



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 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 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	21/06/2023 16:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 04:15 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	JALAN SULTAN ISKANDAR CIQ JB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5718T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHERNNE WONG JEN MUN

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005117644-01

DRIVER

Name of Driver	SHERNNE WONG JEN MUN
NRIC No	S9432479C
Address	BLK 1 LORONG LEW LIAN #08-06
Address complement	-
Postcode	SINGAPORE 531001
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
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Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 4
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

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 SMG973B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
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.

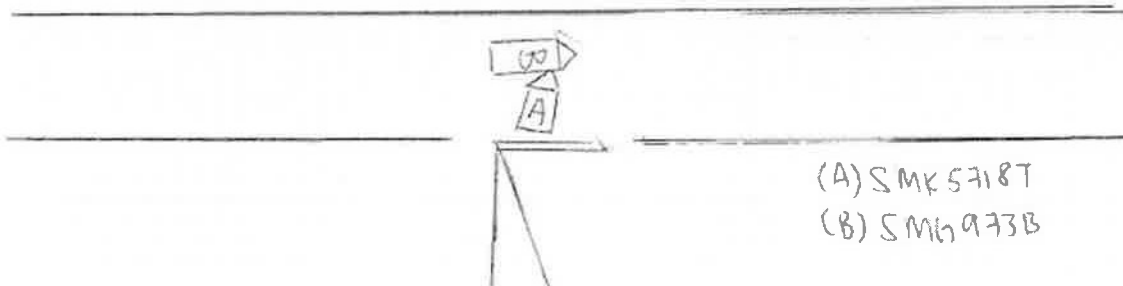

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

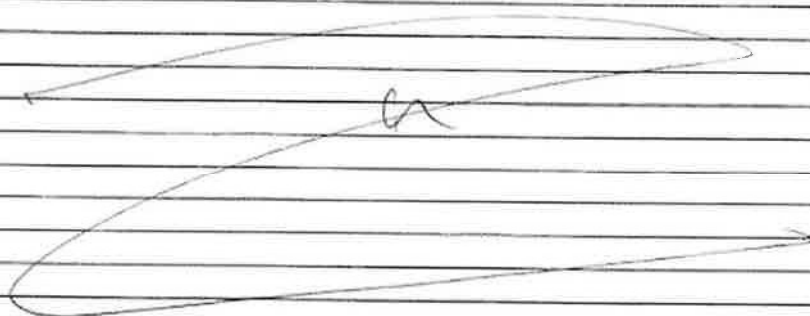
JALAN SUTAN ISKANDAR C1Q JB



Describe Circumstances of the Accident

On 19/04/2023 at about 0415hr at premises of Jalan Sultan Iskandar CIA JB. I was exiting the lorry and the vehicle (B) drove very fast and hit onto the right portion of my vehicle. After the accident, we alighted and mentioned private settlement. However, I received this letter attached and I am making this report for insurance purpose.

Vehicle A: SMK 5718T
Vehicle B: SMG 973B



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
(Incorporated with limited liability)

ERIC NG CHENG BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SUKHSIEN
PAUL YAP TAI SAN
ANJALI GO MONANDY
ANG KIM HOI OANH
RAVENORA KRISHNASAMY
DANES STEFANIE YOLANDA
TAN SIEW CHERN AGNES
MUHAMMAD SHIRREFUDIN BIN JAMAL

Unique Entity Number: 200721148H

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WHEN REPLYING, PLEASE QUOTE OUR REFERENCE.

Our Ref : AM/ATV/T140-SMG973B-23(kh)

13 June 2023

SHERNNE WONG JEN MUN
1 Lorong Lew Lian
#08-06
Singapore 531001

Our Email Addresses

Lawyer : anjali@visionlawllc.com
Secretary : annatan@visionlawllc.com

Dear Sir,

CLAIMANT : MOHAMED SHARIL BIN SATAR
ACCIDENT INVOLVING SMG 973 B AND SMK 5718 T ALONG JALAN SULTAN ISKANDAR CIQ JB AT ABOUT 0415HOURS ON 19 APRIL 2023

We act for **MOHAMED SHARIL BIN SATAR** the owner of motor vehicle no. **SMG 973 B**.

Our investigation reveals that you were the driver of motor vehicle **SMK 5718 T** at the time of the accident. Kindly confirm.

Please let us have the following particulars:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motor vehicle was at the time of the accident covered by a policy of insurance, if so, the particulars thereof;
- (c) whether the driver was at the time of the accident driving as your servant or agent;
- (d) whether the driver was an authorised driver and covered by the policy of insurance.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within seven (7) days from the date hereof, we shall commence action against you as a Defendant.

If the information requested above are not provided within 14 days, any amendments are to be made thereafter to the Writ of Summons and / or any Pleadings, you will be responsible for the costs and disbursements incurred.

We would advise that upon receipt of this letter, you report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our clients' claim. In such event, our clients will have to look towards you for their claim and if you are found liable, you will have to pay our clients' damages out of your own pocket.

Yours faithfully


Vision Law LLC

CONFIDENTIALITY

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