

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 witholding 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 03/03/2023 11:09 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/03/2023 07:34 (SGT) Exact Location of Accident Near 55 Toh Guan Rd E, Singapore 608601 Additional Location Information PIE TOWARDS TUAS BEFORE EXIT 28 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SMQ6249S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMED SHAWAL BIN MOHAMED SIDEK NRIC No S9804239C Email Address SHAWALK1122@GMAIL.COM Mobile Phone No (Phone) +65-84564551 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cerato 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 1591

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003040780-01

DRIVER

Name of Driver MOHAMED SHAWAL BIN MOHAMED SIDEK NRIC No S9804239C Date Of Birth 06/02/1998 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	18/05/2018 4 YEARS AND 10 MONTHS Male (Phone) +65-84564551 - SHAWALK1122@GMAIL.COM 705 CLEMENTI WEST ST 2 12-235 120705 Yes - No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
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? CIRCUMSTANCES OF ACCIDENT	No No -
REFER TO SUMMARY & SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SJH6150A - - -

Private car

Vehicle Category

Name of Driver
Contact Number

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

Describe Circumstance of the Accident		
ON 03/03/2023 @ 0734 HED, I 10M DEIVING MY VEH A		
(SMB 6X49S) ALONG PIE TOWARDS THAS BEFORE EXIT AS.		
INTERDAT VEH B (S.H. 6150A) SCIDDENILY JAMIMED BRACE		
AND I COULD NOT REACT ON TIME AND COLLIDED ONTO		
VEH B (SJH GLYDA) REAR.		
CONTRACTOR OF THE STATE OF THE		
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policy Signature / Date & Time

Driver's Signature (4 driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

DICELEN TANA

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SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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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")

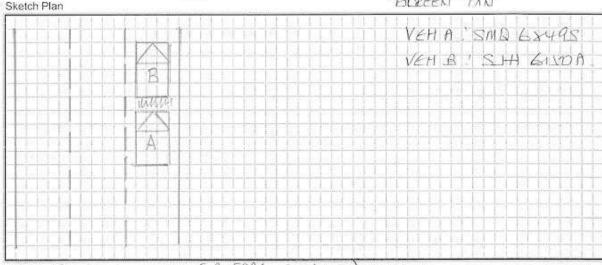
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 Pypposes.



Policypoider's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) PORCENT TAM



PIE TOUGHEAS THAT [BEFORE EXIT 28)

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391 Kia Cerato 1.6A EX SMQ6249...

Allianz (li)

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

INDER TRANSPORT ACT HER INDEXPOSE DESCRIPTION OF MALANCA.

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\$P2003049780-01 55 October 2002 Genticase Number Date of Issue.

Persons or Classes of Persons Entitled to Drive".

Limitation as to Use*

Used only for securit domestic and preasure purposes and for the Poxyytorden's business:

Displaying or death, communicating graduate glupport and or the host graduate displaying. The Policy does not cover:

(a) use for bring for making including history thank or speed betting to use for branching placemylang including history and samples included to the carriage of global soften than samples included history that or business.
(c) use for the purposes in communication with the Made Tradition.

INE HEREBY CERTIFY mantle Policy to ancio tos. Certificite relates a sound in approlarire am the privisions of the Motor Vehicles i Three-Party Rinks and Companisation Act (Chapter 18%) and Partity of the Road Transport Act 1987 (Mallysia) or Americant, Act of Act passed in auditables internal.

Nicham Raissi Chief Esecutive Officer Allianz Insurance Singapore Pte. Ltd.

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Allianz Insurance Singapore Pte, Ltd. UEN2019-004165.
Th Roboson Road 809-01 Singapore 56897. Tel +65-6714 33691 Website awardistrating







