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 17:27 (SGT) Reported by **Actual Driver** Date of Accident 02/07/2023 20:30 (SGT) Exact Location of Accident Singapore Additional Location Information ANCHORVALE DRIVE OPPOSITE SCHOOL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNL9292K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG CHONG NGEE NRIC No S6840774E Email Address REPORTING@MYCAR.SG Mobile Phone No (Phone) +65-96948434 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005188680-01

DRIVER

Name of Driver WILLIAM NG WEE LUN NRIC No S9246892E Date Of Birth 24/12/1992 Occupation Outdoor

Date Of Driving Pass 10/06/2013 Driving experience 10 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96948434 Alt. Phone Number Email Address REPORTING@MYCAR.SG Address BLK 216B COMPASSVALE DRIVE #02-556 Address complement Postcode 542210 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Head to Rear 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **PASSENGER** Gender PASSENGER 2 Name **PASSENGER** Gender Female **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 TO SKETCH PLAN ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

WITH OWNER

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Vehicle Registration Number	SNC5454J
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

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.
- 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>.
- 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 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 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 PGIATA AUTO PTE LTD BIk 8 Sin Ming Road

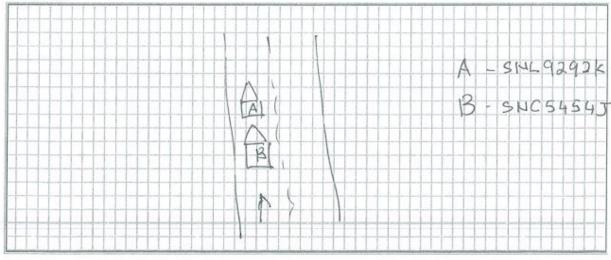
#01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 (Claims Section)

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

I was also a my the as here.	so leta lave to
I was driving on the extrem	to left lave to
trear. I come out and discound a chee but onto my near powher of my all	impacs from my
rear. I come out and aliscumed a c	or brang. skic sysyj
have het outo my near powhen of my well	mole.
*	
	AUTO OTT LTD
eclaration We declare the foregoing particulars are true in every respect.	CITY AUTO PTE LTD Blk 8 Sin Mlng Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 (Claims Section)
dicyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Accident report SC1N2373000C

2



















Allianz (II)

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAZE A)
MOTOR VEHICLES (DHISO PARTY NE DES RIALES 1986 O'EDERATION OF MALAZEA)
MOTOR VEHICLES (DHISO PARTY NE DES RIAD COMPRISATIONS ACT CAPLIES OF THE REVISED EDITION (HEPLIEL C OF ENGAPORE)
MOTOR VEHICLES (DHISO PARTY IS SIGN AND COMPRISATIONS RULES 1980 (HEPLIEL C OF ENGAPORE)
MOTOR VEHICLES (DHISO PARTY IS SIGN AND COMPRISATIONS RULES 1980 (HEPLIEL C OF ENGAPORE)
OR ANY AMSYCMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

 OR ARY AMENOMENT ACT OR ACTS INSSED IN SUBSTITUTION THEREOF

 Certificate Number
 SP2005188583-01

 Date of Issue
 28 April 2023

 Coverage
 Comprehensive

 PolicyProdes
 NIC CHONG HOEE

 Percod of Insurance
 27 March 2023 to 05 April 2024/both states inclusive)

 Registerston No
 SAIL 0222Y

 Chissus number of Vehicle
 MR053REH104539454

Persons or Classes of Persons Entitled to Drive*:
(a) The Policyholder
(b) Any other person who is driwing on the Policyholder's order or with his/her permission.

Used cmy for social domestic and pleasure purposes and for the Philocyholosia business. The Prolicy does not cover: (a) use for the or reward (b) use for the or reward (c) use for the carriage of goods (other that sampless) in connection with any trade or business (d) use for the carriage of goods (other that sampless) in connection with any trade or business (d) use for the purposes in connection with the Motor Trade

*Lindstein rendered requestive by Section 8 of Micro Vehicles (Terdelburg Rais print Concernister) Act (Chipper 184) and Section 95 of His Road Transport Act 1867 (Molaysia) are not to be included under these readings:

WWE HEREBY CERTIFY that the Poicy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18th and Part IV of the Road Transport Act 1887 (Mislaysis; or Amendment, Act or Acts passed in substitution thereof

Chief Executive Officer
Allianz Insurance Singspore Pts. Ltd.

1 0000350 AGCORD MOTOR PTE LTD

Excess : Own Damage : Windstreen Damage

Affianz Insurance Singapore Pts. Ltd. | U6 N 201903613C 79 Robinson Road #09-01 Singapore 068901 [Tel: +65 0714 3360]. Website: www.alians.sg

