SA19237R0002 / ACCORD AUTO SERVICES PTE LTD[568047] ENTRY DATE & TIME: 27/07/2023 16:20 (SGT) SUBMITTED BY: WONG WAI PING VERSION: 1 (27/07/2023 16:20 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

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 First Submission Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

27/07/2023 16:20 (SGT) Both Policyholder and Actual Driver 26/07/2023 19:10 (SGT) Near 3 St George's Ln, Singapore 3 ST GEORGE 'S ROAD CAR PARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF2229J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No **GAVIN LOH YONG KIAT** SXXXX565I GAVINLYK11@GMAIL.COM (Phone) +65-96792229

VEHICLE PARTICULARS

Manufacturer

Model

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

Mercedes

C200

No - Reporting only Private car

Auto 1991

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Allianz Insurance Singapore Pte. Ltd. SP2004006556-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

GAVIN LOH YONG KIAT SXXXX565I 11/11/1994 Indoor



Date Of Driving Pass

Driving experience Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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?

Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO:T/20230727/7000

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

18/06/2015

Male

805384

Yes

No

Clear

Dry

No

No

Yes

0

Νo

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

8 YEARS AND 1 MONTH

(Phone) +65-96792229

GAVINLYK11@GMAIL.COM

Hit and run / Vandalism / Damaged whilst parked

139 SUNRISE TERRACE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

UNKNOWN



Vehicle Colour	12
Vehicle Category	NA / Unknown
Name of Driver	<u>a</u>
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

VEH A: SMF2229J VEH B: UNKNOWN VEH C: -

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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5 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 source (pollectively the "Personal Information") and disclose and transfer such Personal Information to all insurers; who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively deferred to as the "Insurers"), the insurers' lawyershaw firms, the Monstary Authority of Singapore and any relevant approximation to generally (such as the collect), 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 daims.

on) corrying out angler dealing with my instructions or responding to any enquiries by our

(iv) administrating 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 ornotopes/minit packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dualing with my claims.

(collectively the "Purposes")

(b) all maurer(s) who have insured vehiclets) involved in this accident and the insurers tawyers law times may are cernitted to collect, use, declose under 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 GVA to their third-party service providers or agencs (including their lawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

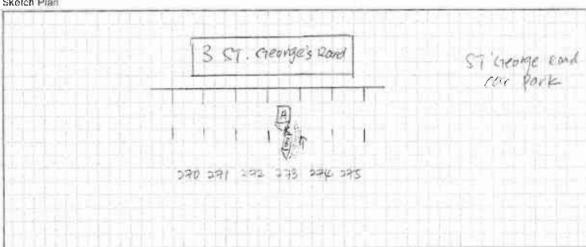
27/07/23 3:25PM

22/02/23 3:259-1

Order a Signature (if prival is not the actigitization) Date
& Time

Witnessed by Reyorking Certife Personnell Name as in NRICHO card)

Sketch Plan



1

cribe Circumstance of the Accident								
ATE OF ACCIDENT: 26	7.23			Ţ	TIME OF ACCIDENT: 19:10			-10
EH A: SMF 2229J	Vi	нв И	nknown		,	/EH C:	-	
pefe	r to	Police	peport	No:	7/2023	0727	17000	
					,			
								_

Declaration

We declare the foregoing particulars are true in every respect

D . 19/24/25 3 25/24

1 27/02/25 3:25fm

Driver's Signature of drives in not the policyholder)? Date & Tiree

Witnessed by Reporting Centre Personnel (Name as a 1990/010 cont)

2

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

27 Jul 2023 / 15;21:22

Receipt Date/Time:

27 Jul 2023 / 15:21:22

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230727-002317

Previous Receipt No. :

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMG6001S As at 26 Jul 2023/18:30:00 Insurance Co: ALLIANZ INSURANCE SING	APORE PTE. LTD.			
1 Insurance Enquiry - SMG6001S Enquiry Fee 20230727152045894350		24.77	1.98	26.75
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
	Paid By			
	DICNV20230727152046419503	SGQR(PayNow)		26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.