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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material racis may allow insurance companies to reputing 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 First Submission 24/07/2023 17:28 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/07/2023 14:30 (SGT) Exact Location of Accident Malaysia Additional Location Information ALONG KARAK HIGHWAY Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ8000C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM YU JIN (LIN YOUJIN) NRIC No S8400451J Email Address LYJ 919@HOTMAIL.COM Mobile Phone No (Phone) +65-91181898 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 440i Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

2400

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005261204-01

DRIVER

Name of Driver LIM YU JIN (LIN YOUJIN) NRIC No S8400451J Date Of Birth 10/01/1984 Occupation Indoor

Date Of Driving Pass	11/01/2003
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91181898
Alt. Phone Number	-
Email Address	LYJ_919@HOTMAIL.COM
Address	BLK 664B JURONG WEST ST 64 #04-230
Address complement	-
Postcode	642664
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	
Time of Assistant	
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)	3
Has the driver been approached by unknown person(s)	NI-
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	NGUYEN THU THUNG
Gender	Female
PASSENGER 2	
THOSE NAME OF THE PARTY OF THE	
Name	BELINDA LIM JIA QI
Gender	Female
DETAILS OF POLICE ACTION	
Mosths assident reported to the police?	V.
Was the accident reported to the police?	Yes
Police Station Name	TRAFIK GOMBAK
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
ON THE STATED DATE AND TIME I WAS DRIVING MY VEHICL	E (SGZ8000C) ALONG KARAK HIGHWAY. THE FRONT VEHICLE
SNE313E DID A SUDDEN BRAKE. I APPLIED BRAKE IMMEDIAT	
	CAUSED MY VEHICLE TO PUSH FORWARD AND HIT ONTO THE
REAR OF SNE313E. THERE WERE 3 CARS INVOLVED.	C. COLD III. VEINGLE TO FOOTH ORWAND AND THE ONTO THE
ATTACHMENT(S)	
ATTACHMENT(S)	
A	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBN1222Y
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	VEHICLE B
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNE313E
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	VEHICLE C
No. Of Passenger (Including Driver)	3

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? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LIM YU JIN (LIN YOUJIN) Male SGZ8000C Yes No
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?	NGUYEN THU THUNG Female SGZ8000C Yes No

INJURED 3

Name of injured person Gender	BELINDA LIM JIA QI Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGZ8000C
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 <u>inulnful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputitive 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.
- 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.
- By the lodgement of this report to the assurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available afcressid.

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 Monotary 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:
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (v) 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 envelopeshnall 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' towyers/low times, 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 tayyers/law firms), which may be sited outsite of Singapore, for one or more of the above Purposes:

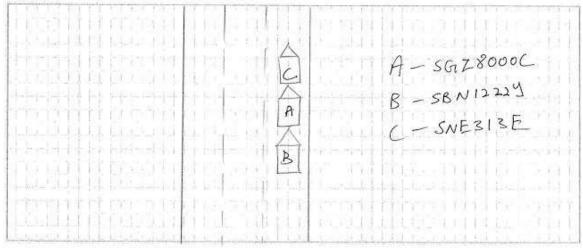
 \sim 1

Policyholder's Signature / Date & Timo

Driver's Separature (if driver is not the policylacides) / Driver's Time

Witnesser by Reporting Centre (Personnel (Name as in NRIC/II) cont.)

Sketch Plan



Describe Circumstance of the Accident
on the stated date and time. I was diving my
vehicle SGZ 8000L along Karak Highway. The SNE 313E front vehicle did a sudden brake, I applied brake
immediately. However, before my our comes to a stup
SBND224 collided into my near portion. The impact
cause my cer to push forward and hit of an
the near of SNE313E. There were 3 cars involved
in an auident.

Declaration

IAVe declare the loregoing particulars are true in every respect.

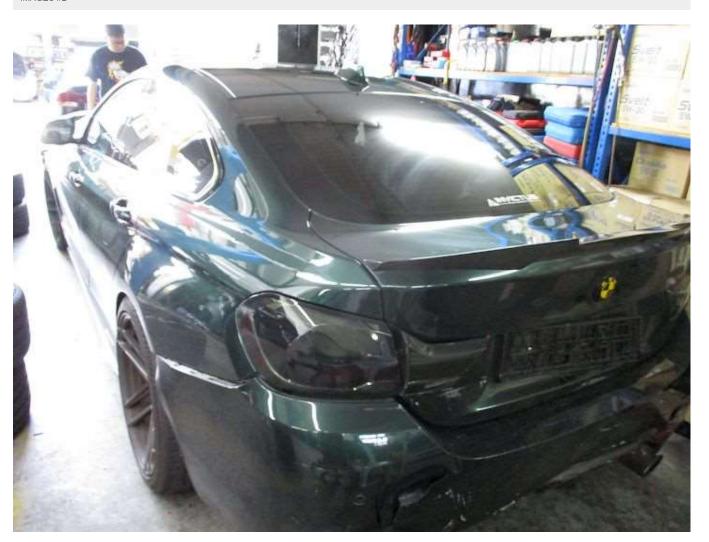
Folicyholders Signature / Date S. Tenn

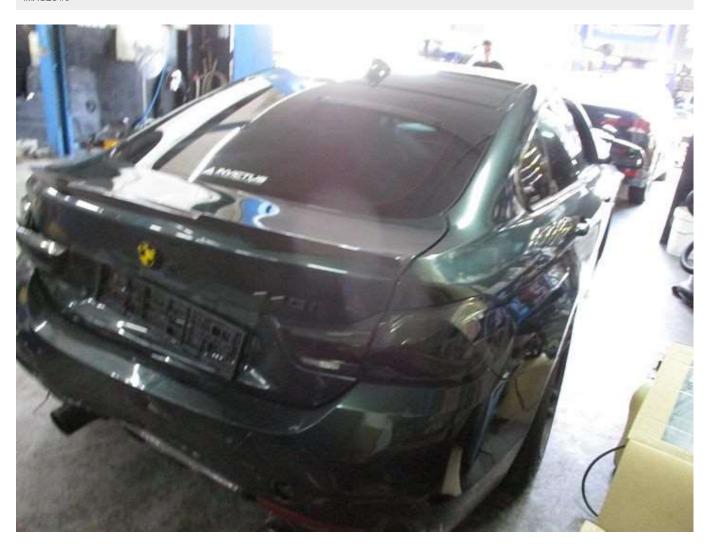
Driver's Signature of arriver is not the policyholder) (Deta 6 Time

Witnessed by Reporting Contre Passacrast (Hause as in 1973 Card)

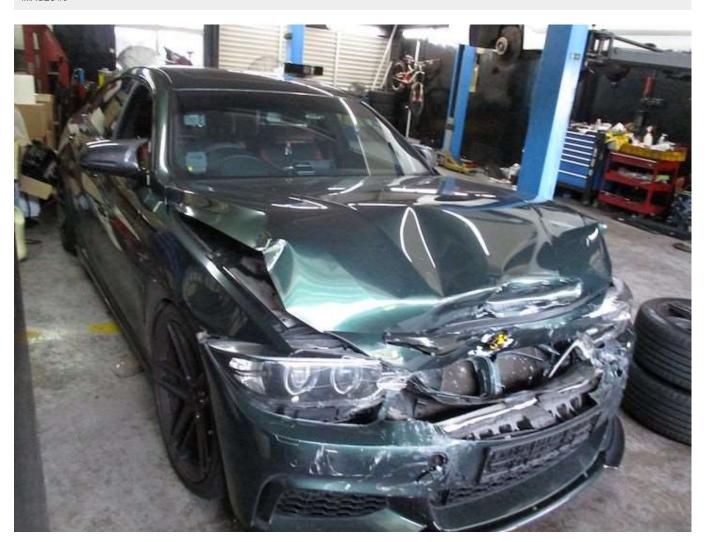
2

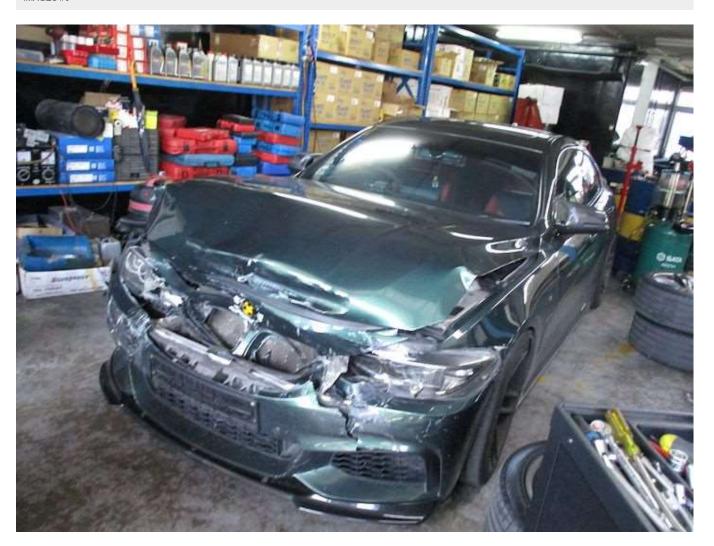


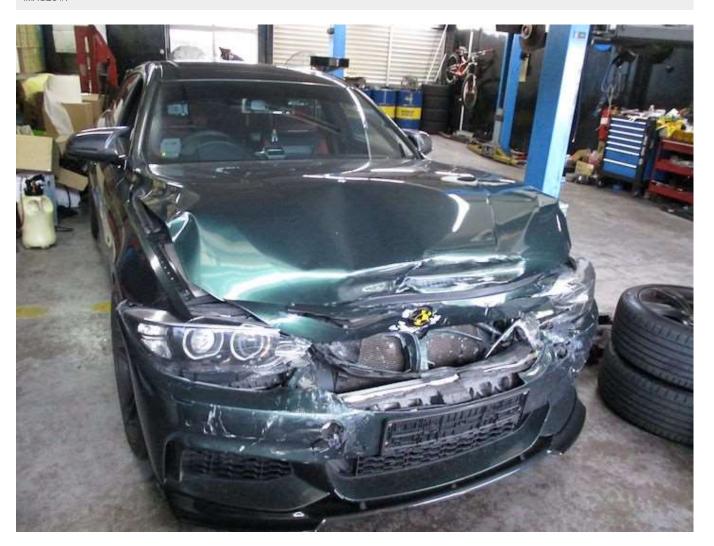












22/07/2023, 20:06



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

: TRAFIK GOMBAK

Pegawai Penylasat

: G25571

Daerah

: GOMBAK

No. Repot Bersangkut : TRAFIK

GOMBAK/011765/23

Kontinjen

: SELANGOR

No. Repot

: TRAFIK GOMBAK/011769/23

Tarikh

: 22/07/2023

Waktu Bahasa Diterima : 1918 PM : B. Malaysia

Butir-butir Penerima Repot:

Nama

: HARITH ISKANDAR BIN No. Badan

: R225756

Pangkat

: KONS/P

Butir-butir Jurubahasa (Jika Ada):

Nama

No. K/P (Baru) : ---

No. Polis/Tentera :---

No. Pasport : ---

Bahasa Asal :---

---Alamat

Butir-butir Pengadu:

Nama

: LIM YU JIN

Same:

No. K/P (Baru)

No. Polis/Tentera :---

No. Pasport

: K2223602P

No. Sijil Beranak :---

Jantina

: Lelaki

Tarikh Lahir

: 10/01/1984

Umur

: 39 Tahun 6 Bulan

: Cina

Keturunan

Warganegara

: SINGAPORE

Pekerjaan

: ENGINEER

Alamat Tinggal

: BLK 664B JURONG WEST ST 91 #04-230, 642664 SINGAPORE

Alamat fbuBapa

Alamat Pejabat

No. Tel (Rumah)

No. Tel (Pejabat) :---

No. Tel (Bimbit) : 91181898

Emel

Pengadu Menyatakan:

PADA 22/07/2023 JAM LEBIH KURANG 1430HRS SAYA MEMANDU M/KAR NO PEND SGZ 8000 C JENIS BMW 440 I DARI KLCC KUALA LUMPUR MENGHALA KE GENTING, MELALUI KM 24.3 LEBUHRAYA KARAK. SEMASA BERADA DI LORONG KANAN, TIBA-TIBA SEBUAH M/KAR NO PEND SNE 313 E JENIS 540 I YANG BERADA DI HADAPAN SAYA MEMBREK. SAYA MEMBREK DAN SEMPAT UNTUK MEMBERHENTIKAN M/KAR SAYA, TIBA-TIBA SEBUAH M/KAR NO PEND SBN 1222 Y JENIS 528 I YANG BERADA DI BELAKANG SAYA MELANGGAR M/KAR SAYA LALU M/KAR SAYA MENGGELUSUR KE HADAPAN DAN MELANGGAR M/KAR JENIS BMW 540 I TERSEBUT. AKIBAT DARI KEMALANGAN ITU, SAYA MENGALAMI KECEDERAAN IAITU PADA BAHAGIAN DADA DAN BELUM MENDAPAT RAWATAN. MANAKALA M/KAR SAYA MENGALAMI KEROSAKAN IAITU PADA BAHAGIAN BUMPER BELAKANG, BONET BELAKANG, NO PLATE BELAKANG, LAMPU BESAR BELAKANG KIRI DAN KANAN, BUMPER HADAPAN, BONET HADAPAN, NO PLATE HADAPAN, LAMPU BESAR HADAPAN KIRI KANAN, ENJIN DAN LAIN-LAIN KEROSAKAN BELUM DIKENAL PASTI. SEKIAN LAPORAN SAYA.

Tandatan

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ipss.rmp.gov.my/ipraweb/Modules/EO/EO_Salinaa_Repot.aspx?cStartDt=20230722 120605

1/2



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 REVISEO 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

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

SP2005261204-01

Date of Issue

: 31 March 2023

Coverage Policyholder : Comprehensive

: LIM YU JIN (LIN YOUJIN).

Period of Insurance

1 03 April 2023 to 02 April 2024(both dates inclusive)

Registration No.

SGZ8000C

Chassis number of Vehicle : WBA4E32060G386672

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.

IWE 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.

31 March 2023

Issued Date

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

Intermediary Code

: 0000336 AAC PERFORMANCE PTE LTD

Excess

Own Damage : Windscreen Damage SGD SGD 600.00 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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