

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 | 11/07/2023 16:28 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 10/07/2023 19:20 (SGT) |
| Exact Location of Accident | Near PIE, Singapore |
| Additional Location Information | PIE TOWARDS TUAS NEAR TOA PAYOH EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMV1118T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LOW ZHAO JIE |
| NRIC No | S9026617I |
| Email Address | LZHAOJIE90@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98487808 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | McLaren |
| Model | Mp4-12c |
| 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 your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 3798 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2004979766-01 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | LOW ZHAO JIE |
| NRIC No | S9026617I |
| Date Of Birth | 27/07/1990 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 15/09/2010 |
| Driving experience | 12 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98487808 |
| Alt. Phone Number | - |
| Email Address | LZHAOJIE90@GMAIL.COM |
| Address | BLK 431 BUKIT BATOK WEST AVENUE 8 |
| Address complement | #12-1575 |
| Postcode | 652431 |
| 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 | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-----------------|
| Type of Accident | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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 | Tanglin Division Headquarters |
| Police Station Phone No | (Phone) +65-18003910000 |
| Alt. Police Station Phone No | (Fax) +65-63964900 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| 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 |
| Reasons for not uploading a video of the accident | MAY GET IT FROM OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMK6214Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|--------------|
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------|
| Vehicle Registration Number | SNG2312J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------|
| Name of injured person | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMV1118T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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.
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 Traffic Police Department for investigation.**
6. 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.
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
(Name as in NRIC/ID card)

Sketch Plan

A: SMV1118T
B: SMK6214Z
C: SNG2312J

PIE TOWARD TUALS
NEAR TOA PAYOH EXIT 1

Describe Circumstance of the Accident

Refer to police report dated 11/07/2023
E/20230711/7000

Declaration

I/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
(Name as in NRIC/ID card)









**SINGAPORE
POLICE FORCE**



E/20230711/7000

1 of 2

POLICE REPORT (NP299)

Report No. E/20230711/7000

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

| | | |
|--|--|-------------------|
| Date/Time Report Made 11/07/2023 00:08 | Vide Report No. | Station Diary No. |
| Name Of Informant LOW ZHAO JIE | Address 431B BUKIT BATOK WEST AVENUE 8 #12-1575 SINGAPORE 652431 | |
| ID Type / ID No. NRIC NO / S90266171 | Contact No. Home/Office: Mobile: 98487808 | |
| Nationality SINGAPORE CITIZEN | Email Address LZHAOJIE90@GMAIL.COM | |
| Occupation Insurance sales agent/broker | Sex Male | Age 32 |
| Institution/School Name | Date of Birth 27/07/1990 | Race Chinese |
| Date/Time Of Incident 10/07/2023 19:20 - 10/07/2023 20:20 | Location Of Incident PIE 16KM | |

Brief details.

Traffic was slow along PIE 16.6km. As I gradually came to a full stop. Distant between me and car in front was about half a car length. Immediately after the stop I was hit by SMK 6214 Z. My car SMV 1118 T flew towards and hit the car in front of me SNG 2312 J.

Kindly refer to the videos I sent to +65 9664 6415.

SCDC arrived checked on my injuries, telling me the condition of my injury is not as serious JUMA'AT

| | |
|--|--|
| 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: 11/07/2023 00:08 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



E/20230711/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230711/7000

BIN AHMAD. Hence they are sending him to hospital via ambulance and told me to make my way to hospital after that.

Arrived at Mount E Novena at about 11.30pm and doing checks on my injuries.

| Subjects Involved | | | |
|-------------------|------------------------------|---------------------------|--|
| Victim | | | |
| Person Name | LOW ZHAO JIE | | |
| ID Type | NRIC NO | ID No | S9026617I |
| Gender | Male | Age | 32 |
| Race | Chinese | Language | English |
| Occupation | Insurance sales agent/broker | Address | 431B BUKIT BATOK WEST AVENUE 8 #12-1575 SINGAPORE 652431 |
| Mobile No | 98487808 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | LOW ZHAO JIE (Informant) | | |

| | |
|--|--|
| 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: 11/07/2023 00:08 |
| Officer In-Charge Of Case: | Classification Of Case: |



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 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2004979766-01
 Date of Issue : 28 March 2023
 Coverage : Comprehensive
 Policyholder : LOW ZHAO JIE
 Period of Insurance : 10 March 2023 to 09 March 2024(both dates inclusive)
 Registration No. : SMV1118T
 Chassis number of Vehicle : SBM11AAD5CW000870

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.

28 March 2023
 Issued Date


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

| | | | |
|-------------------|--|-----|-----------|
| Intermediary Code | : 0000425 SSL INSURANCE AGENCY PTE LTD | | |
| Excess | : Own Damage | SGD | 15,000.00 |
| | : Own Damage outside Singapore | SGD | 30,000.00 |
| | : Windscreen Damage | SGD | 1,000.00 |

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg