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 13/02/2023 14:24 (SGT) Reported by Date of Accident 12/02/2023 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG CORONATION & PRINCE RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2200

Vehicle Registration Number SNA8769S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEO MARIE ELAINE** NRIC No S1740651E Email Address METHARBIN@GMAIL.COM Mobile Phone No (Phone) +65-97518826 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Sorento 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

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001882155-01

DRIVER

Name of Driver FRANCOISE HENRIETTE MAURINE TSAKOK NRIC No S2152543Z Date Of Birth 16/01/1940 Occupation Indoor

Date Of Driving Pass	21/01/1970
Driving experience	53 YEARS AND 1 MONTH
Gender	Female
Mobile Number	
Alt. Phone Number	(1 110110) 100 00001100
Email Address	MTSAKOK@CMAII COM
Address	MTSAKOK@GMAIL.COM
	14 CORONATION ROAD WEST
Address complement	-
Postcode	269389
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	MOTHER
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	Flood
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
Translator's name	NO
Translator's ID	-
Translator's phone number	
Translator's email	-
	-
Original language used in the statement	-
PASSENGER 1	
Name	MARK XAVIER TEO
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE BELOW SKETCH PLAN & ACCIDENT	STATEMENT.
ATT A CLIMENIT/C)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
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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 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.

Policyholder's Signature / Date & Time

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

Flood

Witnessed by Reporting Centre Personnel 13/2/23 0 2:55

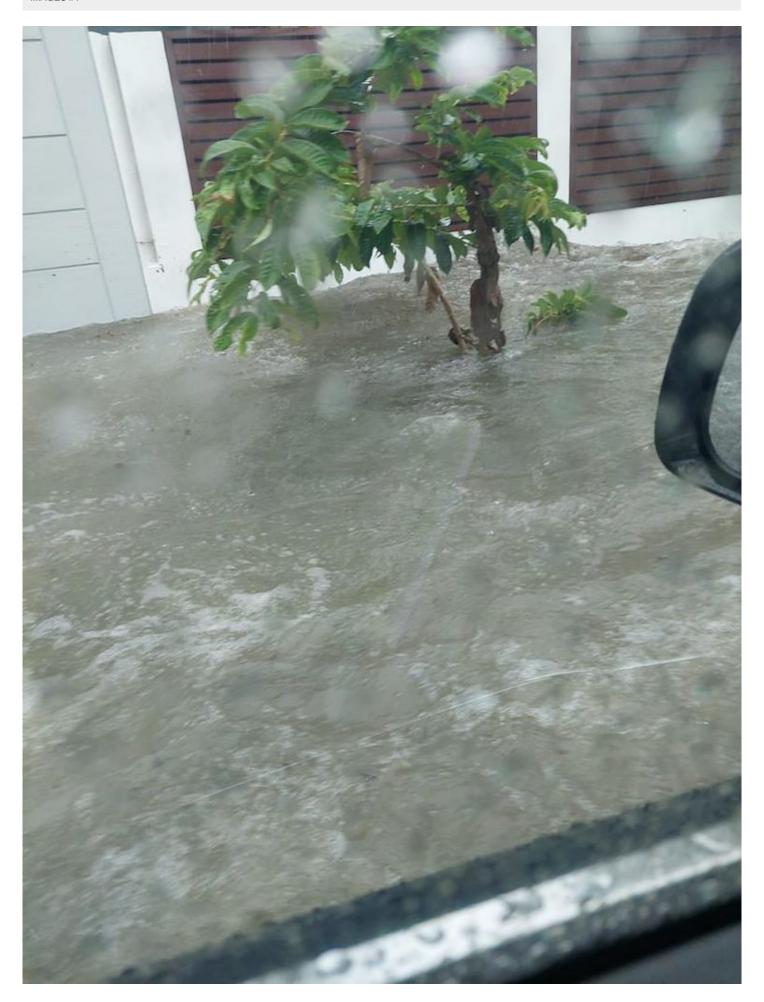
Sketch Plan

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We declare the foregoing particular	rs are true in every respect.	CENTAL
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11000		
Jumes		COUNTY OF THE PARTY OF THE PART
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Ponsitive Occident
Time	& Time	
		13/2/2023@ Pis
		11











Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THRD-PARTY RISKS) RULES 1989 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THRD-PARTY RISKS AND COMPENSATION) ACT (CAR-189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THEO-PARTY RISKS AND COMPENSATION) RULES 1980 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THEO-PARTY RISKS AND COMPENSATION) RULES, 1980
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001882155-01 2022-05-26 Date of Issue Coverage : Comprehensive Policyholder : TEO MARIE ELAINE

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

Registration No. : SNA8769S

Chassis number of Vehicle : KNARH81BVM5110463

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 concelled at the time of accident loss or domage.

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 (Molaysia), 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.

26 May 2022

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

Intermediary Code : 0000103 FINANCIAL ALLIANCE PTE LTD

Excess

: Own Damage : Windscreen Damage SGD 600,00 SGD

Allianz Insurance Singapore Pte, Ltd. | UEN 201903913C

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