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 01/04/2023 16:24 (SGT) Reported by Actual Driver Date of Accident 31/03/2023 11:38 (SGT) Exact Location of Accident Singapore Additional Location Information SIMS AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SLD7923C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YOU MEIMEI NRIC No S7162481A Email Address zkz7923@gmail.com Mobile Phone No (Phone) +65-91709033 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1197

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002061126

DRIVER

Name of Driver ZHENG KEZHONG NRIC No S7267239I Date Of Birth 05/05/1972 Occupation Indoor

Date Of Driving Pass 03/10/2011 Driving experience 11 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90901839 Alt. Phone Number Email Address zkz7923@gmail.com Address 1B LYNWOOD GROVE Address complement Postcode 358677 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBH4060J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

S9222824Z

SHAWN SOON ZHENXUN

Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-90083739
Address	_
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	ZHENG KEZHONG Male (Phone) +65-90901839
Address Complement Post Code Approximate Age Years Old Injuries Sustained	- -
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLD7923C - No

SKETCH PLAN

VEHNO: SLD 7923C INSURER ALLIANZ INSURER ALLIANZ

DATE OF ACC 31/03/23 11-380-M

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 Traffic Police Department for investigation.

- 6. 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.
- 7. By the ladgement 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

Sketch Plan

ver is not the policyholder) / Date

Witnessed by Reporting Centre Perso

PLEASE TÜÜRN OVER

" NOTE: PLEASE TAKE NOTE TH Claim under your Own Comp		our policy for m	ore information.	IV DAMAGE
() Claim OD/FP at other w	() Claim Third party orkshop (()	Reporting Onlly	
ketch Plan				
1 (1	l ve	nicle A: SL	07923C	
9 1		nicle B: G		
Average				
2 AZ				
8	8			
ं जे				4444
			10001	
1-2111111111			111111111	
y vehicle A (SLD) vehicle B (GBH406 I get hown the vehicles trying to avoid	icle and check, the road side	ns Avenue ght side of it seems stationary	e. Suddenlear of my white her	vehicle. izle B .ca
ny vehicle A (SLD) vehicle B (GBH406 I get down the veh was trying to avoid	1923 c) along Silver of the not check, the road side	ns Avenue ght side of it seems stationary	e. Suddenlear of my white her	vehicle. izle B .ce
ny vehicle A (SLDT vehicle B (GBH406 I get hown the veh was trying to avoid	1923 c) along Silver of the not check, the road side	ns Avenue ght side of it seems stationary	e. Suddenlear of my white her	vehicle. izle B .ce
ny vehicle A (SLD) vehicle B (GBH406 I get down the veh vas trying to avoid	1923 c) along Silver of the not check, the road side	ns Avenue ght side of it seems stationary	e. Suddenlear of my white her	vehicle. izle B .ce
ny vehicle A (SLD) vehicle B (GBH406 I get down the veh was trying to avoid	1923 c) along Silver of the not check, the road side	ns Avenue ght side of it seems stationary	e. Suddenlear of my white her	vehicle. izle B .ce
vehicle A (SLD) vehicle B (GBH406 I get lown the veh vas trying to avoid swerve and and colling fer the incident	1923 c) along Si 103) hif the no ide and check, the road side ided with my vel and will be seek!	ns Avenue ght side of it seems stationary	e. Suddenlear of my white her	vehicle. izle B .ce



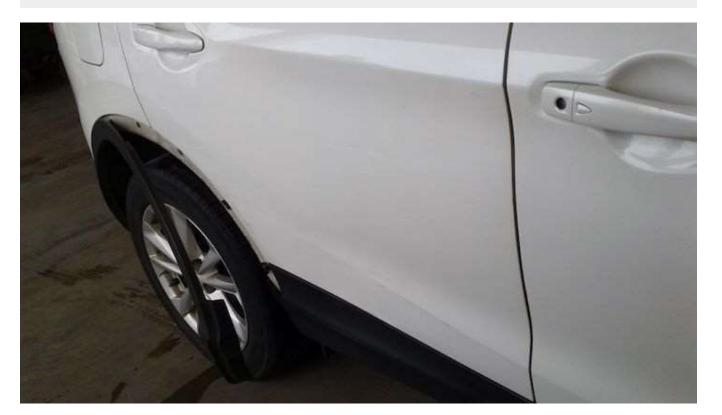


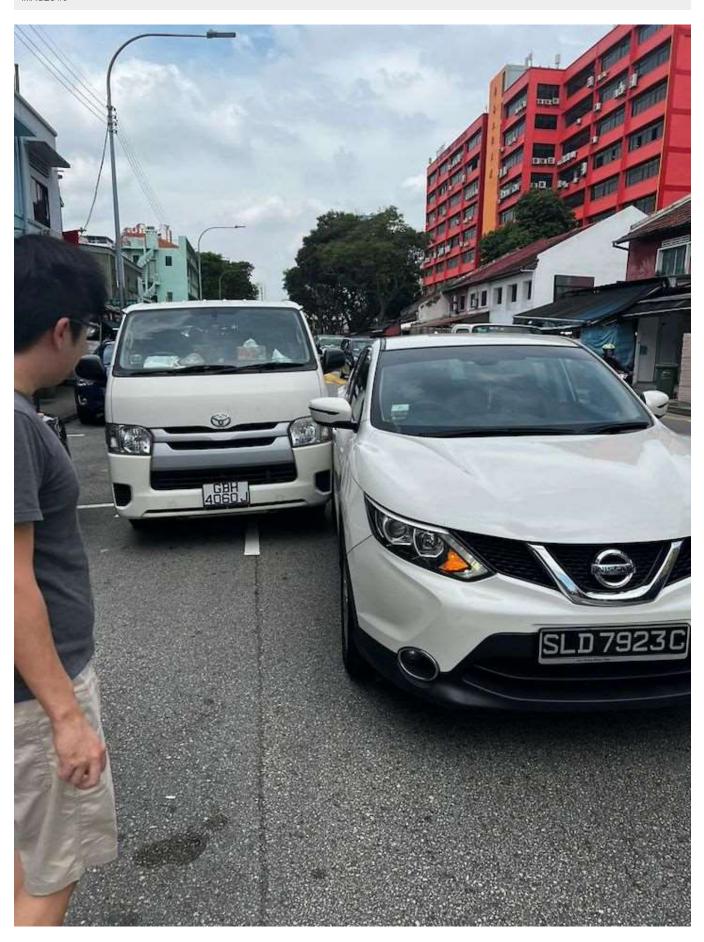


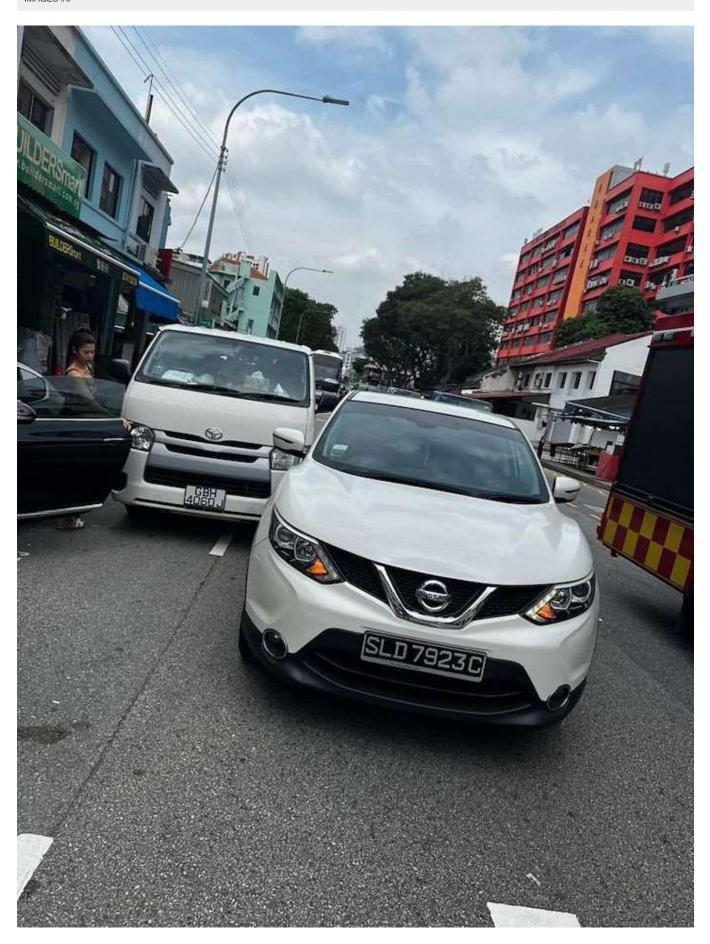


















1/2 surance Singapore Pte. Ltd.



POLICY SCHEDULE ALLIANZ MOTOR PROTECT

ORIGINAL

					ORIGINAL		
Date	-	17 Ju	ne 2022				
Policy Number	÷	SP2002061126					
Type of Cover	28	ALLIANZ MOTOR PROTECT					
Plan Type	T.	Comprehensive					
Intermediary	8	FINANCIAL ALLIANCE PTE LTD					
Intermediary Code	+	0000103					
Policyholder/Insured		YOU MEI MEI					
Correspondence Address		ANCHORVALE DRIVE #09-166 322A SINGAPORE 541322					
Replacing Cover Note No.	-	NA					
Period of Insurance	ĝ.	From 29/06/2022 To 28/06/2023					
Premium Payable		SS	1110.40				
GST 7%	10	SS	77.73				
Total Premium Payable		5\$	1188.13				
Make and Model	2	Nissa	n QASHQAI				
Agreed Value	-	MARKET VALUE		Off Peak Car	*	No	
Registration No.	8	SLD7923C		Good Driver Discount	2 :	No	
Year of Manufacture	20	2016		Body Type	\$3	Wagon	
Engine Capacity		1197.0		Engine No.	÷	HRA2286027A	
Chassis No.	# / T	SJNFEAJ11U1676491		Windscreen	4	UNLIMITED	
Hire Purchase Owner	1	NA		No Claims Discount		20 %	
Additional Cover	-	NA					
Named Drivers	+	YOU MEI MEI ZHENG KEZHONG					
Excess	:		Damage screen Damage	S\$ S\$		300.00 100.00	

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

Page 1 of 2