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 04/07/2023 16:21 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/07/2023 18:33 (SGT) Exact Location of Accident Near Opp CP C3, Singapore Additional Location Information ECP (MCE) BEFORE MARINA PARADE EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA700R INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MYCAR LEASING PTE, LTD. Company Reg No 201509747W Email Address LIANLEE@MYCAR.COM.SG Mobile Phone No (Phone) +65-91510072 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vellfire Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private use

2500

No - Claiming third party Private hire Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005981744

DRIVER

Name of Driver ALFAN FADHLAN BIN YA'AKOP NRIC No S9110858E Date Of Birth 27/03/1991 Occupation Outdoor

Date Of Driving Pass 23/05/2014 Driving experience 9 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-83883525 Alt. Phone Number Email Address SUCKMYLEMONADE@GMAIL.COM Address BLK 250 YISHUN AVE 8 #02-207 Address complement Postcode 760250 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Paid Driver 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 Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Yes Police Station Name 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 SDP2662U Vehicle Manufacturer Toyota Vehicle Model Noah Vehicle Variant



Vehicle Colour	-
Vehicle Category	Private hire
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

SMP1714D
-
-
-
-
Private hire
KELVIN
(Phone) +65-91132151
-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR4438X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ESHWAR
Contact Number	(Phone) +65-80309411
Address	<u>-</u>
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 4

Vehicle Registration Number	SHD487M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LATIFF
Contact Number	(Phone) +65-87426710
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 5

Vehicle Registration Number	SLE2101K
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAS V
Contact Number	(Phone) +65-82826484
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 6

Vehicle Registration Number	SNB1313P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VICTOR
Contact Number	(Phone) +65-83594288
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 7

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SNA1564L - - -
Vehicle Category	Private car
Name of Driver	GABRIEL
Contact Number	(Phone) +65-90239007
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	ALFAN FADHLAN BIN YA'AKOP
Gender	Male
Phone No	(Phone) +65-83883525
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?	- - - SLA700R Yes No
INJURED 2	
Name of injured person 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 3	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- - - - - - SNA1564L
Were seat belts worn? Was this injured conveved to hospital by ambulance?	Yes Yes

SKETCH PLAN

VEH A: VEH B: VEH C:

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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)

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

04 07 23

(including their may call be disclosed by any of the insurers and of Six to their third-party service proving their may be sited outside of Singapore, for one or more of the above Purposes

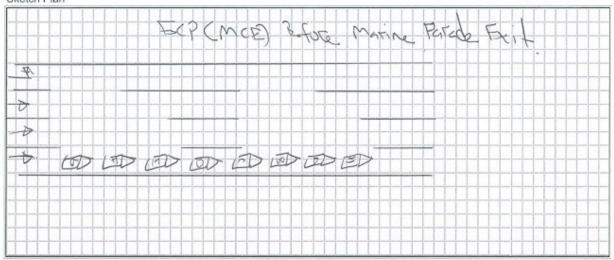
Policyholder's Signature / Date & Time

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

SOSHES

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

Sketch Plan

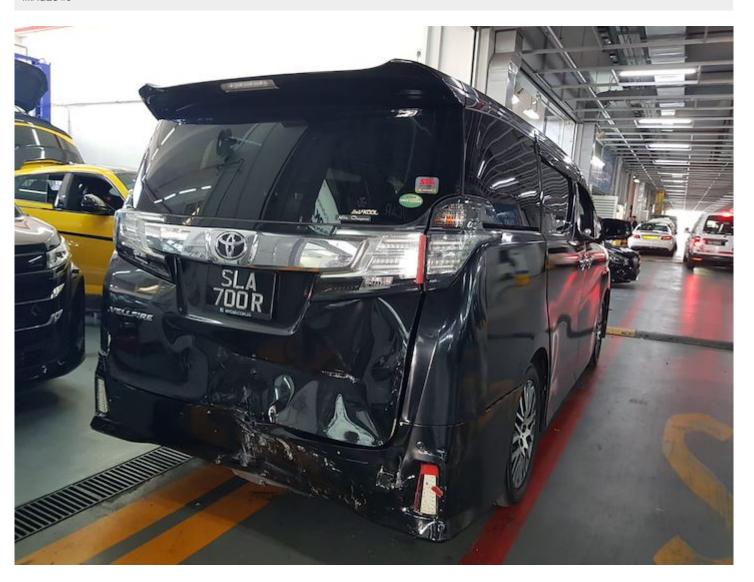


Describe Circumstance of the Accider	nt		
DATE OF ACCIDENT:	JA123	TIME OF ACCIDENT: R	DZ HYK
VEH A A A DOWN	VEH B. SOR 2661	VEH C: < , 2017	כשויכב
17/ D. 2000 513	SX NOPE, 2	VEHC: SUPTA 10487M VEHF	4 STAIL
VENO: SURIZIZZO	1/0/ N. <nv< td=""><td>USTALL VOLV</td><td>Carriotic</td></nv<>	USTALL VOLV	Carriotic
MINE . CHISISISI	ACN U. SUIT	11284	
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Declaration			
Declaration I/We declare the foregoing particulars a	re true in every respect.	65	ORD
MICA	(g)	1 (4)	13
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\)*)	E	
LIAR LIAR	A 04/01/23 1508465	A	9 833
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholde	HTCL (* 17 20 20 20 20 20 20 20 20 20 20 20 20 20	Personnel
	& Time	(Name as in NRIC/ID card)	

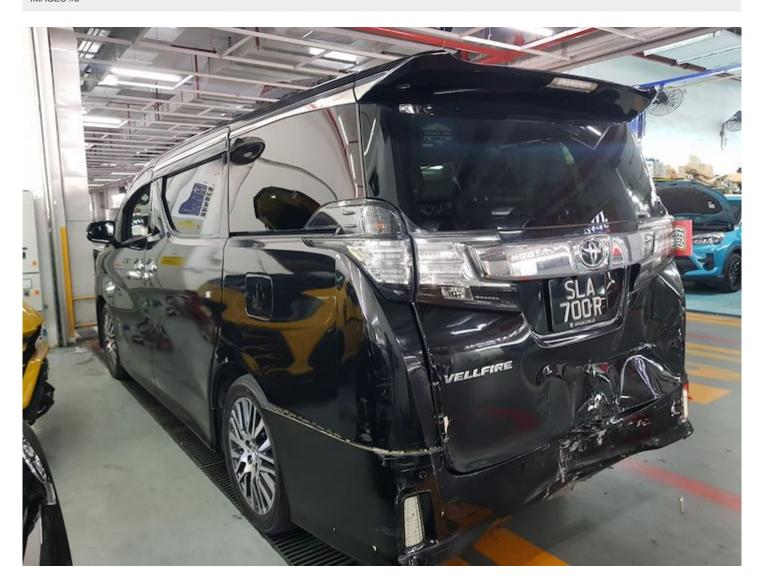
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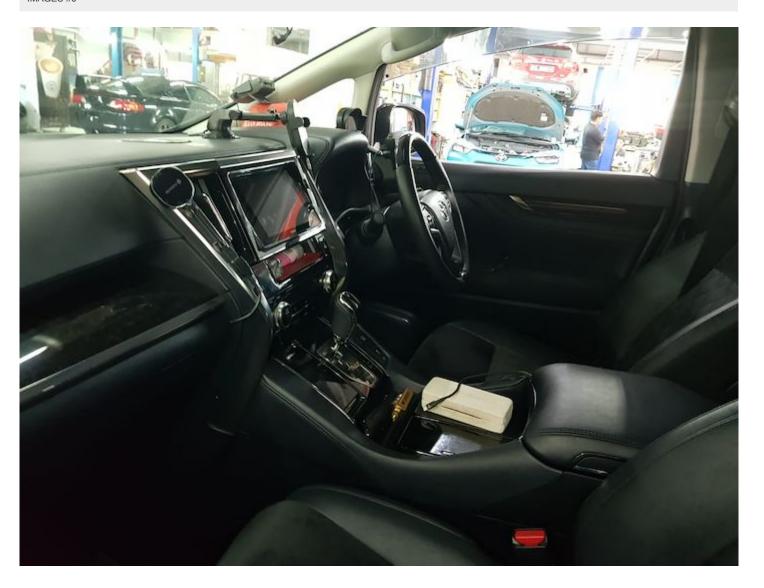






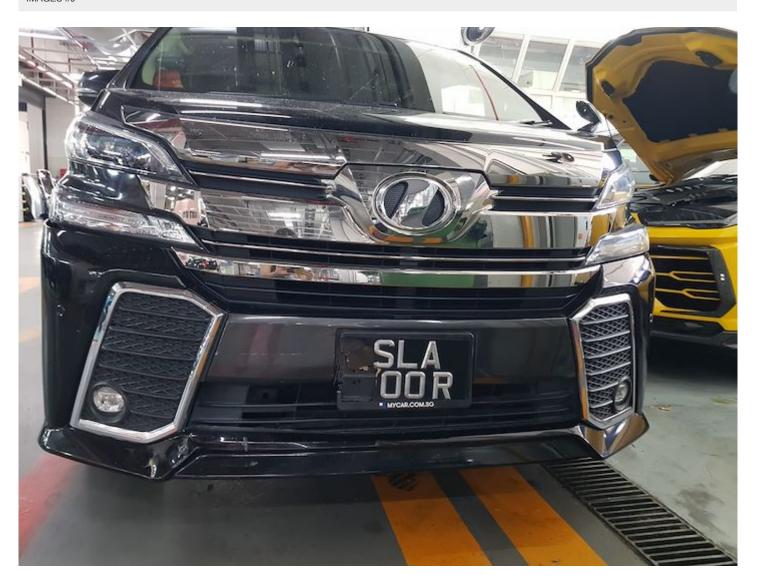


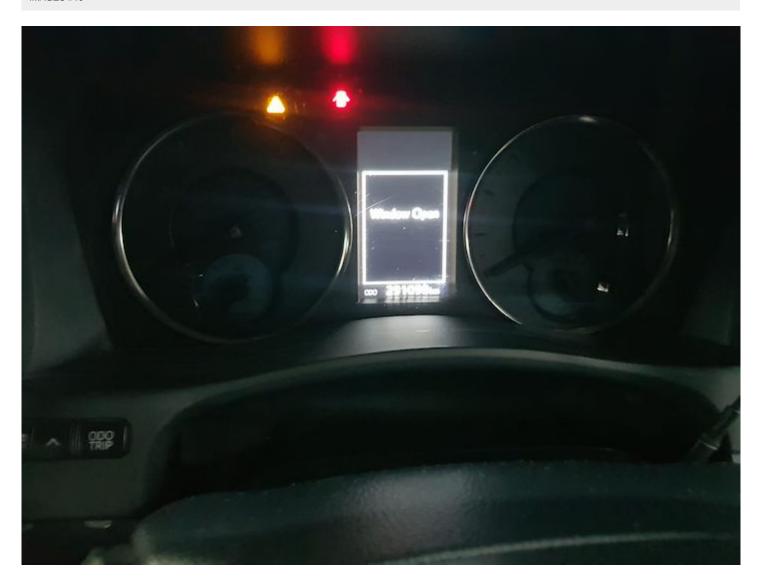


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20230704/7047 1 of 3

Report No. T/20230704/7047

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 023 15:00	/lade:	Vide Report No.: G/20230703/0135	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: FADHLAN I	BIN YA'AKOP	Address: 250 YISHUN AVENUE 9 #02	2-207 SINGAPORE 760250
The state of the s	/ ID No.: O / S91108	58E	Contact No.: Home/Office:	Mobile: 83883525
National SINGAF	ity: ORE CITIZ	EN	Email: SUCKMYLEMONADE@GMA	AIL.COM
Sex: Male	Age: 32	Date of Birth: 27/03/1991	Type of Informant: Driver	
Race: Malay			Language: English	
Occupat Private-	ion: nire car driv	er	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/07/2023 18:30	Type of Location: Straight Road
Location: EAST COAS	Γ PARKWAY	Road Surface:		
		Wet		
Weather: Clear Traffic Flow: Dual Carriage	Way	Wet Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDP2662U	Car					0
SHD487M	Car					0
SLA700R	Car					0
SLE2101K	Car					0



T/20230704/7047

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230704/7047

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP1714D	Car					0
SMR4438X	Car					0
SNA1564L	Car					0
SNB1313P	Car					0

Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver			O BOSHOOL			
Name	ALFAN FADHLAN BIN YA'AKOP			ID No.		S9110858E
Related Vehicle	SLA700R (Car)			Contact No.		83883525
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		IIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	egree of Slight		

Brief Details.

I was traveling along the ECP (MCE) before the Marine Parade Exit when I encountered a smooth flow of traffic. However, a vehicle in front of me suddenly jammed its brakes and came to a complete stop. I reacted quickly by applying my brakes and managed to stop in time. Unfortunately, I then experienced a significant impact from behind, causing my car to lurch forward and collide with the vehicle in front of me. As if that wasn't enough, I felt yet another impact from behind, causing my car to collide with the front vehicle once again.

After the multiple collisions, I exited my vehicle and noticed that the license plate number SDP2662U had already left the scene without exchanging any contact details.

Afterwards, drivers on scene exchanged particulars and realised it was a 8 cars chain collision. Traffic police and ambulance were at scene after the accident happened.

The wife and daughter of the driver for vehicle SNA1564L was conveyed to the hospital.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20230704/7047

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: 04/07/2023 15:00
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	Classification Of Case:
NP168	

