

# Accident Reporting Draft

VEHICLE NO: SMV6409X

MODEL: LEXUS

AUTO/MANUAL

DATE OF ACCIDENT	19/8/22	C.C: 1998
TIME OF ACCIDENT	1230	HRS AM/PM
LOCATION OF ACCIDENT	T JUNCTION OF ADMIRALTY ROAD WEST & WOODLANDS IND RD E4	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	BUSWAYS PTE LTD	
CONTACT NO.	92210989	EMAIL: edmund.thoo@busways.com.sg
NRIC	200808897E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	ALLIANZ	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: THOO THAT KHEONG	
NRIC	S1305968C	ANY PASSENGER: 0
DATE OF BIRTH	13/12/1958	
OCCUPATION	OUTDOOR / <u>INDOOR</u>	INDOOR
DATE OF DRIVING PASS	14/6/1980	
GENDER	MALE / FEMALE	
CONTACT NO.	92210989	EMAIL: edmund.thoo@busways.com.sg
ADDRESS	20 & 22 WOODLANDS INDUSTRIAL PARK E1, SINGAPORE 757739 & 757740	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: <u>YES</u>	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES NO/IF YES: WHO? NO	
AUDIO RECORDING	<u>NO</u> / YES SCENE PHOTO(S) <u>NO</u> / YES	
VEHICLE B NO.	SMY3569X ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: <a href="mailto:ryderautoworkshop@gmail.com">ryderautoworkshop@gmail.com</a>                  Tel: 67418277             </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO. HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? <u>NO</u> / YES		

**Describe Circumstances of the Accident**

I WAS STATIONERY ALONG T JUNCTION OF ADMIRALTY ROAD WEST & WOODLANDS  
IND RD E4. SUDDENLY VEHICLE B REAR ENDED MY VEHICLE

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



## 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**.
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.

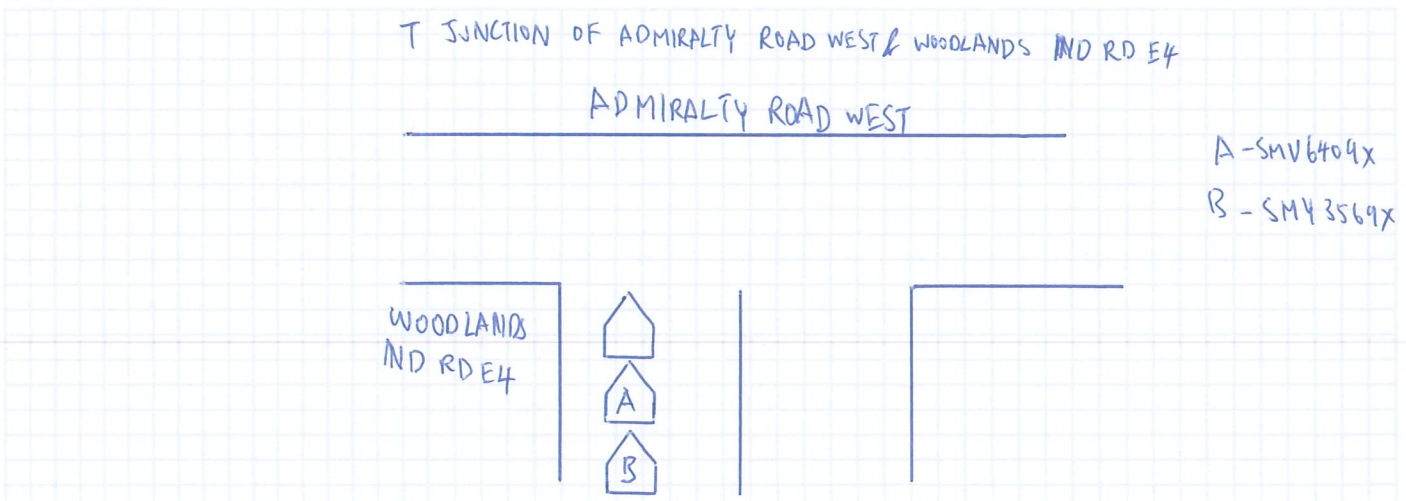
  

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	28 Jul 1981
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Jun 1980

NP 428A

Licence No: S1305968C

4765012

NRIC No: S1305968C

Date of issue  
29-08-2011

Address  
APT BLK 160 PASIR RIS STREET 13  
#08-89  
SINGAPORE 510160

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man with glasses.

License Number: S1305968C

Name: THOO THAT KHEONG

Birth Date: 13 Dec 1958

Issue Date: 29 Oct 2003

Barcode: 000959576F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1305968C

Portrait of a man with glasses.

Name: THOO THAT KHEONG

杜達強

Race: CHINESE

Date of birth: 13-12-1958

Sex: M

Country of birth: SINGAPORE



**Allianz Insurance Singapore Pte. Ltd.**

Company Registration No.: 201903913C

GST Registration No.: 201903913C

Address: 79 Robinson Road #09-01 Singapore 068897

Tel: +65 6714 3369

Website: [www.allianz.sg](http://www.allianz.sg)

Allianz Contact Centre

Tel : 1800 222 1818 (Local)

+65 6222 1919 (Overseas)

Email : [customerservice@allianz.com.sg](mailto:customerservice@allianz.com.sg)**CERTIFICATE OF INSURANCE**

FORM MX1

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)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**Certificate Number** : SP2000594613-01**Coverage** : COMPREHENSIVE**Policyholder Name** : BUSWAYS PTE LTD**Registration No.** : SMV6409X**Period of Insurance** : 13 OCTOBER 2021 to 12 OCTOBER 2022**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 has not been cancelled at the time of accident loss or damage.

**Limitation as to Use\*:**

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

\*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.

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) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

21 October 2021

Issued Date

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

Account Code : 0000336

**Excess:**

Own Damage Excess

SGD 600.00

Windscreen Excess

SGD 100.00