

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 mister estimation of witholding of material facts may allow insurance companies to reputial 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 18:16 (SGT) Reported by **Actual Driver** Date of Accident 10/07/2023 12:30 (SGT) Exact Location of Accident Yishun Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE8110C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JL TRANSPORT SPECIALIST PTE LTD Company Reg No 201508155E Email Address iltransport.spec@gmail.com Mobile Phone No (Phone) +65-67412520 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Scania Model G500A6X4NZ 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto 12742

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number AIS/2022/0000375-1/000972

DRIVER

Name of Driver **CHONG GEOK CHUAN** Passport No/FIN G8024378U Date Of Birth 23/07/1987 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	12/12/2009 13 YEARS AND 7 MONTHS Male (Phone) +65-81121177 - jltransport.spec@gmail.com 65 SIMS AVE #04-07 - 387418 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit by fallen tree / Other objects Clear Dry
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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
& THERE IS A MACHINE (BORING RIG) ON THE LOW BED ALC	OPENED & KNOCKED ONTO THE LORRY. NO ONE WAS
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	YP250P -

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

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- 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 the property law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

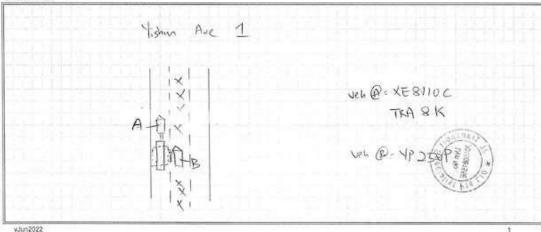
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vjunzuzz

Secretary of	
Describe Circumstance of the Accident	
On iologians @ at 1250More I	1.2
1230-13	was driving my compay prime mover (xE8110
with engage a low bed (TRAS	(k) & there is a machine (buring rig)
or the low bed along Vishing	Are I on left most long At that
1370	Ave I on left most love. At that
point of time there is a no	and work on middle lane, the middle
lane was block by a parked	lory (YP)50P) & some block care
I continue moving straight on	left most lane, when I passely the
parked long (YPSEP) and los	3/4
parked long (YP) Sudden	ly the side step of the machine (boing
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	(1)
	11.5°Z
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	☐ Claim third party ☐ Claim OD / TR at other work and
	For record purpose 90ky to ALS / 2022/W00375 - 1/W0932
	Inducer Allicaz (C) Veh No XE 8110C
M AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIME! DLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.	FRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY
eclaration	- Constitution
We declare the foregoing particulars are true in every respect.	
118000	A
* Spark	k 2
	"D
Boyholder's Signature (if driver is	s not the policyholder) / Date Witnessed by Reporting Centre Personnel
& Time	(Name as in NRICAD card)

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Allianz Insurance Singapore Pte. Ltd.

COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/2022/0000375-1/000972	
Insured	JL TRANSPORT SPECIALIST PTE LTD	
Usage	Use in connection with the Insured's Business other than for hire & reward	
Make & Model	SCANIA / G500A6X4NZ	
Attachment	Nil	
Engine Capacity/Tonnage	164.58tons	
Engine Number	DC13155L017123728	
Chassis Number	YS2G6X40005528148	
Registration Number	XE8110C1	
Estimated Value	Market Value at time of Loss	
Coverage	Comprehensive - Authorised Workshop	
Deductible	\$2,500 (Sect I), \$300 (Windscreen)	
Period of Insurance	31-Jan-23 to 30-Jan-24	
Hire Purchase	DBS Bank Ltd	
Issued By	Agency Distribution on 17-Dec-22	

We hereby certify that this Cover Note is issued in accordance with the provisions of MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD THANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

> Signed for and On Behalf of Allianz Insurance Singapore Pte Ltd

Authorised Signatory

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