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 03/07/2023 17:12 (SGT) Reported by **Actual Driver** Date of Accident 03/07/2023 08:30 (SGT) Exact Location of Accident Near 47 Defu Lane 12, Singapore 539141 Additional Location Information BARTLEY ROAD EAST Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SKD5084Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TABITHA SHIYEN SAMUEL NRIC No S9000239B Email Address BENEDICT.GABRIEL.TAN@GMAIL.COM Mobile Phone No (Phone) +65-97599143 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Scirocco 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 Auto CC 1390

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003604957

DRIVER

Name of Driver TAN JUN YI BENEDICT NRIC No S9008698G Date Of Birth 13/03/1990 Occupation Outdoor

Date Of Driving Pass	27/07/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-81254848
Alt. Phone Number	-
Email Address	BENEDICT.GABRIEL.TAN@GMAIL.COM
Address	1 FERNVALE CLOSE #03-02 S 797485
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	
Noau Guilace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any injured conveyed to hospital by ambulance: Was any other vehicle or property damaged?	
	Yes
Number of Passengers (Including Driver)	2
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	TABITHA SHIYEN SAMUEL
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Voc
Police Station Name	Yes
	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SDG1000J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TABITHA SHIYEN SAMUEL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person Gender	TAN JUN YI BENEDICT
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 GA 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;
- (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 GA 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 & Driveze Signature (If driver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

Veh A: SKO 5084 2

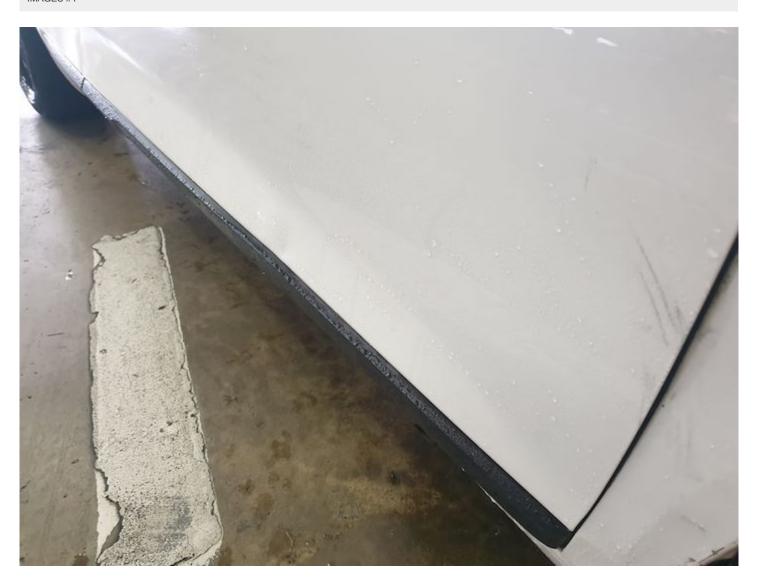
Veh B: SDG (WD)

Refer	to f	police	report.	Report	no: T/2023	0703/7045	
aration							
leclare the f	oregoing	g particul	ars are tru	e in ever	y respect.		
				-	2		Im Ni Ni
		Date &					(, , , , ,



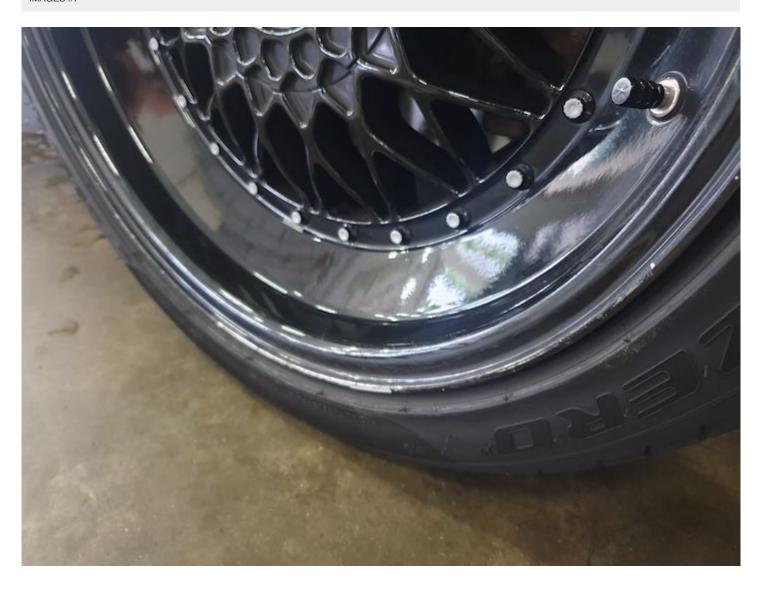








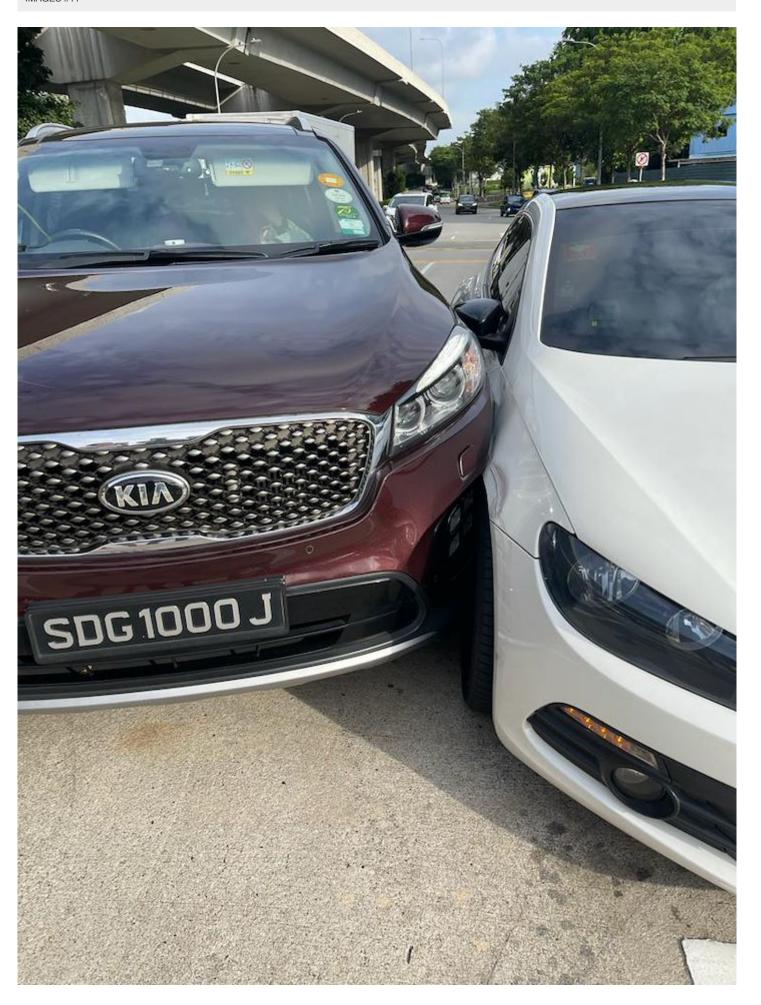


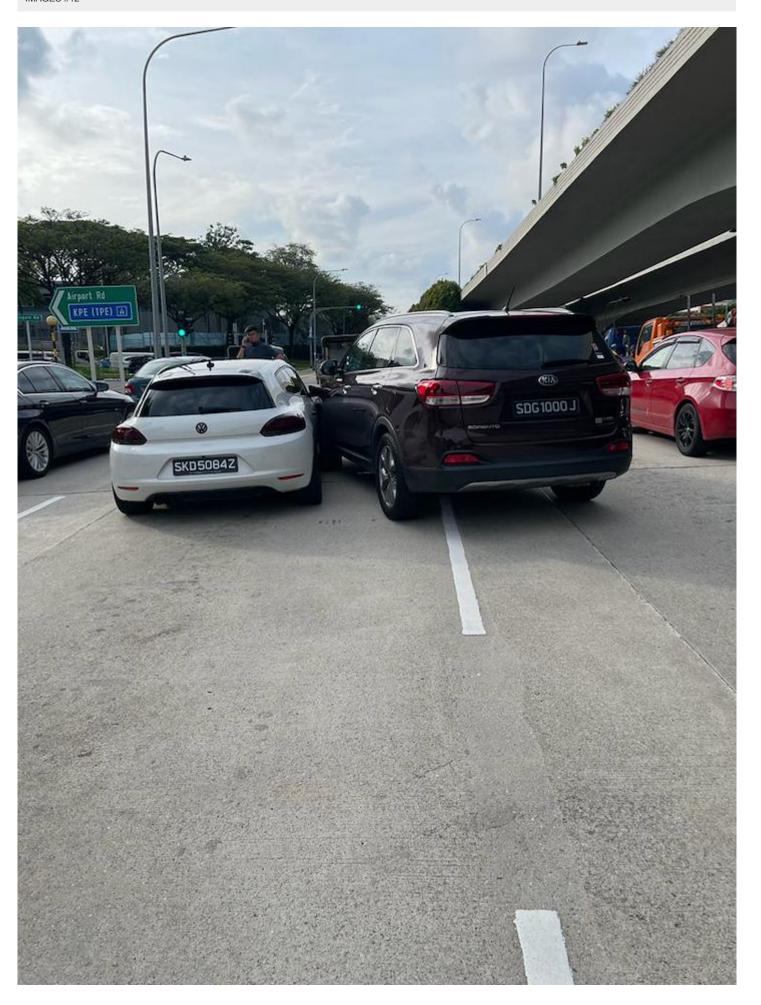
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230703/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 15:30			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN JUN YI, BENEDICT			Address: 1 FERNVALE CLOSE	#03-02 SINGAPORE 797485		
ID Type / ID No.: NRIC NO / S9008698G			Contact No.: Home/Office:	Mobile: 81254848		
Nationality: SINGAPORE CITIZEN		Email: BENEDICT.GABRIEL.TAN@GMAIL.COM				
Sex: Age: Date of Birth: Male 33 13/03/1990			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupat Other co sales ex	mmercial a	nd marketing	Driving Licence Informa Class: 3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2023 08:30	Type of Location: Straight Road
Location: DEFU LANE	12			
Weather:		Road Surface:		
Clear		Dry		
		Dry Traffic Control: Traffic Light - Worki	ng	Traffic Volume: Moderate

Details of V	cinoic mivo	· · · ·				Total
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDG1000J	Car	KIA		Red		0
SKD5084Z	Car	VOLKSWAGO N	Scirocco	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20230703/7045

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230703/7045

CONTINUATION OF REPORT

Driver				ALC: U		
Name	LEE YU LI	ID No.		S6838221A		
Related Vehicle	SDG1000J (Car)			Contact	No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date	N	JIL.	
No. of Days gran	ted Medical Leave	NIL	f N	III.		
Passenger		PER BUT		AND POST		DESCRIPTION A
Name	TABITHA SHIYEN SAMUEL			ID No.		S9000239B
Related Vehicle	SKD5084Z (Car)			Contact	No.	97599143
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class of Driving Licence Expiry	250	Class: 3 Date of Expiry: NIL
Date	03/07/2023		Date	0	3/07/	/2023
