

## 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 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 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 .....              | 21/03/2023 09:53 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 18/03/2023 22:30 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | THOMSON ROAD                        |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SLD634H |
|-----------------------------------|---------|

#### INSURED/POLICYHOLDER

|                                |                                 |
|--------------------------------|---------------------------------|
| Is company? .....              | No                              |
| Name Of Registered Owner ..... | LEE EE YANG                     |
| NRIC No .....                  | S8231717A                       |
| Email Address .....            | EEYANG.LEE@COVENANTCHAMBERS.COM |
| Mobile Phone No .....          | (Phone) +65-98594333            |
| Alternative Phone No .....     | -                               |

#### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer .....   | Mazda       |
| Model .....  | 6           |
| 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? ..... | Yes         |
| Vehicle Category .....   | Private car |
| Transmission .....   | Auto        |
| CC .....   | 2000        |

#### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number ..... | SP2001852453-01                       |

#### DRIVER

|                      |             |
|----------------------|-------------|
| Name of Driver ..... | LEE EE YANG |
| NRIC No .....        | S8231717A   |
| Date Of Birth .....  | 14/10/1982  |
| Occupation .....     | Indoor      |

|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass .....   | 10/04/2002                      |
| Driving experience .....   | 20 YEARS AND 11 MONTHS          |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-98594333            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | EEYANG.LEE@COVENANTCHAMBERS.COM |
| Address .....  | 7 THOMSON LANE #19-03           |
| Address complement .....   | -                               |
| Postcode .....   | 297725                          |
| 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 .....   | Side Swipe |
| 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) .....   | 5   |
| 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 .....   | PASSENGER |
| Gender ..... | Female    |

#### PASSENGER 2

|              |           |
|--------------|-----------|
| Name .....   | PASSENGER |
| Gender ..... | Female    |

#### PASSENGER 3

|              |           |
|--------------|-----------|
| Name .....   | PASSENGER |
| Gender ..... | Female    |

#### PASSENGER 4

|              |           |
|--------------|-----------|
| Name .....   | PASSENGER |
| Gender ..... | Female    |

#### 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

#### REFER TO SKETCH PLAN

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SMH3215G  
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 ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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.
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

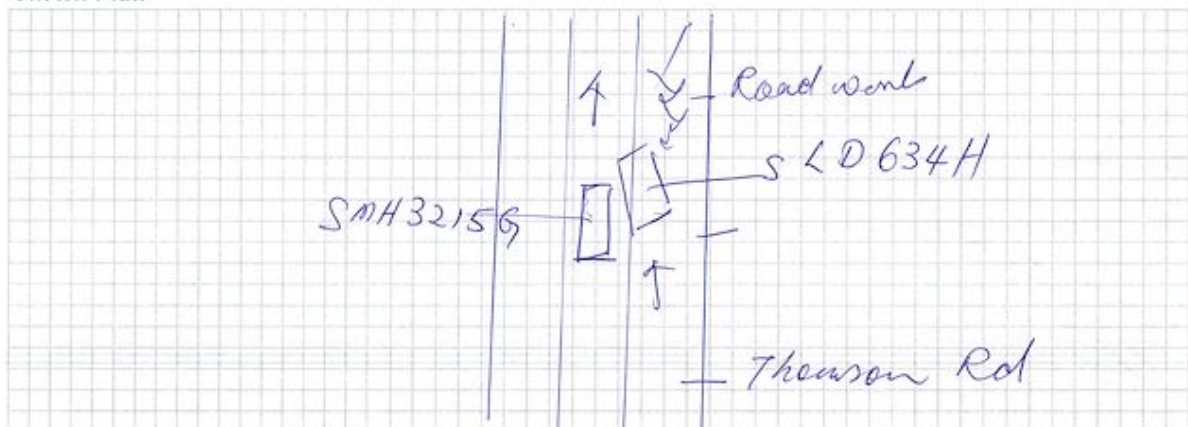
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

Witnessed by Reporting Centre Personnel

**Sketch Plan**

### Describe Circumstances of the Accident

I was traveling on a 3 Lane road. Because of road works I had to change lane to Lane No. 3 from the right. Then a yellow vehicle came from behind and blocked me my car despite having advance notice of my intention.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 8453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre  
Personnel













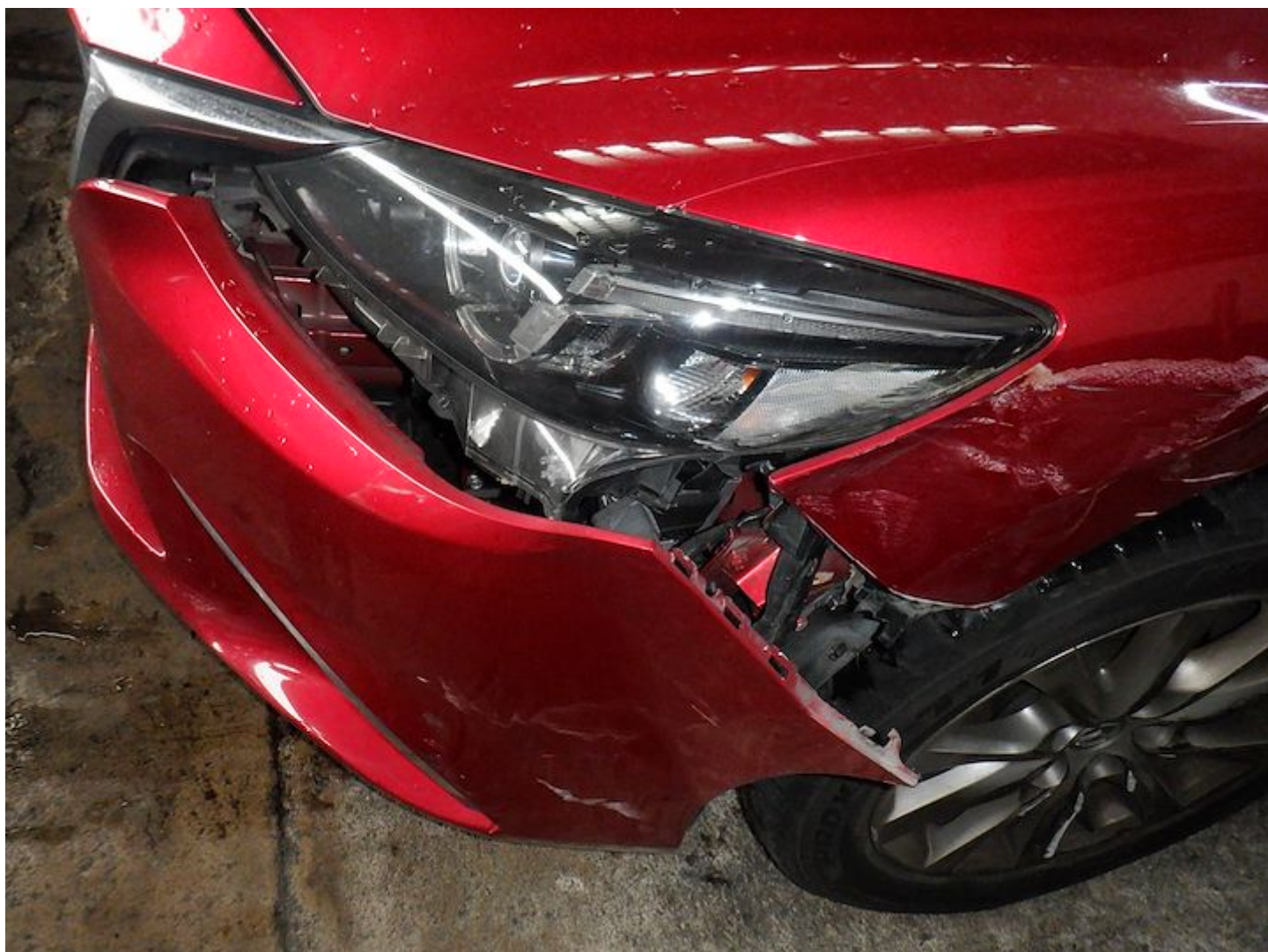


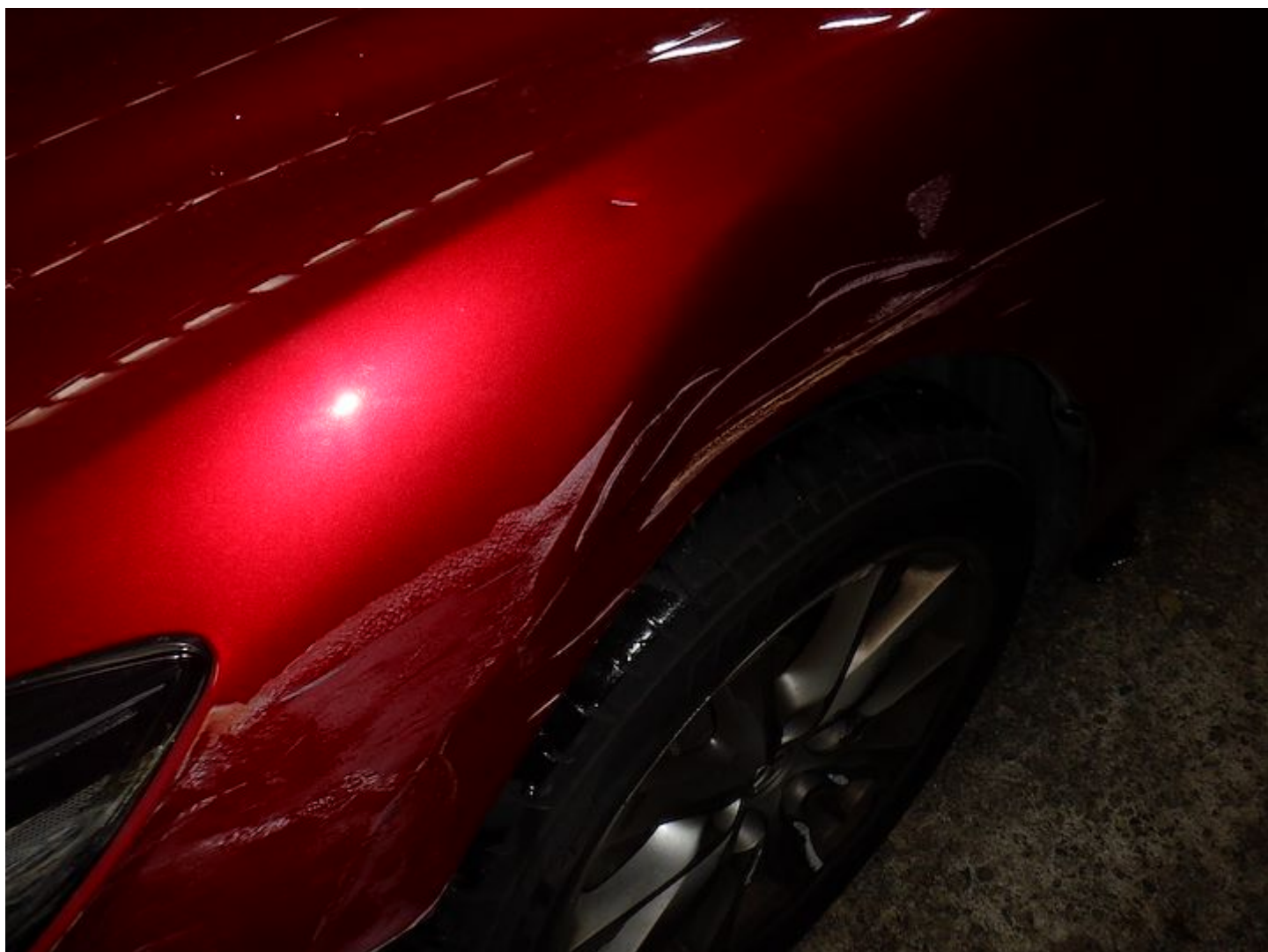




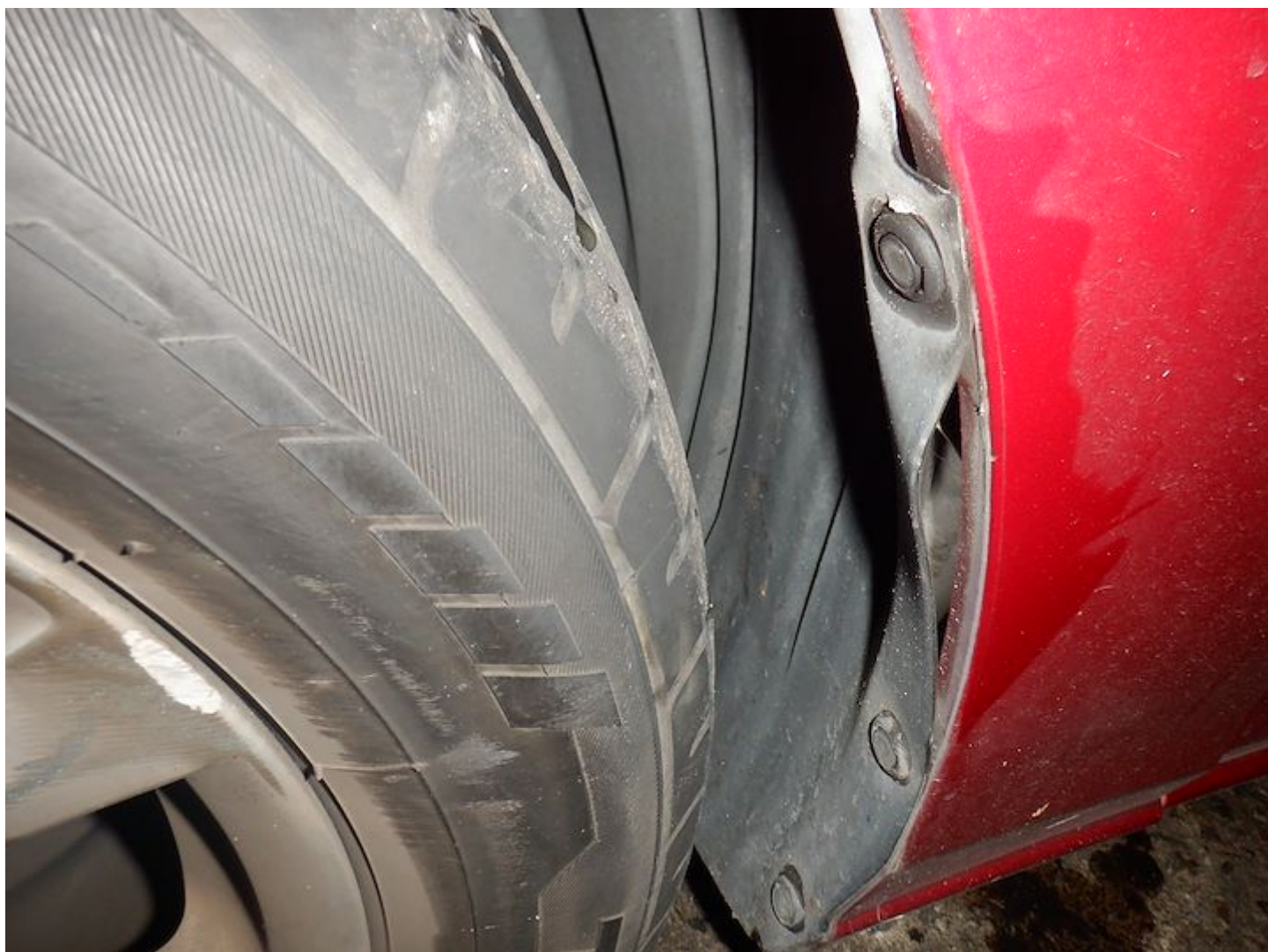




























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1N 233 L0001 Vehicle Registration No: SLD 634H  
 Name (as shown in NRIC): LEE EE YANG NRIC/FIN/Passport No: SXX XX 717A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9859 4333  
 Email Address: ee-yang.lee @ roven and chambers - com  
 Date of Accident: 18/03/2023 Time of Accident: 21:30  
 Place of Accident: Thomson Road  
 Insurance Company: Allianz Insurance

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

"Amend to own damage claim"

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



Allianz Insurance Singapore Pte. Ltd.

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001852453-01  
 Date of Issue : 2022-05-23  
 Coverage : Comprehensive  
 Policyholder : Lee Ee Yang  
 Period of Insurance : 31 May 2022 to 30 May 2023(both dates inclusive)  
 Registration No. : SLD634H  
 Chassis number of Vehicle : JM6GJ1072G0237900

**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 cancelled at the time of accident loss or damage.*

**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 (Malaysia), 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.

23 May 2022  
 Issued Date

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

Intermediary Code : 0000331 ICARE SERVICES PTE LTD  
 Excess : Own Damage  
 : Windscreen Damage

SGD 600.00  
 SGD 100.00