324S

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THOMAS TEO HOCK ANN
Contact Number	(Phone) +65-85101830
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 <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>.
- 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. 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 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' 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.

In the signature (If driver is not the policyholder) / Date

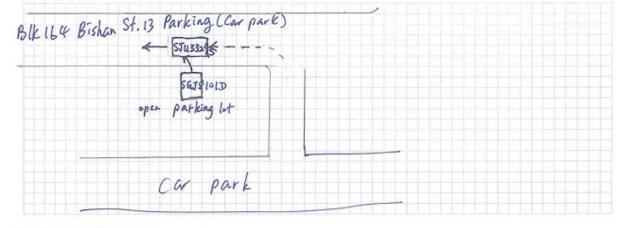
Policyholder's Signature / Date &

& Tim

Witnessed by Reporting Centre Personnel

CRIC

Sketch Plan



Describe Circumstances of the Accident
At: about 11 an today (3 Dec), I was in car park in front of BIK 169 Bishan car park. I drove my car SGJ8101D out of my parking lot and suddenly a car appeared in front of me and I may can hit the left side of the car SJU33248 (Nissan Latio). My car licence plate was torn off and fell in front of the other car and my car was damaged. The left front door of the other car was found to have dents & scratches.
Bishan car park. I drove my car SGJ8101D out of my parking
bit the left cide of the con- STU3324S/Viccon letic) My car
licence plate was town off and fell in front of the other con
and my car was damaged The left front door of the other ca
was found to have dents & scratches.

Declaration

IWe declare the foregoing particulars are true in every respect,

Policyholder's Signature / Date & Time

Inthis 3 pec 2022

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

Witnessed by Reporting Centre O Personnel



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

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, 1980

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

: SP2002128670-01 Certificate Number

: 2022-06-30 Date of Issue Coverage : Comprehensive

: HON LI FERN Policyholder

: 21 July 2022 to 20 July 2023(both dates inclusive) Period of Insurance

: SGJ8101D Registration No.

Chassis number of Vehicle ; JN1BAAC11Z0001079

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 June 2022

Issued Date

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

Excess

: Own Damage : Windscreen Damage

SGD

0.00 100,00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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

















