# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 02/08/2022 09:58 (SGT) Reported by Date of Accident 01/08/2022 07:15 (SGT) Exact Location of Accident Singapore Additional Location Information ADMIRALTY ROAD WEST (BEFORE SENOKO AVENUE) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **GBG1720M** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BEEBOX EXPRESS PTE LTD Company Reg No 201604800G Email Address AJAKRAZAQ25@GMAIL.COM Mobile Phone No (Phone) +65-62557500 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 2982

#### **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SPCM1000000858

#### DRIVER

Name of Driver ABDUL RAZAQ BIN MASURI NRIC No S8935557E Date Of Birth 11/10/1989 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	23/11/2016 5 YEARS AND 9 MONTHS Male (Phone) +65-94200956 - AJAKRAZAQ25@GMAIL.COM 12 MARSILING LANE #02-43 S730012 No Employee No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface  OTHER INFORMATION	Collision - Head to Rear Clear Dry
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	
SEE ATTACHED REPORT	
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 Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SHD6828Z Taxi -
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	ABDUL RAZAQ BIN MASURI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER MEDCIAL CERTIFICATE ATTACHED.
Injured person in which vehicle?	GBG1720M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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.

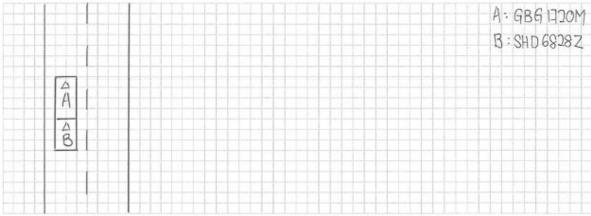


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe On	01 00 00	22 2	about	07.1	E own T	1.000	luniun	llano	alana	halan	11.	Dagal	Liles
					5 am . I			-			_		
(Before	Senoko	Aven	u0). I	was	stations	ry due	to	the	traffic	light.	Su	ddenly	
	B hit												
vericie	2 111	J	Pul pol	110/1-									
											_		
				177									

# Declaration

IWe declare the foregoing particulars are true in every respect.

Store Store

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





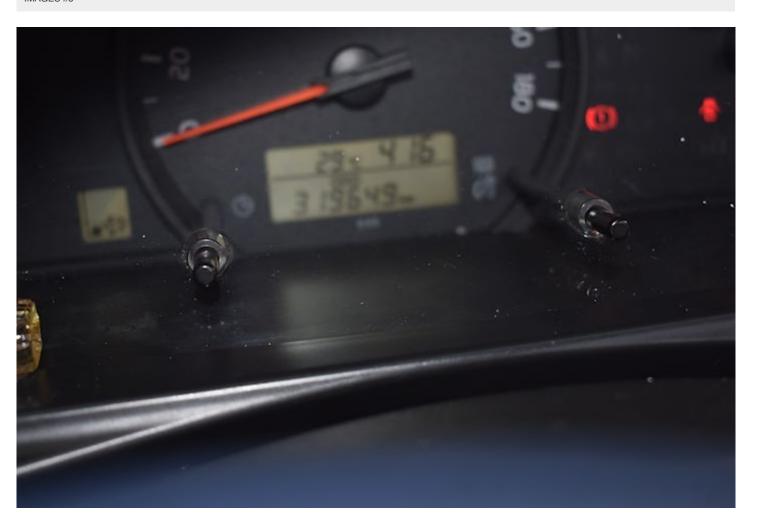














#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SKON 22820003 Vehicle Registration No: GBG 1720 M Name(as shown in NRIC): BeeBox Express Pte Ltd NRIC/FIN/Passport No: 2016048006 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address 6255 7500 Contact (Tel) Mobile No.: ajakrazag 25@ gmail. com Email Address 01.08.2022 Date of Accident Time of Accident : Admiralty Road West Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: anubody injured in the Accident? : No change to Yes Bin Maguri

GIARMC addenguesform, V

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date:



### 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

: SPCM1000000858

Date of Issue

05 July 2022

Coverage

COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder

BEEBOX EXPRESS PTE. LTD.

Finance Company

Period of Insurance

: 19 June 2022 To 18 June 2023 (both dates inclusive)

Registration Number

**GBG1720M** 

Chassis Number of Vehicle

: JTFHT02PX00216398

#### 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).

05 July 2022

Issue Date

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code

: 0000396 ALLINK INSURANCE AGENCY PTE. LTD.

Section 1: Own Damage Section 1: Windscreen Section 2: Liabilities to Third Parties

SGD SGD SGD 700.00 100.00 0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