No. of Days gran	ted Medical Leave	of Slight				
Driver					199251	
Name	TAN JUN YI, BENEDICT			ID No.		S9008698G
Related Vehicle	SKD5084Z (Car)			Contact	No.	81254848
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL			Class of Driving Licence Expiry	555	Class: 3 Date of Expiry: NIL
Date	03/07/2023		Date	0	3/07/	/2023
	ted Medical Leave	03	Degree o		Slight	

Brief Details.

I was traveling along bartley road east on lane2 straight toward kaki bukit. Vehicle SDG1000J cut across from turn right lane towards Lane 1 straight and hit onto me on Lane 2. Was told by the driver shes going towards the turn left filter lane and she dangerously cut across and causes a huge impact hence my wife and i both injured.

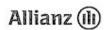




Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230703/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2023 15:30
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:
NP168	



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 (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2003604957-01 Date of Issue : 29 November 2022 Coverage : Comprehensive

Policyholder : TABITHA SHI-YEN SAMUEL

Period of Insurance : 09 December 2022 to 08 December 2023(both dates inclusive)

Registration No. : SKD5084Z

Chassis number of Vehicle : WVWZZZ13ZCV015397

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.

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 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.

29 November 2022

Issued Date

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

Intermediary Code : 0000425 SSL INSURANCE AGENCY PTE LTD

SGD 600.00 Excess : Own Damage : Windscreen Damage SGD 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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