SS3723110002 / Success United Pte Ltd ENTRY DATE & TIME: 18/01/2023 16:40 (SGT) SUBMITTED BY: Teo Wee Keong VERSION: 1 (18/01/2023 16:40 (SGT))



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

- 3. Intermation provided must be as trumful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudia 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/01/2023 16:40 (SGT) Both 18/01/2023 08:20 (SGT) Near 524 Bedok North Street 3, Block 524, Singapore 460524 PIE towards Tuas Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMC3720R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

Eng Wei Loon (Huang WeiLun) SXXXX361D

kim_hwo@hotmail.com (Phone) +65-93637793

VEHICLE PARTICULARS

Manufacturer Model 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?

Vehicle Category Transmission

Toyota C-hr

Hybrid 1.8S CVT

Private use

No - Claiming third party Private car

Auto 1797

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Allianz Insurance Singapore Pte. Ltd. SP2001975879-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Eng Wei Loon (Huang WeiLun) SXXXX361D 08/05/1978 Indoor



Date Of Driving Pass 14/09/2004 Driving experience 18 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-93637793 Alt. Phone Number **Email Address** kim_hwo@hotmail.com Address Blk 85 Flora Drive #05-48 Address complement Singapore Postcode 506888 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 - Head to Rear Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) 4 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

PASSENGER 1

Name Ong Xiao Li Gender Female

PASSENGER 2

Name Linda Gender Female

PASSENGER 3

Name Talice Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment? Yes

Accident report SS37231I0002

Page 2 of 21

DETAILS OF OTHER VEHICLE PROPERTY 1

SKX7178T Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Gajenthran S/O Selvaraj NRIC No SXXXX629B Contact Number (Phone) +65-83639433 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident

PASSENGER 1

No. Of Passenger (Including Driver)

, 2

Name - Gender - Female

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
- 3. Information provided must be as In/th/s and accurate as possible. Any willul 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
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insura 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 ladgement 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' Iswyens/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

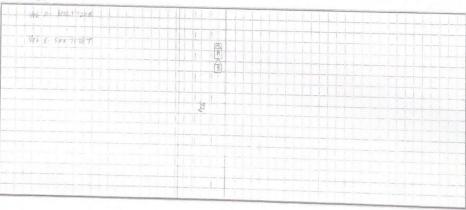
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Signature / Date & Time

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

Teo Wee Keong

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



Accident report SS37231I0002

Page 4 of 21



scribe Circumstance of the Accident	
was driving along PIE in the extreme right lane. When the vehicle ahead stopped, I followed sui	t and
ame to a complete stop. Next second, Veh B (SKX7178T) bumped into the rear of my car from b	ehind.

Declaration

IfWe declare the foregoing particulars are true in every respect

Driver's Signature of driver is not the policyholder) / Date 6 Time

Teo Wee Keong
Witnessed by Reporting Centre Personnel
(Name as in NRICIO card)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported: Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour: Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value: Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 18 Jan 2023

Singapore NRIC

361D

SMC3720R

No

18 Jan 2023

TOYOTA C-HR HYBRID 1.85 CVT

Yellow

2018

2ZR8436911

ZYX102119935

90.0 kW (120 bhp)

\$26,899.00

29 Jun 2018

29 Jun 2018

J

\$9,659.00

Yes

28 Jun 2028

\$7,244.00

28 Jun 2028

E - Open - all except motorcycle

10

\$34,400.00

\$18,456.00

\$25,700.00