AS	SIGNMENT			
From: Date:	Veh No: SLL6558 M. Yr Regn: 2017 / Marc			
From: Date: Estimated Cost:	Type: M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
	Make: Horda Shittle c.c 1486.			
	Colour Silve(. A/C: Insured/Std/NI/NA			
at Workshop m/s	Sp.Reading 311889 T/Radio: Insured / Std / NI / NA			
of				
nsured:	Eng/No: 6K81101044 *			
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt			
Claims No.	Steering (norder / Jammed / Leaked / Burnt or			
Sum Insured: Excess:	Brake: Jammed / Leaked / Burnt or			
(Client's Record)				
Make of Veh:	2-(145811			
(Policy Condition) Remark: The yeh had commenced its N/S O/S				
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or Tourador			
The transfer and the leg .				
Bal. or Market Value: Consistent?: Yes or No	Front Rear R/Bal. 06 mm R/Bal. 06 mm			
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	L/Bal. Q6 mm L/Bal. Q6 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 29/03/22.			
Lum Sum: % 3 Val.: Yes or No	Survey held at Twin Car.			
	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS Vehicle: IN / OU	C + ule			
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision			
Date / Time Action / Instruction	,			
R Budget Direct.				
m < :				
PV:				
Nett:				
Liggin and Collective to drive to the engine	professional structure in the second structure of the			
Consumer States				
Date/Time, File Pass to? Preli Report	Days Of Repair:			
Commenced to the control of the cont	Resurvey No. of Trip: Survey Fee:			
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Transportation:			
a Add F				
-)	: Interview (\$) Photos			

Limin Zum / F.P. It /a

SS1Z223S0001 / Success United Pte Ltd ENTRY DATE & TIME: 28/03/2022 12:55 (SGT) SUBMITTED BY: Teo Wee Keong VERSION: 1 (28/03/2022 12:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised 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

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

28/03/2022 12:55 (SGT) Date of Submission 26/03/2022 22:40 (SGT) Date of Accident Near 1 Changi Village Rd, Singapore 500001 **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Honda

1496

SLL6558M Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? SJ Auto Pte Ltd Name Of Registered Owner 201732057R Company Reg No lowhweeteck@gmail.com **Email Address** (Phone) +65-85255530 Mobile Phone No +65-85255530 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Shuttle Model 1.5G CVT Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission

INSURANCE COMPANY

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy SP2000589226 Policy Number Cover Note Number

DRIVER

CC

Muhammad Azhar Mawaqif Bin Razali Name of Driver S9212672B NRIC No

Date Of Birth 08/04/1992 Occupation Outdoor Date Of Driving Pass 05/08/2011 Driving experience 10 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-86175875 Alt. Phone Number **Email Address** azhar.altivo@gmail.com Address Apt Blk 7 North Bridge Road #06-4002 Address complement Singapore Postcode 190007 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 - Change/cross lane 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) 6 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Unknown Name Male Gender PASSENGER 2 Unknown Name Female Gender PASSENGER 3 Unknown Name Female Gender PASSENGER 4 Unknown Name Female Gender PASSENGER 5 Unknown Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? 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?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

SMA8768G Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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) PASSENGER 1 Name Female Gender

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.



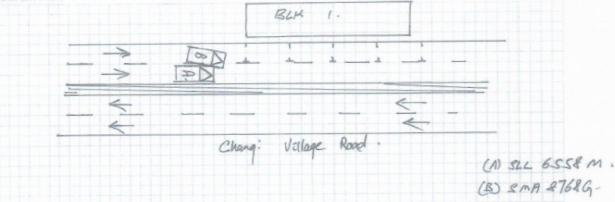
Policyholder's Signature / Date & Time

0

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

	E SZYONS,	Road sofron	+ of BIX I as
Mehrole (SLL 6558 M) along O	rangi Vellage	hoad mon	
the right lane. The troffee	wear very l	heavy . Whe	n the ear worten
of me moved off, a car (SMA	8768G) lon	my left	out into my
of me moved off, a car (SMA) path and collided onto the	front left	eide of	my vehicle.
Desire see	1 1		
Declaration			
We declare the foregoing particulars are true in every resp	ect.		
			Ω

Driver's Signature (If driver is not the policyholder) / Date

On 96/03/2022 at @ 2240 hrs, I was travelling in my

Date &

Witnessed by Reporting Centre

Personnel