SA19231U0002 / ACCORD AUTO SERVICES PTE LTD[568047] ENTRY DATE & TIME: 30/01/2023 12:59 (SGT) SUBMITTED BY: GOH JACQUELINE VERSION: 1 (30/01/2023 12:59 (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 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 30/01/2023 12:59 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/01/2023 17:30 (SGT) Exact Location of Accident 346 Yishun Ave 11, Block 346, Singapore 760346 Additional Location Information OPEN CARPARK BLK 346 YISHUN AVE 11 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW7018C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHARLES S/O TEWER SAHYAM NRIC No S7827389E Fmail Address CHARLESTEWER@GMAIL.COM Mobile Phone No (Phone) +65-96897694 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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 your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003249414-01

DRIVER

Name of Driver **CHARLES S/O TEWER SAHYAM** NRIC No S7827389E Date Of Birth 29/09/1978 Occupation Indoor

Date Of Driving Pass 20/02/2003 Driving experience 19 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96897694 Alt. Phone Number Email Address CHARLESTEWER@GMAIL.COM Address BLK 346 YISHUAN AVE 11 #03-117 Address complement Postcode 760346 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 Raining Road Surface Wet 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? No 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? Yes Police Station Name 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? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJP8861B

BMW

CACcident report SA19231U0002

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category	Blue Private car
Name of Driver	MUHAMMAD NAZLI BIN DOLLAH
Contact Number	(Phone) +65-96897694
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEH B: SCOOL R

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.
- 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' lawyers/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.

341/23 (G.53am) Charles 5/6
Rwer Sahyam

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

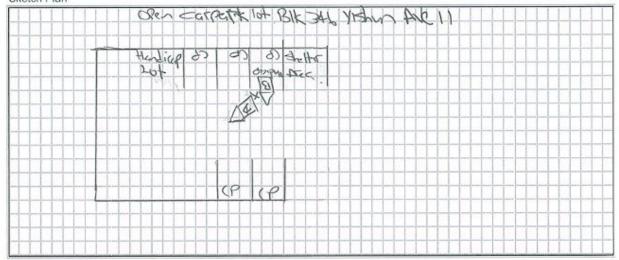
Driver's Signature (If driver is not the policyholder)

Driver's Signature (if driver is n&t the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID cald)

30 JAN 2023

Sketch Plan



1

TE OF ACCIDENT: 22/1/23		TIME OF ACCIDI	ENT: [730/50
VE CACH CACH	EHB: 22588913	VEH C:	MIL.
feter to Police	Toport		
eclaration /e declare the foregoing particulars are true in eve			

Accident report SA19231U0002

2

Witnessed by Reporting Cer (Name as in NRIC/ID card)





