SV1123760001-01 / Volkswagen Group Singapore Pte Ltd ENTRY DATE & TIME: 06/07/2023 16:42 (SGT) SUBMITTED BY: Huiwen Oh VERSION: 2 (07/07/2023 13:49 (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.
- 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 Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

06/07/2023 16:42 (SGT)

Both Policyholder and Actual Driver

06/07/2023 14:00 (SGT)

Singapore

29 Fernvale Road, High Park Residents

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNE6624T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

NORMAN YAP JUN WEI

SXXXX190A

normanyapjw@gmail.com (Phone) +65-93805649

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Volkswagen

Golf 1.5 Life GT110 TSID7F

Private use

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd.

SP2005263972

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

NORMAN YAP JUN WEI SXXXX190A 21/05/1992 Indoor

Date Of Driving Pass 04/10/2012 Driving experience 10 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-93805649 Alt. Phone Number **Email Address** normanyapjw@gmail.com Address **BLK 29 FERNVALE ROAD** Address complement #03-40 Postcode 797416 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

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

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

GBJ2699U

Commercial Vehicle

Commercial vehicle

Commercial Vehicle

Commercial Vehicle

Address	_
Address complement	-
Postcode	-
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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 enquines 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.

Man. 6 July 15 47

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnal (Name as in NRIC/ID bard)

Sketch Plan

Mind-buth Ashing (2018) CURRENT - CURRENT - CURRENT -

Describe Circumstance of the Accident	
6 July 2023, 200 pm, Basement compart of my home condominion, 29 Februaries	lood, High Park
I as returning home from funch. I drove through the garring reading into bossing appart; and up we vamp into the corport. I troubled along road about those year a and I saw a solgie was done travelling along a disert. Which enjoined the the fivelying sold road I was an As the company in from the smaller core road, I sop was expecting the van and girl away at the stop line to my onesmon relicities thouse stop, and the time relicity collided before I was able to react suffered about to the collider.	smaller benef
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Declaration

We declare the foregoing particulars are true in every respect

Pontyhokaes Summers - Date & Time - Actual Criver's Signature of Force of natural postgradus. Volkesses by Accost. J. De 1901 for all and a control of the c