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.

- 4. The issue and acceptance of this is form by instrained 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 25/04/2023 18:46 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/04/2023 10:05 (SGT) Exact Location of Accident Singapore Additional Location Information PIE NEAR TOH GUAN EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SFL7373T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FOO SHAO CHERN(FU SHAOZHENG) NRIC No S7513754J Email Address kennethfoosc@gmail.com Mobile Phone No (Phone) +65-94512992 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model CIVIC TYPE-R 2.0 M 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 Manual CC 1998

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002833297-01

DRIVER

Name of Driver FOO SHAO CHERN(FU SHAOZHENG) NRIC No S7513754J Date Of Birth 08/05/1975 Occupation Indoor

Date Of Driving Pass 08/03/1996 Driving experience 27 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-94512992 Alt. Phone Number Email Address kennethfoosc@gmail.com Address 226 LOR 8 TOA PAYOH #16-114 Address complement Postcode 310226 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain 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 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 SKETCH ATTACHED 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 SLL877G 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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ1687E
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant -	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	•
Contact Number -	Ē
Address	
Address complement -	
Postcode -	
Insurance Company Name	
Nature Of Damage -	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKW6777B
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

VEHNO SFL7373T INSURER Allianz DATE OF ACC 25/4/23 @ 10:05am

IMPORTANT NOTICE

- 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.
- 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 Singaporè ("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.

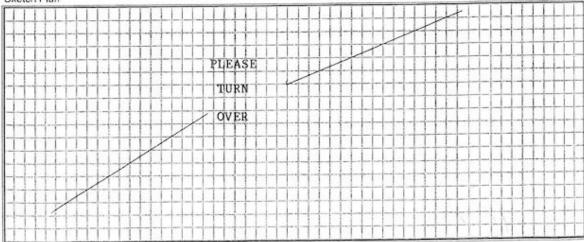
Policyholder's Signature / Date & Time

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

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

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Sketch Plan



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scribe Circumstance of the Accident	AN TO THE PROPERTY OF THE PROP
NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAY	STIME FRAME for you to submit OWN DAMAGE
Claim under your Own Comprehensive policy. Pls check yo	() Reporting Onlly
) Claim Own Policy () Claim Third party	() Reporting Only
etch Plan	
TOH GUA) DID 25/4/2023(2) (OOT hise, TOWARD TWAK ON PIE EXIT. SEM 67778 Slow SLOW DOWD & WAS BACK 34 GUL 877 G	DOWN 1 TOO
Declaration \\ We declare the toregoing particulars are true in every respect.	ρ(()



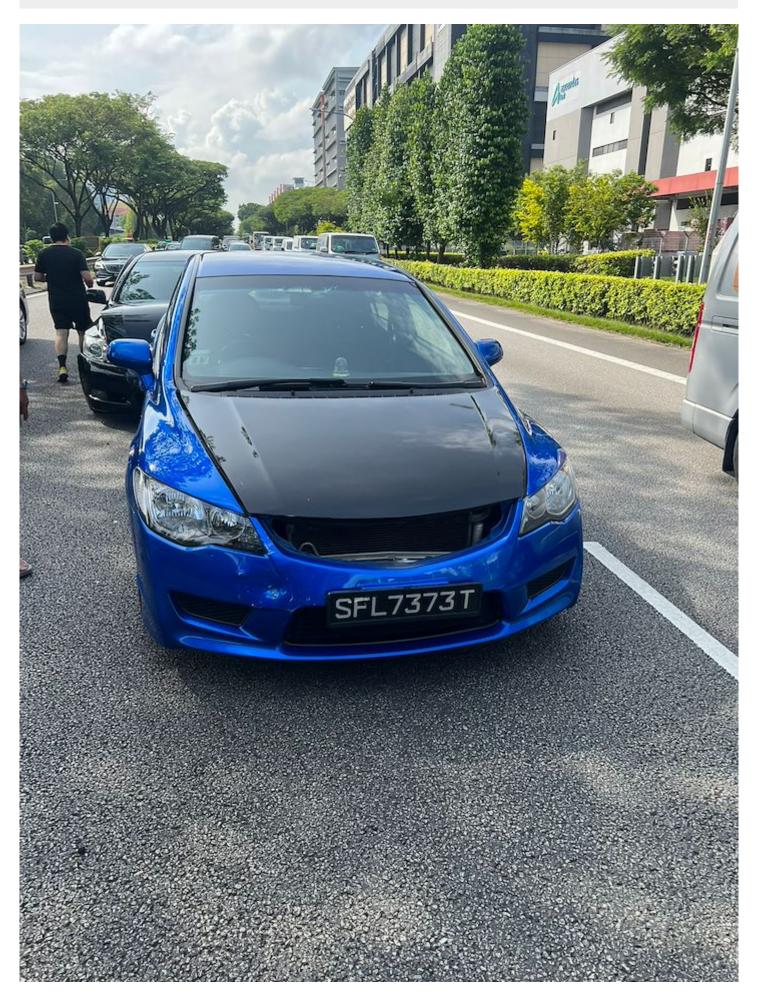


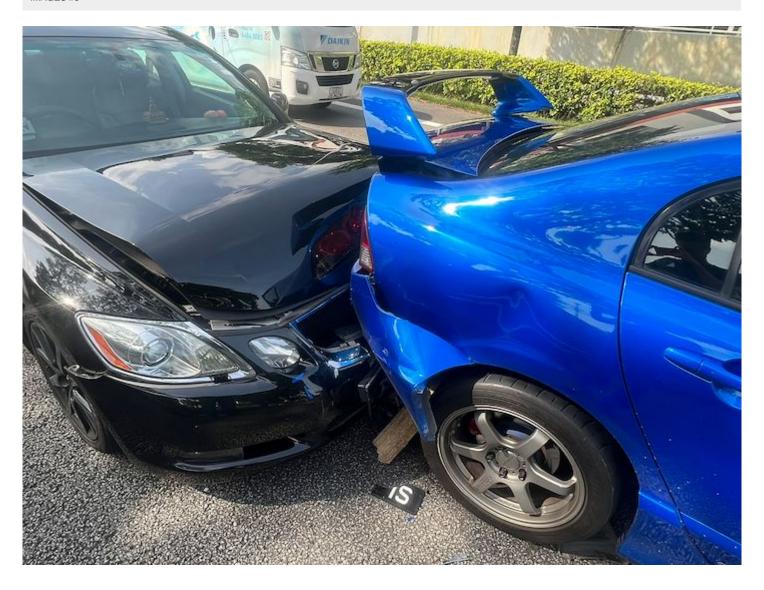








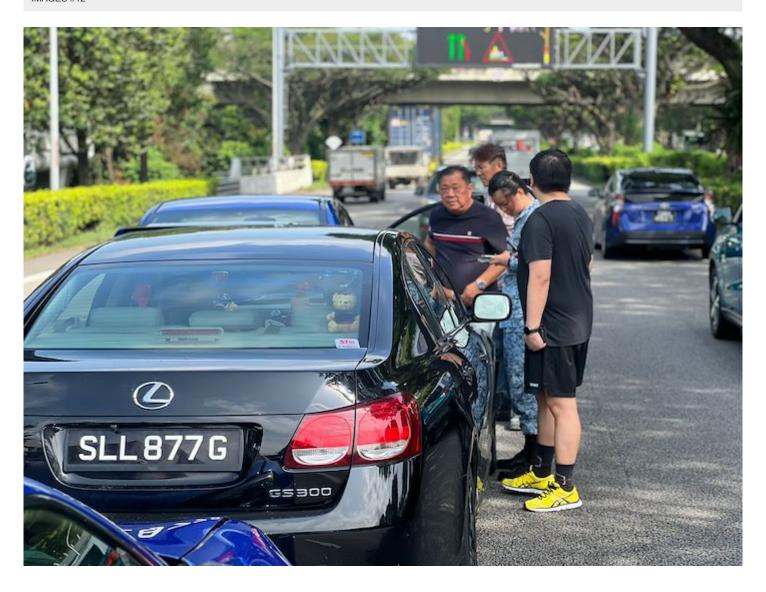


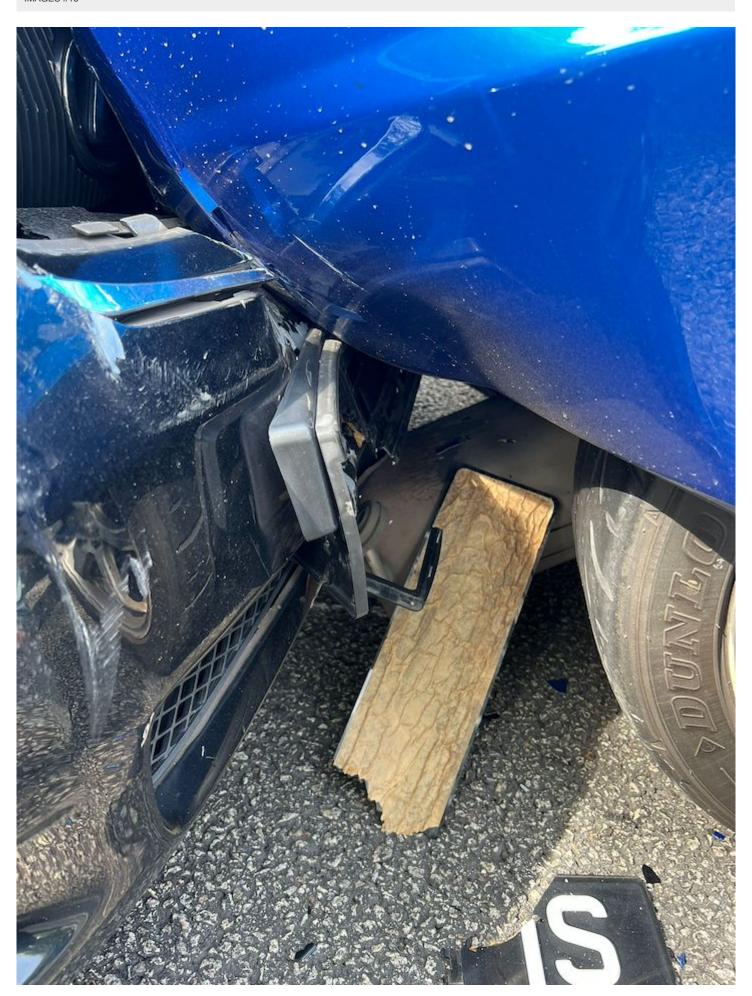


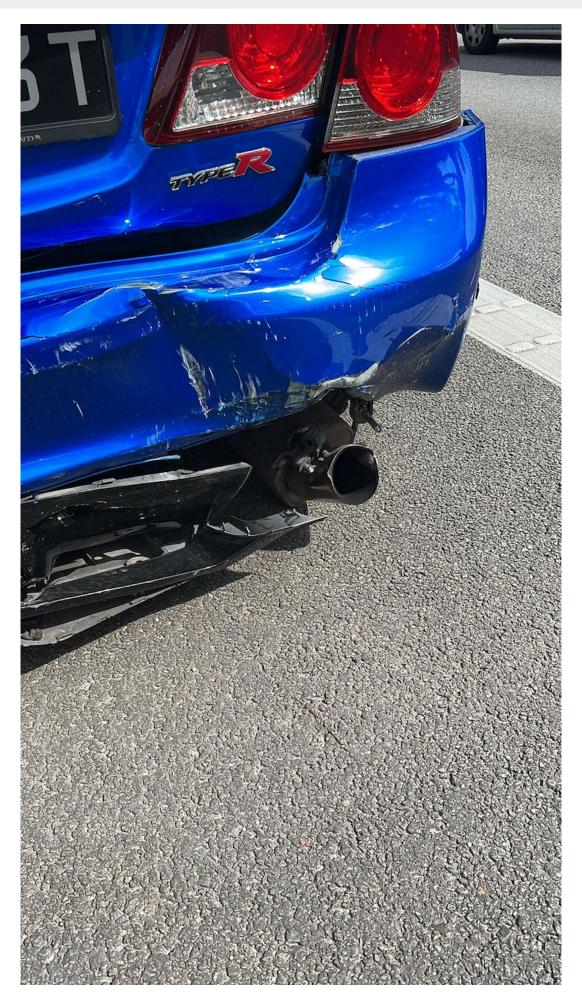


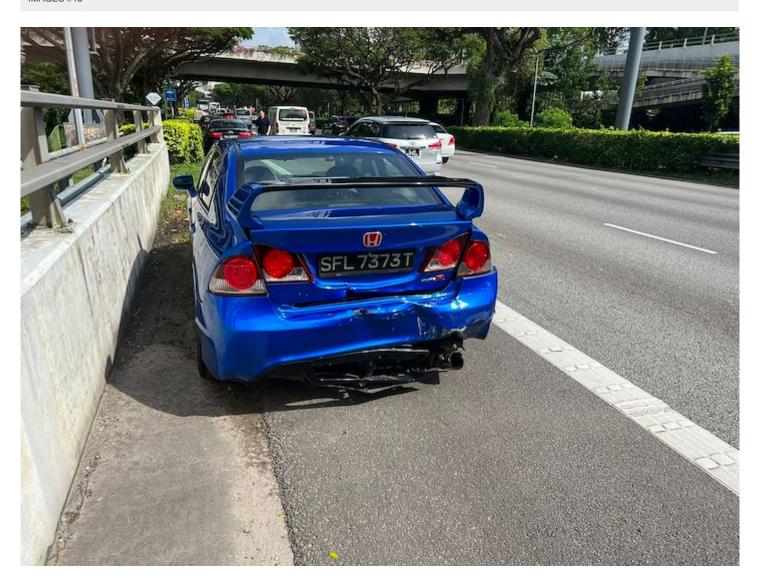




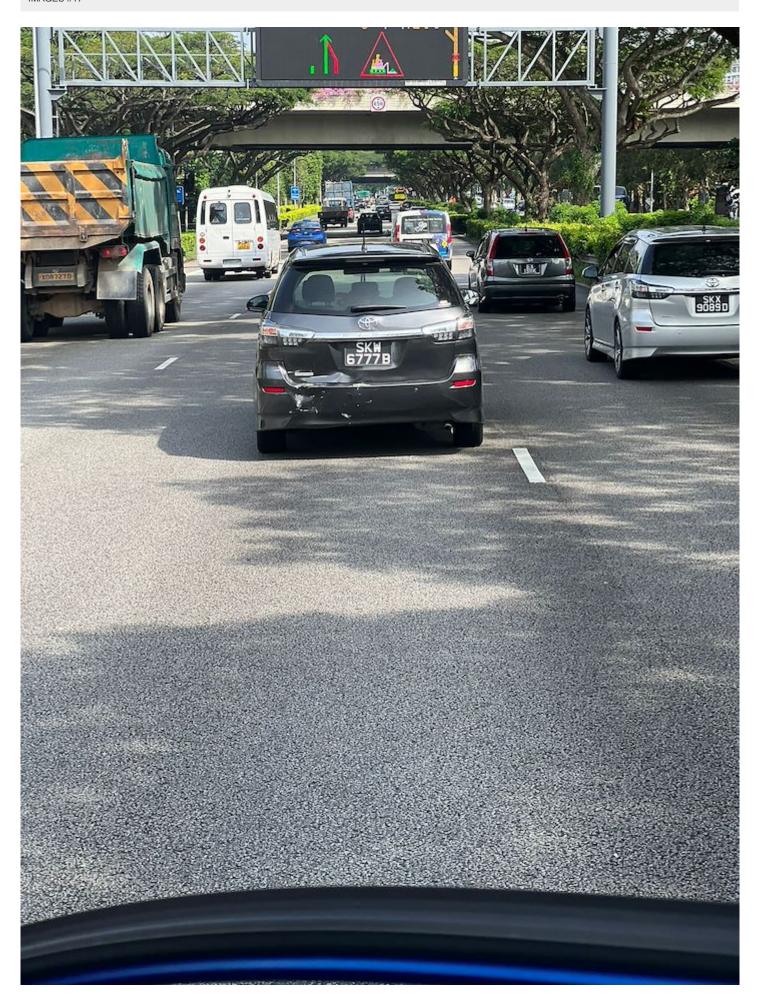












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Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

Allianz (II)

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 1996

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

 Certificate Number
 : SP2002833297-01

 Date of Issue
 : 09 September 2022

 Coverage
 : Comprehensive

 Policyholder
 : FOO SHAO CHERN

 Period of Insurance
 : 11 September 2022 to 10 September 2023(both dates inclusive)

 Registration No.
 : SFL7373T

 Chassis number of Vehicle
 : FD21202719

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.

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

Used only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover:

(a) use for thire or reward

(b) use for the or reward;

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for the 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.

09 September 2022 Issued Date

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

: 0000373 I INSURANCE SG AGENCY Intermediary Code

: Own Damage : Windscreen Damage

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

Allianz (II)

Allianz Insurance Singapore Pte. Ltd.







