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 22/12/2022 17:31 (SGT) Reported by Date of Accident 22/12/2022 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information JCT OF CEYON ROAD & DUNMAN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ1221G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LYMON PTE LTD Company Reg No 52823735K Email Address YLEE@LYMON.COM.SG Mobile Phone No (Phone) +65-96502743 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 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 Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002073080

DRIVER

Name of Driver RICHMON NG KWEE SENG NRIC No S7814614A Date Of Birth 31/05/1978 Occupation Indoor

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	24/07/1997 25 YEARS AND 5 MONTHS Male (Phone) +65-97658189
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
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	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I WAS DRIVING MY CAR (SMZ1221G) ALONG CEYON ROAD TO I CHECKED THAT THE MAIN ROAD WAS CLEARED, I PROCEE VEHICLE B (FBR2315K) SUDDENLY APPEARED INFRONT OF	DED TO MAKE MY RIGHT TURN. AS I WAS TURNING RIGHT,
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes KINDLY REFER TO CSE KO
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	FBR2315K -

Accident report SC2022CM0007

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No	Motorcycle TAY WEE LUN S8866720D
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

- 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.
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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.
- 5. 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.
- 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.
- 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;
- (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 in the insurers and/or GIA to the insurers and/or GIA to the insurers and/or GIA to their third in the insurers and/or GIA to their third insurers and/or GIA to the insurers and/or GIA to the insurers and or GIA to the insurers

Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Policyholder's Signature / Date & Time 22/12/2022 1704
Sketch Plan

The 22/12/2022 1704
Sketch Plan

Describe Circumstances of the Accident I WAS DRIVING MY CAR (SMZ1221G) ALONG CEYON ROAD TOWARD DUNMAN ROAD. I CHECKED THAT THE MAIN ROAD WAS CLEARED, I PROCEEDED TO MAKE MY RIGHT TURN. AS I WAS TURNING RIGHT, VEHICLE B (FBR2315K) SUDDENLY APPEARED INFRONT OF ME AND COLLIDED ONTO MY FRONT PORTION. Declaration I/We declare the foregoing particulars are true in every respect. Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Accident report SC2022CM0007

Policyholder's Signature / Date &

& Time

Time 22/12/2022 1704

Customer Service Centre - Pandan Loop

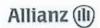
Personnel KERLYN

Driver's Signature (If driver of not the policyholder) / Date Witnessed by Reporting Centre & Time



海陸保險經紀有限公司 Sea & Land Insurance Brokers Pte Ltd

10 Anson Road #14-18 International Plaza Singapore 079903 Tel: +65 6226 1198 Fax: +65 6227 9703 E-mail: sea.land@tpsgroup.com.sg



Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE ALLIANZ MOTOR PROTECT

ORIGINAL

20 June 2022 Date SP2002073080 Policy Number

: ALLIANZ MOTOR PROTECT Type of Cover

Comprehensive Plan Type

Sea & Land Insurance Brokers Pte Ltd Intermediary

: 0000227 Intermediary Code : Lymon Pte Ltd Policyholder/Insured

: 1 RAFFLES QUAY NORTH TOWER #39-03 SINGAPORE 048583 Correspondence Address

Replacing Cover Note No.

: From 29/06/2022 To 28/06/2023 Period of Insurance

Premium Payable : 5\$ 1522.27 106.57 GST7% : 5\$ 1628.84 Total Premium Payable : S\$

Make and Model : Mercedes Benz E200

MARKET VALUE Off Peak Car No Agreed Value Good Driver Discount No SMZ1221G Registration No. Sedan Body Type : 2021 Year of Manufacture

26492030425513 Engine Capacity : 1991.0 Engine No. : W1K2130802A983337 Windscreen UNLIMITED

Chassis No. 10% : DAIMLER FINANCIAL No Claims Discount Hire Purchase Owner

SERVICES AFRICA & ASIA

PACIFIC LTD

Additional Cover : Preferred Workshop for Accident Repairs

Medical Expenses Personal Accident Benefits

Ng Kwee Seng Richmon Named Drivers

600,00 S\$ Own Damage Excess 100.00 SS Windscreen Damage

Allianz Insurance Singapore Pte, Ltd. | UEN 201903913C 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website; www.allianz.sg

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