

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 | 04/04/2022 19:22 (SGT) |
| Date of Accident | 01/04/2022 16:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | UPPER THOMSON |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YP4093A |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ORIENT CO. PTE LTD |
| Company Reg No | 198901642G |
| Email Address | orientpk@singnet.com.sg |
| Mobile Phone No | (Phone) +65-62664855 |
| Alternative Phone No | (Office) +65-62664855 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Hino |
| Model | HINO XZU710R-HKFMS3 |
| 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 - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 4009 |

INSURANCE COMPANY

| | |
|---------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | SP2000485582 |
| Cover Note Number | 26/08/21 - 25/08/22 |

DRIVER

| | |
|----------------------|----------------------------|
| Name of Driver | CHUA WEE MING (CAI WEIMIN) |
| NRIC No | S7503152A |

| | |
|--|-------------------------------|
| Date Of Birth | 06/02/1975 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/08/1997 |
| Driving experience | 24 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91489399 |
| Alt. Phone Number | - |
| Email Address | orientpk@singnet.com.sg |
| Address | BLK 513A YISHUN ST 51 #13-385 |
| Address complement | - |
| Postcode | 761513 |
| 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 | No Collision |
| 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? | No |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-----------|
| Name | COLLEAGUE |
| 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 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 |

SKETCH PLAN

1. VEHICLE NO.: YP4093A

2. INSURER CO.: Allianz

3. ACCIDENT
DATE & TIME: 11/4/22 4pm

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. 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)

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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

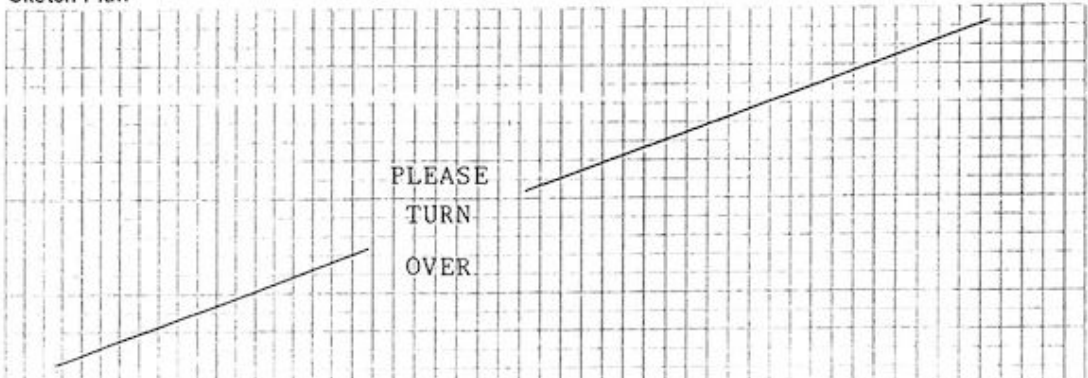


Policyholder's Signature / Date & Time

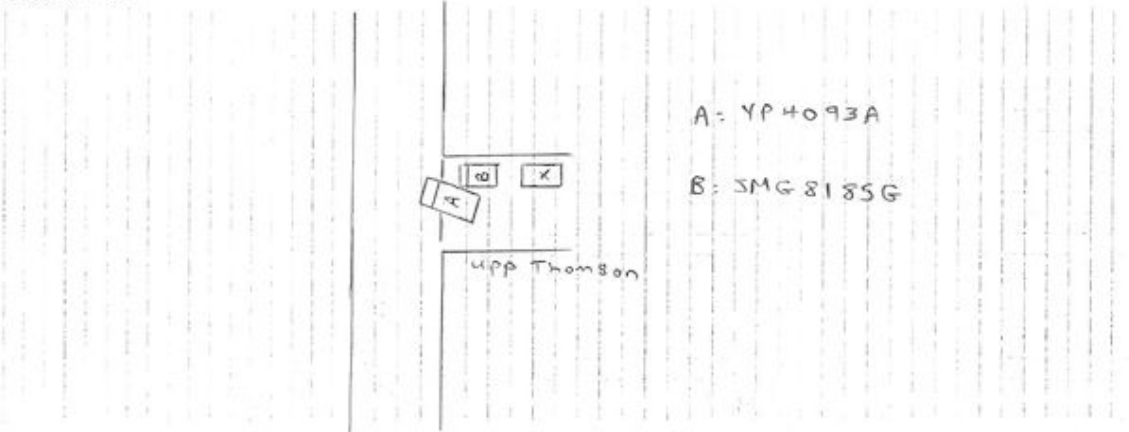
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 1/4/22 4pm

I was doing 3 point turn I did not felt any impact.

Today I received call from 3MG8185G saying I had hit onto his vehicle.

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.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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



Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE
COMMERCIAL MOTOR INSURANCE POLICY

ORIGINAL

| | | | |
|-----------------------------|--|------------------|---------|
| Date of Issue | : 16 August 2021 | | |
| Policy Number | : SP2000485582 | | |
| Type of Cover | : ALLIANZ COMMERCIAL MOTOR INSURANCE | | |
| Plan Type | : COMPREHENSIVE – AUTHORISED WORKSHOP ONLY | | |
| Intermediary Code | : 0000049 | | |
| Intermediary | : PROMISELAND INDEPENDENT PTE LTD | | |
| Policyholder/Insured | : ORIENT CO. PTE LTD | | |
| Nature of Business | : MANUFACTURING OF PLASTIC FILMS | | |
| Correspondence Address | : 5 YISHUN IND STREET 1 #06-02 NORTH SPRING BIZHUB SINGAPORE 768161 | | |
| Replacing Cover Note Number | : AIS/2021/0003371 | | |
| Period of Insurance | : From 26 August 2021 To 25 August 2022 (both dates inclusive) | | |
| Premium Payable | : SGD 2,093.00 | | |
| GST 7% | : SGD 146.51 | | |
| Total Premium Payable | : SGD 2,239.51 | | |
| Make and Model | : Hino XZU710R-HKFM53 | | |
| Registration Number | : YP4093A | Private Hire Use | : No |
| Year of Registration | : 2016 | Seating Capacity | : 2-3 |
| Tonnage / Cubic Capacity | : 4009 CC | Body Type | : Lorry |
| Chassis Number | : JHHUCS3H30K017608 | Windscreen | : NA |
| Engine Number | : N04CUS28042 | NCD | : 10% |
| Hire Purchase Owner | : UOB Ltd | | |
| Named Drivers | : Any Driver | | |

Subject to the following clauses, endorsements and warranties as in Policy Wording:

Additional Excess - S\$3,000/- All Claims shall apply in addition to the amount stated above in respect of:

- (a) any person who is below 27 years of age or 75 years and above and/ or
 (b) any person who holds a Qualified Driving License for less than 24 months (regardless of age).

| Clauses/Endorsements/Warranties | Limit / Excess <i>(as per Policy Wording unless otherwise stated)</i> |
|---|---|
| Excess | As Above |
| Damage, Loss Or Theft | SGD 600 |
| Breakage Of Glass In Windscreen Or Window | SGD 100 |
| Third Party Working Risk | SGD 100,000 |
| Hire Purchase Arrangement | - |

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











