SS2X236F0002 / SME MOTOR PTE LTD ENTRY DATE & TIME: 15/06/2023 12:25 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (15/06/2023 12:25 (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.

- 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 15/06/2023 12:25 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/06/2023 17:00 (SGT) Exact Location of Accident Tampines Ave 10, Singapore Additional Location Information BEFORE JUNCTION OF TAMPINES AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJT1997T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM KIM SAN NRIC No S6840100C Email Address GGLKS68@GMAIL.COM Mobile Phone No (Phone) +65-98449463 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vios Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004359775

DRIVER

Name of Driver LIM KIM SAN NRIC No S6840100C Date Of Birth 22/10/1968 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/10/1991 31 YEARS AND 8 MONTHS Male (Phone) +65-98449463 - GGLKS68@GMAIL.COM BLK 215 TAMPINES ST 23 #10-63 - 520215 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	-
DETAILS OF POLICE ACTION	iviale
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON 14/06/2023 ABOUT 5PM, I WAS TRAVELLING ALONG TAME ONTO REAR PORTION OF MY VEHICLE. I WAS INVOLVED IN A	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	YP4351E

Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **SLB6016M** 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 **VEHICLE C** No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLV4557B 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 **VEHICLE D** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM KIM SAN
Gender	Male
Phone No	-
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SJT1997T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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)

Lunderstand, 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;
- (ii) 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.

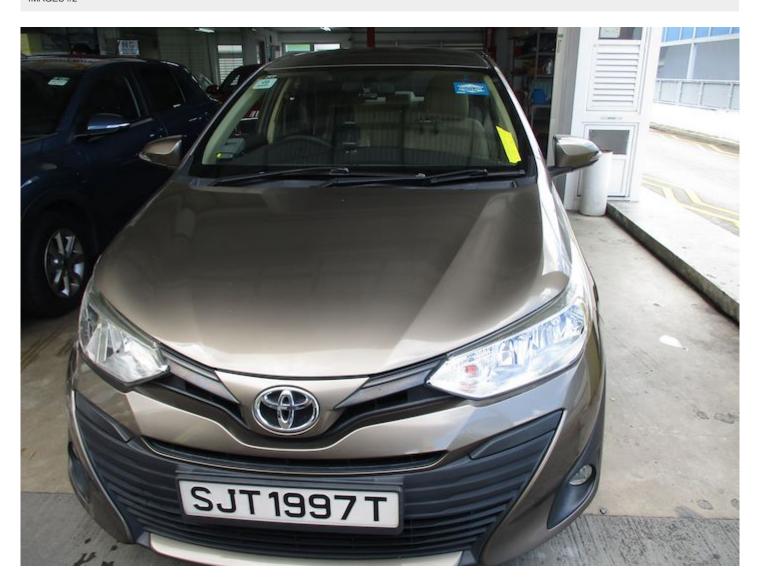
(collectively the "Purposes")

- (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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel	
Sketch Plan	N 11 - W 12 - 12 - 12 - 12			
	51	A 2 S	IT 19977	
	1 torre	B=7	P 4351E	
	io	C 2 S	LB 6016 M	
B	AR	D251	N 4527B	
4	AR 10	D251	-V 4527	

On 14.06	2023 about a	500 pm. 1	Was	travelling	along
Eampines are 1					
nto near part	ion of my	vehicle.	Was	involed	4 vehicl
hain - collision.					
eclaration					
le declare the foregoing particula	ars are true in every respect				
The state of the s	0/4				
licyholder's Signature / Date &	Driver's Signature (If driv	er is not the policyholder)	/ Date	Witnessed by Repo	orting Centre



















Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

RCAD TRANSPORT ACT 1887 (MALAYSIA)
MOTOR VEHICLES (TERD PARTY RISKS AND COMPENSATION OF ANI AYSIA)
MOTOR VEHICLES (TERD PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SIX GAPORE)
MOTOR VEHICLES (TERD PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SIX GAPORE)
MOTOR VEHICLES (TERD PARTY RISKS AND COMPENSATION) RULES 1996
DRIANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

 Certificate Number
 : SP2604359775-01

 Date of Issue
 : 31 January 2023

Coverage COMPREHENSIVE - PREFERRED WORKSHOP

Policyholder Name : LIM KIM SAN

Period of Insurance : 31 January 2023 to 30 January 2024

Registration No. : SJT1997T Finance Company ; NA

Chassis Number of Vehicle : MR2823F3X61110496 For Private Bire Vehicle (PHV) Usage : UM KIM SAN

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 the his/her permission.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
- (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is fixed in the Republic of Singapore
- ^ Limitation randered 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

IWe hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Venicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

31 January 2023 Issue Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pta, Ltd.

Intermediary Code: 0000053 INFINITUM FINANCIAL ADVISORY PTE LTD

Excess : Section 1 : Own Damage : Section 1 : Windscreen

Section 1: Windscreen Section 2: Liabilities to Third Parties SGD 2000 SGD 100 SGD 2000

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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

^{*} Provided that the person driving is permitted in accordance with the licensing or attret laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Linv 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. (Cap 276) (Republic of Singapore) and such registration has not been concelled at the time of accident loss or damage.