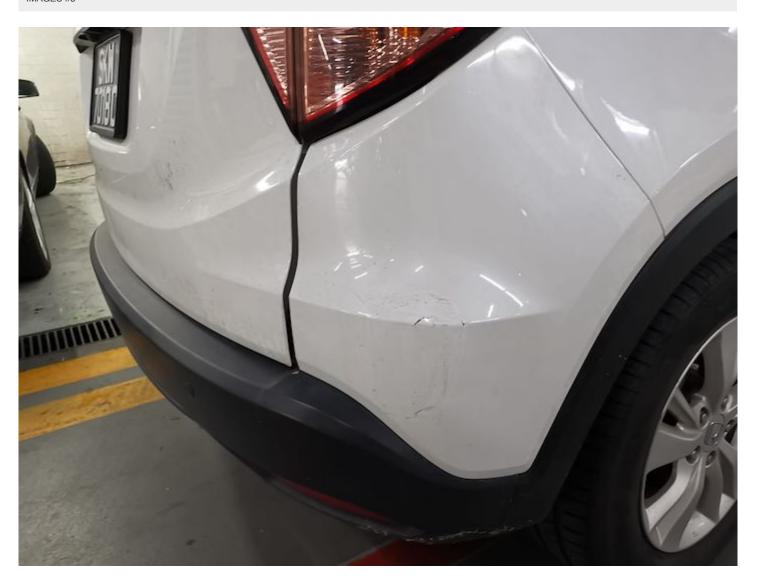


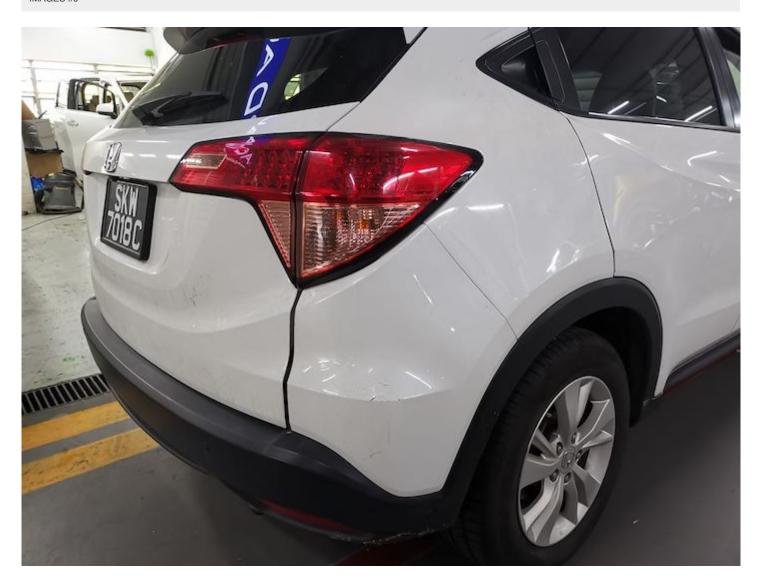






















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20230123/7032

Report No. T/20230123/7032

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 23 16:39	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: S S/O TEV	WER SAHYAM	Address: APT BLK 346 YISHUN AVENUE 11 #03-117 SINGAPO 760346		
ID Type / ID No.: NRIC NO / S7827389E			Contact No.: Home/Office: Mobile: 96897694		
National SINGAP	ty: ORE CITIZ	EN	Email: charlestewer@gmail.co	om	
Sex: Male	Age: 44	Date of Birth: 29/09/1978	: Type of Informant: Driver		
Race: Indian		Language: English	Institution / School Name:		
Occupation: Clergy		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2023 17:35	Type of Location Car Park
Location: YISHUN AVE	NUE 11			
			100	
Weather:		Road Surface:	2000	oad Speed Limit:
Weather: Raining Traffic Flow: Two Way		Road Surface: Wet Traffic Control: Not Controlled	30 Tr	oad Speed Limit:) Km/h raffic Volume: oderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP8861B	Car	BMW		Blue	Slightly Damaged	0
SKW7018C	Car	HONDA	VEZEL 1.5X	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20230123/7032

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

Z or 4 Report No. T/20230123/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKW7018C	ALLIANZ INSURANCE SINGAPORE PTE, LTD.	SP2003249514	12/11/2022	11/11/2023	

Details of Perso	n Involved				999	
Any Pedestrian I	nvolved: No					
No. of Pedestriar		Use of Pedestrian Crossing: NA				
Vehicle Owner						
Name	MUHAMMAD NAZLI BIN DOLLAH			ID No.		S7810102D
Related Vehicle	SJP8861B (Car)			Contact No.		90099723
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL		
No. of Days granted Medical Leave NIL			Degree of	f NIL		
Driver			136,400			
Name	CHARLES S/O TEWER SAHYAM			ID No.		S7827389E
Related Vehicle	SKW7018C (Car)			Contact No.		96897694
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date			
No. of Days gran	ted Medical Leave NIL		Degree of		NIL	

Brief Details.

The incident happened at about 5:30pm at Blk 346, Yishun Ave 11 at the carpark. It was raining when the incident happened. I was trying to park my car in a lot when it was clear for me to move forward and park the car. After several attempts in trying to park the car, I was not able to park because there was another car parked illegally in a handicap lot. When trying to reverse, due to poor visibility (rain) I was not able to ascertain that there was another vehicle behind my car. I reversed into SJP8861B, which had parked temporarily in another handicap lot. There was damage to personal property (cars only) but no injuries to both drivers. There were only 1 driver in each car and no passengers. This report is done because all reporting centres for insurance is closed due to Chinese New Year. I was advised to make a report within 24 hours of the incident. This report is made from insurance purposes only.



T/20230123/7032

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230123/7032

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230123/7032

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.

Date/Time:
23/01/2023 16:39

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
23/01/2023 16:39

NP168