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 withouting 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 07/03/2023 17:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/03/2023 23:20 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information **NEAR EXIT TAMPINES AVE 12** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SBL1108E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SOH BOON LOONG NRIC No S8829939F Email Address SBL88@LIVE.COM.SG Mobile Phone No (Phone) +65-82280431 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vios 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 1500

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004536435

DRIVER

Name of Driver SOH BOON LOONG NRIC No S8829939F Date Of Birth 18/08/1988 Occupation Indoor

D + 0(D) + D	
Date Of Driving Pass	20/03/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-82280431
Alt. Phone Number	<u>-</u>
Email Address	SBL88@LIVE.COM.SG
Address	20 LOYANG VIEW
Address complement	20 LOTANG VIEW
·	-
Postcode	507250
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	
OTHER THE OTHER PROPERTY.	
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	<u>-</u>
Translator's phone number	
•	-
Translator's email	-
Original language used in the statement	-
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	
VEHICLE B IN FRONT BRAKE. I CANNOT STOP IN TIME AND	HIT ONTO VEHICLE B REAR PORTION.
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMO597E
	SMQ587E
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number

Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

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.
- 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.
- 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 Agrisonal 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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

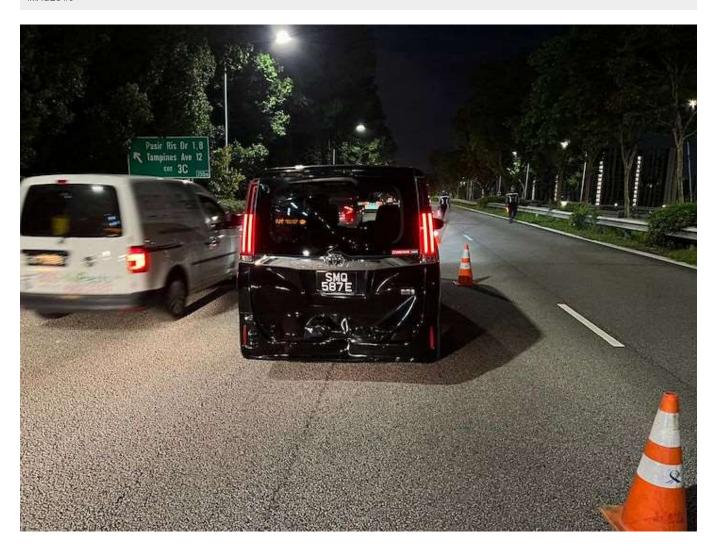


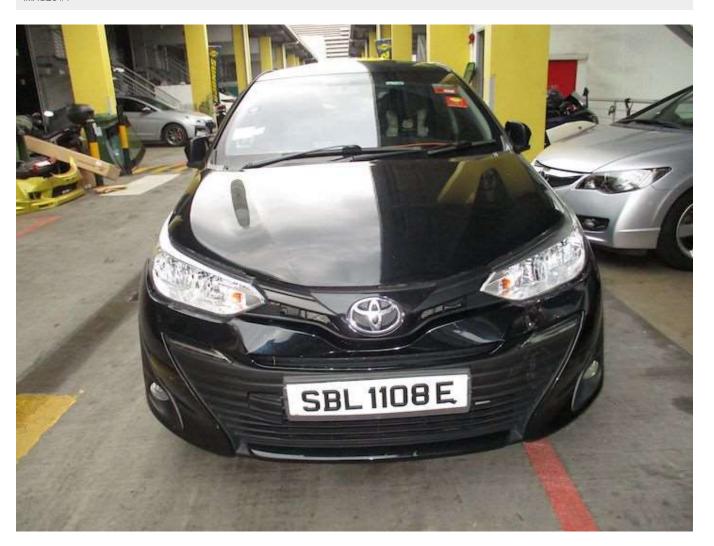


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fectare the foregoing par	ticulars are true in every re	spect.				
SA						
yholder's Signature / Date	& Driver's Signature (If driver is not the polic	yholder) / Date	Witnes	sed by Report	ing Cent

















Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE ALLIANZ MOTOR PROTECT

ODIGINAL

		1,14	TIMBE MOUSE	1.1500 1.174-1	OR	IGHVAL	
Date	3	10 Feb	ordary 2023				
Policy Number	*	SP2004536435					
Type of Cover	9	ALLIANZ MOTOR PROTECT					
Plan Type	30	Comprehensive					
Intermediary		AAC P	AAC PERFORMANCE PTE LTD				
Intermediary Code	-	00003	0000336				
Policyholder/Insured		SOHE	SOH BOON LOONG				
Correspondence Address		20 LOYANG VIEW - SINGAPORE 507250					
Replacing Cover Note No.		NA	NA				
Period of Insurance		From 23/02/2023 To 22/02/2024 (Both Dates Inclusive)					
Premium Payable	(2)	5\$	518.57				
GST 8%	-	S\$	41.49				
Total Premium Payable	-	55	560.06				
Make and Model	Ė	Toyota VIOS					
Agreed Value	8	MARKET VALUE		Off Peak Car	3	No	
Registration No.	‡	SBL11	08E	Good Driver Discount	-7.	Yes	
Year of Manufacture	(2)	2018		Body Type	1.5	Sedan	
Engine Capacity	#	1496.0		Engine No.	35	2NRX261007	
Chassis No.	1	MR2B23F3401110767		Windscreen	3	UNLIMITED	
Hire Purchase Owner	7.	HONG	LEONG FINANCE	No Claims Discount	133	50 %	
Additional Cover	(2)	NCD Protector					
Named Drivers	(4)	SOH B	OON LOONG				
Excess	20		Damage	5\$		600.00	
	(3)	Winds	creen Damage	5\$		100.00	

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C 79 Robinson Road #09-01 Singapore 068897 | Tel. +65 6714 3369 | Websac. www.aflianz.sg

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