

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 First Submission	03/12/2024 12:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/12/2024 17:55 (SGT)
Exact Location of Accident	Near 90 Choa Chu Kang Wy, Singapore 688264
Additional Location Information	CHOA CHU KANG WAY SEASON PARKING LOT L77
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB8870H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHUA BROS TRANSPORTATION PTE LTD
Company Reg No	197400512N
Email Address	OPS@CHUABROS.COM.SG
Mobile Phone No	(Phone) +65-97334509
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	10677
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2033647717

DRIVER

Name of Driver	SHARUDIN BIN KAMALUDIN
NRIC No	S7409292F
Date Of Birth	02/04/1974
Occupation	Outdoor
Driving Pass Date	27/08/2001
Driving License Pass Class	5
Driving License Validity	Valid
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93364954
Alt. Phone Number	-
Email Address	OPS@CHUABROS.COM.SG
Address	BLK 683C CHOA CHU KANG CRESCENT
Address complement	08-378
Postcode	683683
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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)	0
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20241202/2085

ATTACHMENT(S)

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	GBK138E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies reasonably required for the purposes stated, or
 - (ii) complying with requirements under any regulations, laws or court orders.



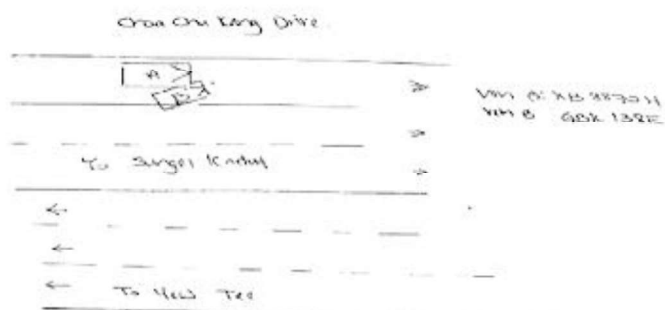
Policyholder's Signature
Date & Time:

[Signature]
Date & Time: _____
Driver is _____ (policyholder)



Reporting Centre Person's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T60841203/2085

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)
& Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:














**SINGAPORE
POLICE FORCE**


T/20241202/2085

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20241202/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2024 20:39	Vide Report No.: J/20241202/0123	Station Diary No.: 96
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Informant's Particulars

Name of Informant: SHAHRUDIN BIN KAMALUDIN			Address: APT BLK 683C CHOA CHU KANG CRESCENT #08-378 SINGAPORE 683683	
ID Type / ID No.: NRIC NO / S7409292F			Contact No.: Home/Office: Mobile: 93364954	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 02/04/1974	Type of Informant: Vehicle Owner	
Race: Malay			Language:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/12/2024 17:55	Type of Location: Straight Road
Location: SUNGEI KADUT DRIVE				
Lamp Post Number: 183				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Faulty		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBK138E	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
XB8870H	Lorry	MITSUBISHI	FUSO FP70HDR2V DEA	Multi-Colored		0



**SINGAPORE
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T/20241202/2085

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SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20241202/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBK138E (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Vehicle Owner			
Name	SHAHKUDIN BIN KAMALUDIN	ID No.	S7409292F
Related Vehicle	XB8870H (Lorry)	Contact No.	93364954
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 02/12/2024 at about 1754hrs, I received a call from my friend, namely Norshaidi (HP: 96587900), who informed me that his other friend, namely Asmadi (HP: 81887246), saw my lorry bearing vehicle registration number XB8870H, being involved in an accident.

I had last parked my lorry near Choa Chu Kang Way and Sungei Kadut Drive on 02/12/2024 at about 1600hrs and left thereafter.

I then made my way down to scene and saw that Traffic Police was already at scene (Ref: J/20241202/0123). Traffic Police then informed me that my lorry was involved in an accident whereby another lorry, bearing vehicle registration number GBK138E, had side swiped my parked lorry. I was also informed by Traffic Police that the driver for the other lorry had already been conveyed to hospital prior to my arrival.

I observed that there were slight damages to my lorry, with some scratches on the side skirting of my lorry, and the head light cover being detached from its original position. There were also various dents and scratches along the front right side of my vehicle.

I wish to state that there is an in-vehicle camera in my lorry during the time of the accident, but it was not recording as my engine is turned off. I am also not injured as I was not inside my lorry during the time of the accident.



**SINGAPORE
POLICE FORCE**



T/20241202/2085

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20241202/2085

CONTINUATION OF REPORT

I am lodging this report under instructions of Traffic Police and for insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20241202/2085

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Report No. T/20241202/2085

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT(1) WONG YONG JIE

Signature Of Interpreter:
Not applicable

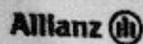
Officer In Charge Of Case:
TP / GIA /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

Date/Time:
02/12/2024 20:39

Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1998 (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)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Policy Number : SP2033647717
 Date of Issue : 12 November 2024
 Coverage : COMPREHENSIVE – AUTHORISED WORKSHOP
 Policyholder / Insured : CHUA BROS TRANSPORTATION PTE LTD
 Period of Insurance : 29 November 2024 to 28 November 2025 (both dates inclusive)
 Registration Number : XB8870H
 Chassis Number of Vehicle : FP70HDA20045

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 (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*


- (a) Use in connection with the Policyholder's business.
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 (c) Use for social, domestic and pleasure purposes.
 * 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

12 November 2024
 Issue Date


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

Intermediary Code	: 0000384 VIRTUAL INSURANCE AGENCIES PTE LTD		
Excess	: Section 1 : Own Damage	S\$	2,000.00
	Section 1 : Windscreen	S\$	200.00
	Section 2 : Liabilities to Third Parties	S\$	0.00

Allianz Insurance Singapore Pte. Ltd. (UEN 20190513C)
 19 Robinson Road #09-02 Singapore 248807 | W: www.allianz.com.sg

Asian Contact Centre: 1-800-4222-2424
 Operating Hours: Monday-Friday 9 a.m. to 5 p.m. (SST) Public Holiday: 9 a.m. to 5 p.m. (SST)