# 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 misteries entailed of withouting of material facts may allow insurance companies to reputing 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 19/04/2023 17:57 (SGT) Reported by Actual Driver Date of Accident 19/04/2023 08:30 (SGT) Exact Location of Accident Singapore Additional Location Information AYE (TUAS) NEAR EXIT 15A Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SJS9919Y

#### INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner CHEE YOKE PENG NRIC No SXXXX919G Email Address ZHENANN1997@GMAIL.COM Mobile Phone No (Phone) +65-97579618 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Harrier Variant ..... Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto 1986

#### INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004136068-01

# DRIVER

Name of Driver CHIANG ZHEN ANN NRIC No SXXXX109H Date Of Birth 16/05/1997 Occupation Outdoor

| Date Of Driving Pass   | 19/03/2019               |  |  |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|--|--|
| Driving experience   | 4 YEARS AND 1 MONTH      |  |  |  |  |  |  |  |
| Gender   | Male                     |  |  |  |  |  |  |  |
| Mobile Number  |                          |  |  |  |  |  |  |  |
|  | (Phone) +65-96502393     |  |  |  |  |  |  |  |
| Alt. Phone Number  | -                        |  |  |  |  |  |  |  |
| Email Address  | ZHENANN1997@GMAIL.COM    |  |  |  |  |  |  |  |
| Address  | 8 LIMAU GARDEN           |  |  |  |  |  |  |  |
| Address complement   | _                        |  |  |  |  |  |  |  |
| Postcode   | 467867                   |  |  |  |  |  |  |  |
| Is the driver the policyholder?                              |                          |  |  |  |  |  |  |  |
|  | No                       |  |  |  |  |  |  |  |
| If No, Relationship of the Driver with the Insured           | Child                    |  |  |  |  |  |  |  |
| 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  |                          |  |  |  |  |  |  |  |
| Was any foreign vehicle involved in the accident?            | No                       |  |  |  |  |  |  |  |
|  | 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)          | 1                        |  |  |  |  |  |  |  |
| soliciting/offering accident claims assistance?              | No                       |  |  |  |  |  |  |  |
| Translator's name  | INO                      |  |  |  |  |  |  |  |
|  | -                        |  |  |  |  |  |  |  |
| 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?  | -                        |  |  |  |  |  |  |  |
| ii yoo, againot wilom.                                       | <u>-</u>                 |  |  |  |  |  |  |  |
| CIRCUMSTANCES OF ACCIDENT                                    |                          |  |  |  |  |  |  |  |
| REFER TO SKETCH PLAN.  |                          |  |  |  |  |  |  |  |
| ATTACHMENT(S)  |                          |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
| 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                                  | GBM1098U                 |  |  |  |  |  |  |  |
| Vehicle Manufacturer   | -                        |  |  |  |  |  |  |  |
| Vehicle Model  | -                        |  |  |  |  |  |  |  |
| Vehicle Variant  | •                        |  |  |  |  |  |  |  |
| Vehicle Colour   | <u>.</u>                 |  |  |  |  |  |  |  |
| Vehicle Category   | Commercial vehicle       |  |  |  |  |  |  |  |
|  | Commercial vehicle       |  |  |  |  |  |  |  |
| Name of Driver   | -                        |  |  |  |  |  |  |  |
| L ODISCI NUMBER  |                          |  |  |  |  |  |  |  |

Contact Number

| Address                                 | <u>-</u>     |
|---|--------------|
| Address complement                      |              |
| Postcode                                | <del>-</del> |
| Insurance Company Name                  |              |
| Nature Of Damage                        |              |
| Details of property damaged in accident | <b>-</b>     |
| No. Of Passenger (Including Driver)     | -            |

#### SKETCH PLAN

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- 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)

l 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' 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")

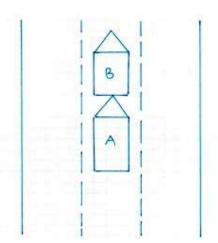
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy holder's Signature / Date &

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

Witnessed by Reporting Personnel

Sketch Plan



VENICIEB: GBMIOGSU

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# Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

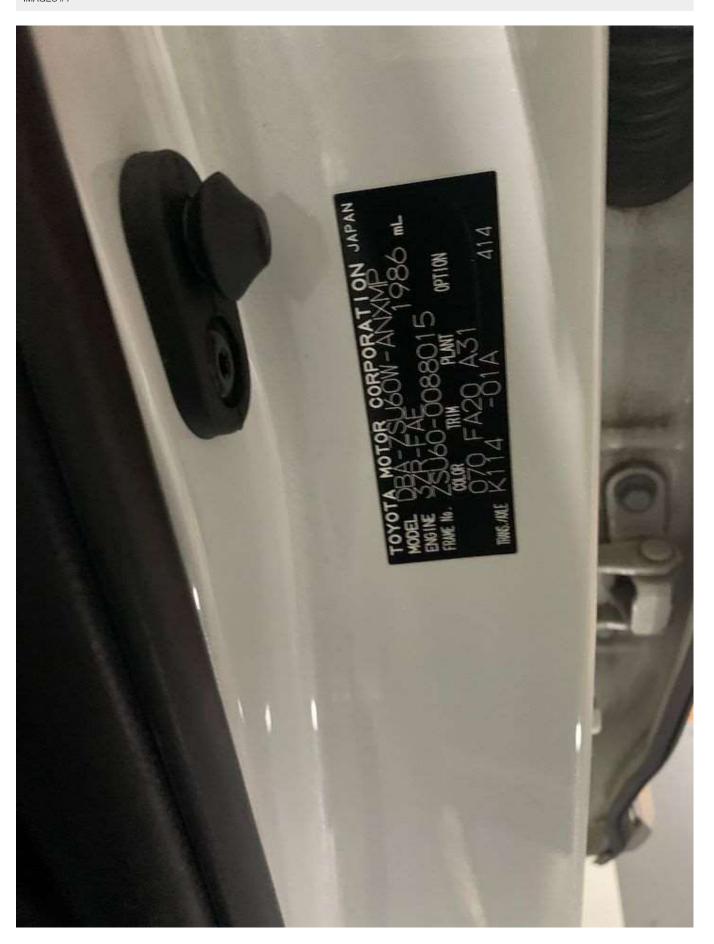
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Course

















## Allianz Insurance Singapore Pte. Ltd.

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

NOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) OF THE REVISED EDITION) [REPUBLIC OF SINGAPORE]
NOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RILES 1999 (REPUBLIC OF SINGAPORE)
NOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1990 (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Date of Issue

12 January 2023

Coverage

Comprehensive

Policyholder

CHEE YOKE PENG

Period of Insurance

26 January 2023 to 25 January 2024(both dates inclusive)

Registration No.

SJS9919Y

Chassis number of Vehicle

ZSU600088015

## Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder
- (b) Any other person who is driving an 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 dove 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 arrining the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been obniced at the time of acadent 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 Matar 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.

12 January 2023

Issued Date

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

Intermediary Code

: 0000272 MOMSTERS PTE LTD

Excess

: Own Damage

: Windscreen Damage

SGD SGD 600.00 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg