SA19234K0002 / ACCORD AUTO SERVICES PTE LTD[568047] ENTRY DATE & TIME: 20/04/2023 13:48 (SGT) SUBMITTED BY: GOH JACQUELINE VERSION: 1 (20/04/2023 13:48 (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 20/04/2023 13:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 09/04/2023 12:17 (SGT) Exact Location of Accident Near 9V34+9W Singapore Additional Location Information SLIP ROAD OF ANG MO KIO AVE 1 TOWARD CTE (CITY) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM4786C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **WANG ZHIJA** NRIC No S8802949F Fmail Address W.JHIJIA88@GMAIL.COM Mobile Phone No (Phone) +65-96561899 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **COROLLA ALTIS** 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 1600

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003805806-01

DRIVER

Name of Driver WANG ZHIJA NRIC No S8802949F Date Of Birth 29/01/1988 Occupation Indoor

Date Of Driving Pass 22/10/2010 Driving experience 12 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96561899 Alt. Phone Number Email Address W.JHIJIA88@GMAIL.COM Address BLK 310B ANG MO KIO AVE 1 #08-381 Address complement Postcode 562310 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 No Collision 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? 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 PASSENGER 1 Name NG WEI MIN ANGELA Gender PASSENGER 2 Name WANG KAI LER CAELEB Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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	SMZ5558J
Vehicle Manufacturer	Tesla
Vehicle Model	MODEL Y
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

VEH A: SOMATRIC VEH B: SOME SSET VEH CALL

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.

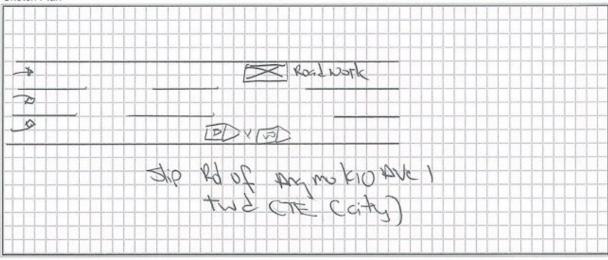
12:38

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Describe Circumstance of the Accident	
DATE OF ACCIDENT: 9/4/D3	TIME OF ACCIDENT: 1217LIS
VEH A: STM4786. VEH B: ST	MZSSSST VEHC: HIL
I was turning into CTE (sor Are 1. There was road wor	
along the slip road into	CTE. I was £ driving behind a
	Model Y suddenly jammed brake, did a I did not feel any
bump' or colliston round, n	
Shortly after the Model Y	door continued driving who
collision have occurred wh	analing to indicate that ile the Model Y was driving
off, I noticed there is damage on their rear end	US ATTE, OLDING WACK ON
Ar I was heading towards the Model Y once more, or to the feether collision has	ny destination I drove part that the driver work, proceed to occurred I verified that
de tination.	o my vehicle upon reaching my
	go were overwrittened as It was
more than 7 days. I There	's no photograph of the collision
	about claim against my motor
Auto Consultants Ptet Pte	

Declaration

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

12:38

Policyholder's Signature / Date & Time

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

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

2











