

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 Authorised 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 Submission 05/04/2022 15:00 (SGT)
Date of Accident 05/04/2022 06:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information BKE FILTERING TO KJE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ751E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DIGO CORPORATION PTE LTD
Company Reg No 200313006C
Email Address vehicle@digo.com.sg
Mobile Phone No (Phone) +65-67527477
Alternative Phone No (Office) +65-67527477

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model CANTER FEB21ER4SDEN (CBU)
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2000324520-01
Cover Note Number 15/04/21-14/04/22

DRIVER

Name of Driver AHAMMAD FOYSAL
Passport No/FIN G8710552R

Date Of Birth	12/05/1999
Occupation	Outdoor
Date Of Driving Pass	04/12/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93572791
Alt. Phone Number	-
Email Address	vehicle@tigo.com.sg
Address	-
Address complement	-
Postcode	-
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	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

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 SKETCH ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9251R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU8860R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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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- 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 insurers(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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1 VEHICLE NO: Y6 751E
2 INSURER CO: Allianz
3 ACCIDENT DATE & TIME: 5/4/22
0640hrs


Policyholder's Signature / Date & Time: 5/4/22

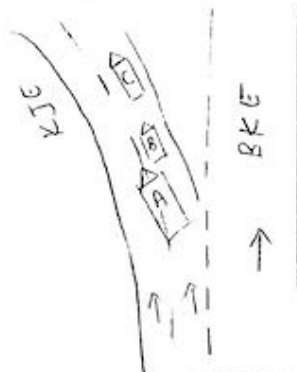

Driver's Signature (if driver is not the policyholder) / Date & Time: 5/4/22


Witnessed by Reporting Centre Personnel: 5/4/22
(YS)

Sketch Plan

PLEASE
TURN
OVER

Sketch Plan



A: Y0751E
B: SH9251R
C: SKU 8860R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 6/4/22	Time: 0640hrs	INS: Allianz
<p>Accident occurred from BKE filtering to KJE - m/taxi (B) in front of me suddenly stop. Upon noticed, I quickly swerve to the left to avoid but could not avoid and collided onto the said taxi. When I came down, I also realized there was another veh (C) ahead of the taxi. I am unsure if the accident between veh (C), taxi and my lorry is related.</p> <p>No injuries on anyone. I have 1 worker onboard. Clear/dry weather condition.</p> <p style="text-align: right;"><i>[Signature]</i></p>		
<p>Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.</p>		

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 6/4/22

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 6/4/22
Reporting Centre/Personnel's Signature
Name: *[Signature]*
NRIC/FIN No:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()















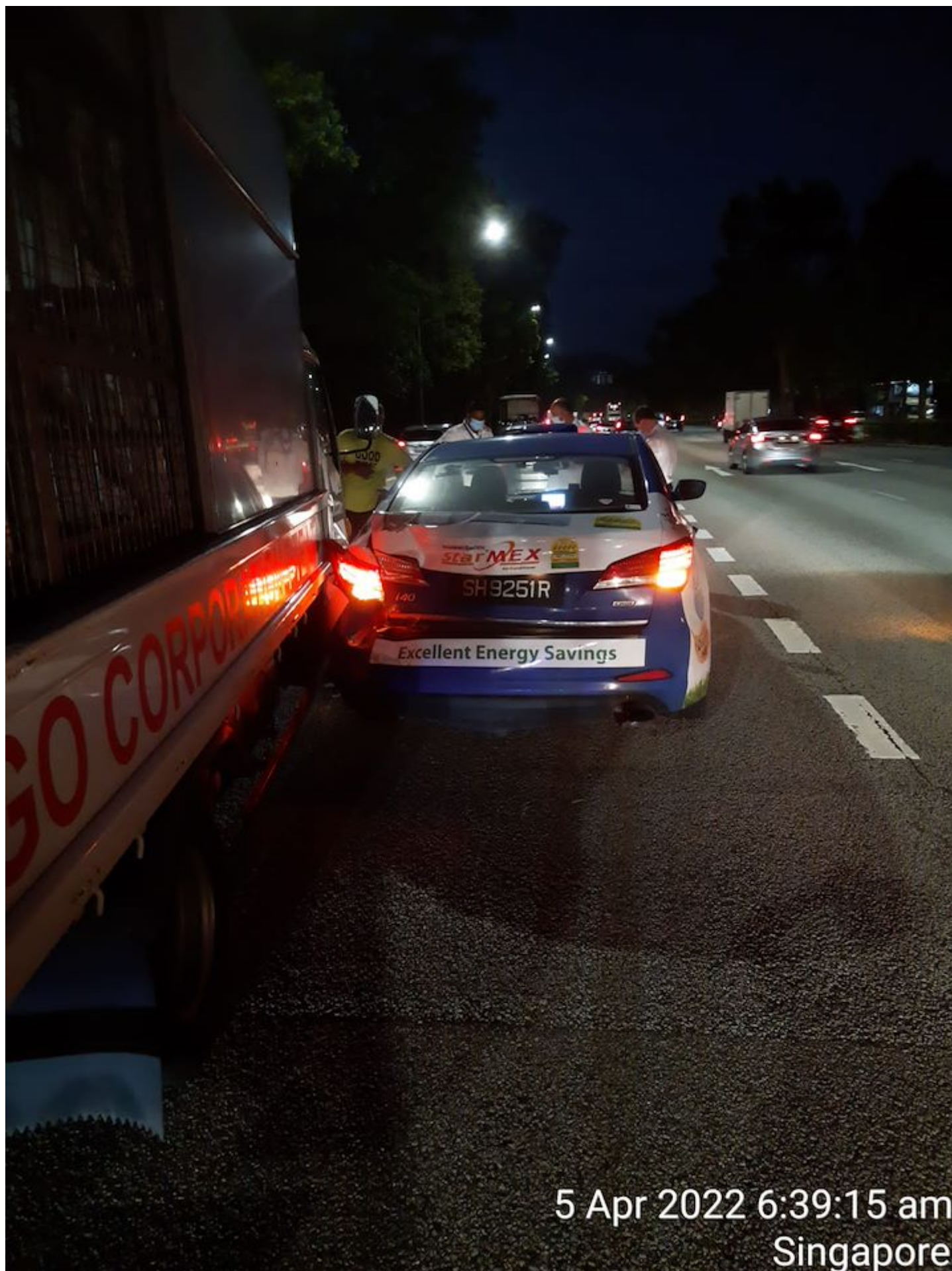


5 Apr 2022 6:39:25 am
Singapore





5 Apr 2022 6:39:36 am
Singapore



5 Apr 2022 6:39:15 am
Singapore







5 Apr 2022 6:40:30 am
Singapore



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (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)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2000324520-01
Date of Issue	: 26 May 2021
Coverage	: COMPREHENSIVE
Policyholder Name	: DIGO CORPORATION PTE LTD
Period of Insurance	: 15 April 2021 to 14 April 2022
Finance Company	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
Registration No.	: YQ751E
Chassis Number of Vehicle	: FEB21EA30080

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 the 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).

26 May 2021
 Issue Date


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

Intermediary Code : 0000088 TAN INSURANCE BROKERS PTE LTD
 Excess : Section 1 : Own Damage
 : Section 1 : Windscreen
 : Section 2 : Liabilities to Third Parties

SGD	800
SGD	100
SGD	0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg