

## 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 .....	17/07/2024 14:23 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/07/2024 10:00 (SGT)
Exact Location of Accident .....	2 Seletar North Link, Singapore 797601
Additional Location Information .....	SELETAR LINK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBM6091E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	VS SUPERMART PTE LTD
Company Reg No .....	201713197C
Email Address .....	VSSUPERMART@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94283135
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Goods vehicle
Transmission .....	Auto
CC .....	2757

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	NATARAJA SANKARAN THIRUNAVUKKARASU
Passport No/FIN .....	G3482786P
Date Of Birth .....	04/07/1991
Occupation .....	Outdoor

Driving Pass Date .....	06/09/2019
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81674066
Alt. Phone Number .....	-
Email Address .....	VSSUPERMART@GMAIL.COM
Address .....	163 ANG MO KIO AVENUE 4 #01-420
Address complement .....	-
Postcode .....	560163
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 .....	Collision - Head to Rear
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? .....	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? .....	No
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG5850U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods 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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BACKPAIN  
 Injured person in which vehicle? ..... GBM6091E  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## Describe Circumstance of the Accident

On Date 16.7.2024 Time : 10.00am  
 I was Driving Vehicle A (GBM 6091E)  
 from Seletar Link to ~~North~~ North Seletar Link  
 I stop to North Seletar Link junction to  
 check blind spot, Suddenly vehicle B  
 (GBG 5850U) from my vehicle and hit  
 to my vehicle Rear portion.

## Declaration

I/We declare the foregoing particulars are true in every respect.



N. Thirif

Policyholder's Signature / Date & Time



N. Thirif

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

*[Signature]*

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

**SKETCH PLAN****IMPORTANT NOTICE**

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**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' law yers/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' law yers/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 law yers/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

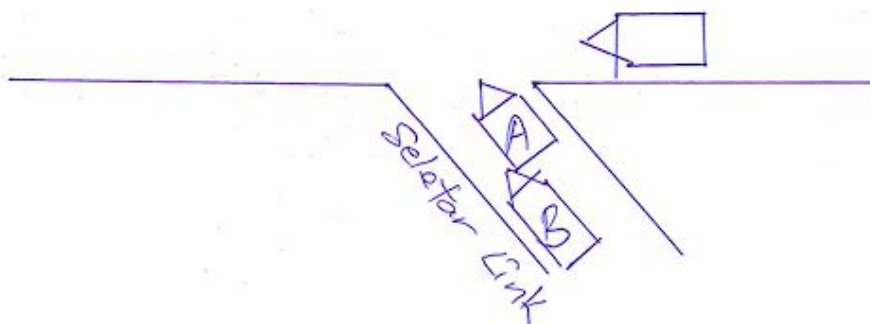
*[Signature]*

Witnessed by Reporting Centre Personnel

Sketch Plan

North Seletar Link

A GBM 6091E  
B GBG 5850U





































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.

Date of Issue	: 25/06/2024
Cover Note Number	: P000155831
Plan Name	: ALLIANZ COMMERCIAL MOTOR INSURANCE
Plan Type	: Comprehensive - AUTHORISED WORKSHOP
Vehicle Usage	: Other Industries
Policyholder/Insured	: VS SUPER MART PTE LTD
Nature of Business	:
Sum Insured	: MARKET VALUE AT TIME OF LOSS
Period of Insurance	: From 27/06/2024 To 26/06/2025 (both dates inclusive)
Make and Model	: Toyota HIACE DIESEL AUTO
Registration Number	: Private Hire Use : NO
Year of Registration	: 2024 Seating Capacity : 2 INCLUDING DRIVER
Capacity / Tonnage	: 2755 CC / 1080 Body Type : Van
Chassis Number	: JTFHA02P508005 Windscreen : UNLIMITED
Engine Number	: 1GD9323106 No Claim Discount : 0%
Hire Purchase Owner	: UNITED OVERSEAS BANK LIMITED
Excess	: Own Damage S\$ 600.00
	: Young, Elderly &/or Inexperienced Driver S\$ 3,000.00
	: Liabilities to Third Parties S\$
	: Windscreen S\$ 100.00
Issued By	: 200207117D-joey.lim@alpineinsurance.sg

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 TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of  
**Allianz Insurance Singapore Pte. Ltd.**

Authorised Signatory

**Allianz Insurance Singapore Pte. Ltd.** | UEN 201903913C  
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