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 witholding 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 05/12/2022 17:16 (SGT) Reported by Date of Accident 04/12/2022 05:50 (SGT) Exact Location of Accident Singapore Additional Location Information **ECP HIGHWAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Auto 5461

Vehicle Registration Number SJJ328J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE GEOK KHUAN NRIC No S1179539J Email Address leecharlotte@sinflora.com Mobile Phone No (Phone) +65-92332121 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model AMG GLE 63 S 4MATIC (R22 LED SR) 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? Yes Vehicle Category Private car Transmission

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP200223982C

DRIVER

Name of Driver LOO HONG YUAN NRIC No S9432002Z Date Of Birth 28/08/1994 Occupation Outdoor

Date Of Driving Pass	26/11/2015
Driving experience Gender	7 YEARS AND 1 MONTH
Mobile Number	Male (Phone) +65-92332121
Alt. Phone Number	-
Email Address	hongyuanloo328@gmail.com
Address	APT BLK 299 BEDOK SOUTH AVENUE 3 #04-07
Address complement Postcode	- 469298
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Raining
Road Surface	Wet
OTHER INFORMATION	
CHIEF III CHIEF III	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	N
soliciting/offering accident claims assistance? Translator's name	No -
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the assident reported to the police?	V.
Was the accident reported to the police? Police Station Name	Yes Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? If yes, against whom?	No
ii yes, against wiloin:	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT, REF NO: T/20221204/7005	
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	UNKNOWN

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
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

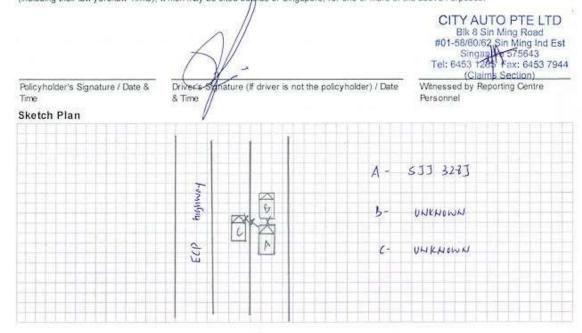
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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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- 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)

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;
- (ii) 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.



Relev	to poi	ice reporti	rel	no:	T 20221 204 700	5
					-	
A11 763						
claration						
declare th	e foregoing part	iculars are true in	every resp	ect.		CITY AUTO PTE LT Bik 8 Sin Ming Road #01-58/60/62 Sin Ming Ind I Singapol 7/5643 Tel: 6453 1239 Pax: 6453 78 (Claims Section)
cuholder'e S	Signature / Date	e Description	Connection (No	(disperie o	ot the policyholder) / Date	Witnessed by Reporting Centre

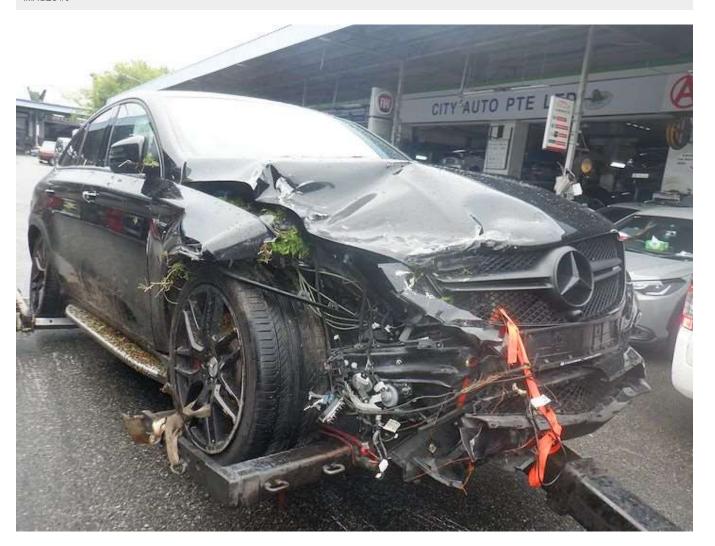


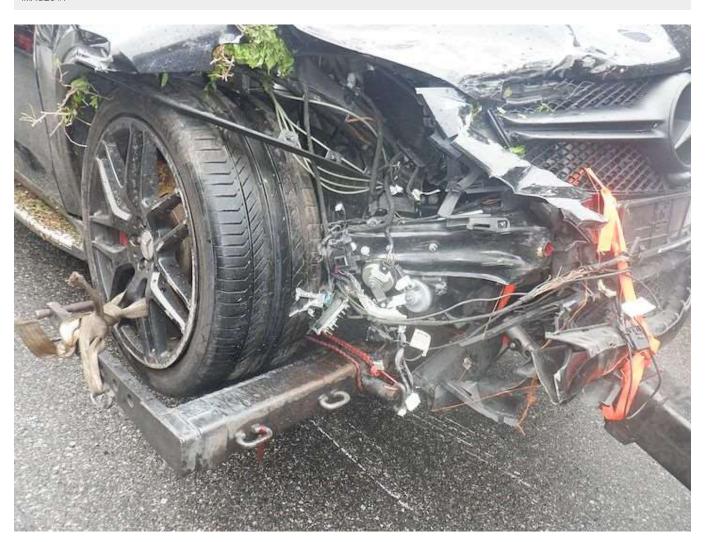


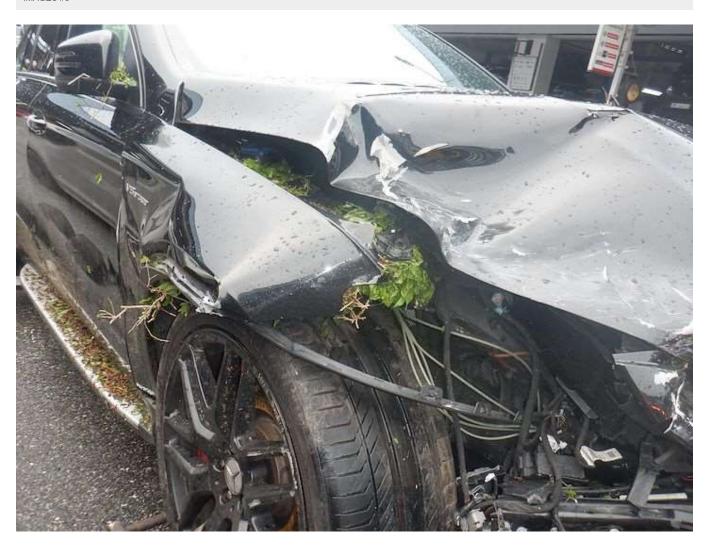


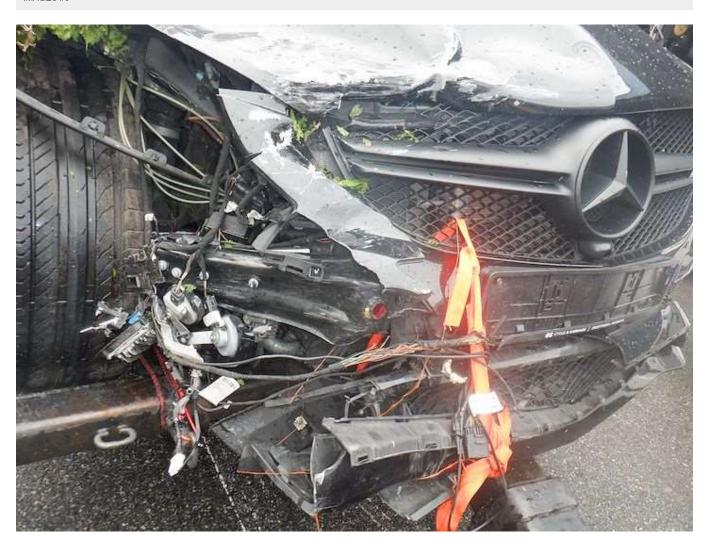


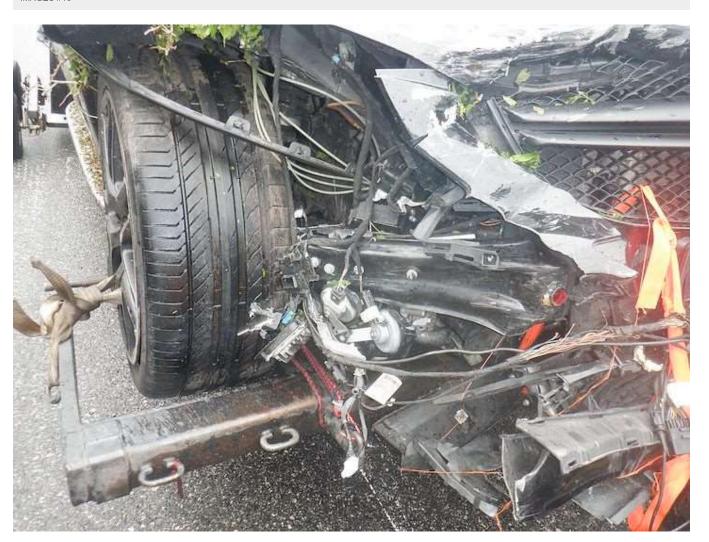


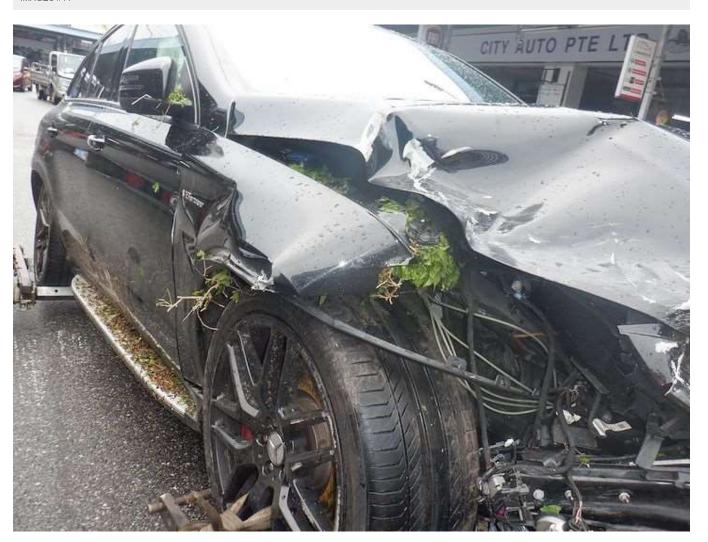


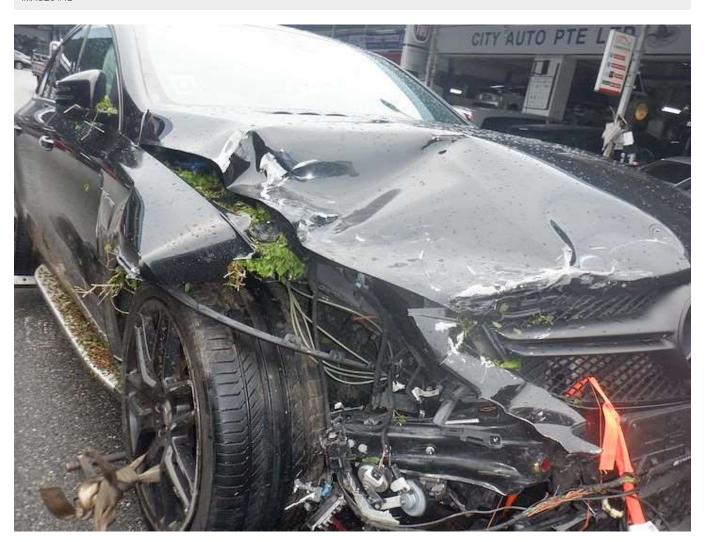
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221204/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2022 07:00		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
	Informant: NG YUAN		Address: 299 BEDOK SOUTH A	VENUE 3 #04-07 SINGAPORE 469298	
ID Type NRIC NO	/ ID No.: D / S94320	02Z	Contact No.: Home/Office:	Mobile: 92332121	
Nationali SINGAP	ity: ORE CITIZ	EN	Email: HONGYUANLOO328@	ggmail.com	
Sex: Age: Date of Birth: Male 28 28/08/1994		Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name: English		
Occupati SELF EN	ion: MPLOYED		Driving Licence Informa Class:	ation: Date of Expiry:	

General Infor	mation of the Acci	dent	O MAN DE LA PROPERTIE DE LA PO	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2022 06:00	Type of Location: Straight Road
Location:	1/-			
EAST COAS	T PARKWAY			
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Traffic C		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

VEHICLE NO. 1 VIEW WORKS (VIOLE) COROL COROLLES MOST	Vehicle No.	TUNA	Make	Margal	Color	Conditio	No of
AND THE PROPERTY OF THE PROPER	vernere mo.	Type	wake	Mone	COID	Conditio	140.01

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20221204/7005

nicole illo ii / oo.

Report No. T/20221204/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver				SHAP SEX	- EDECTE	
Name	LOO HONG YUAN		and the control of th	ID No.		S9432002Z
Related Vehicle	SJJ328J (Car)			Contac	ct No.	92332121
Hospital/Clinic	NIL			Class Driving Licence Expiry	9 :e &	Class: NIL Date of Expiry: NIL
Date	NIL	30	Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o	of	Serio	us

Brief Details.

I was travelling along ECP(CHANGI) and it was raining heavily as such there was poor vision then the road was slippery and out of a sudden I was involved in an accident. I am not sure on how the accident happen and after the accident I was in immense pain and the taxi drivers were very fierce and intimidating then I left to seek for a doctor.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221204/7005

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: 04/12/2022 07:00
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	