# 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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 24/08/2022 15:45 (SGT) Reported by Date of Accident 23/08/2022 15:50 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBC5721E** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SYNERGY LEASING PTE LTD Company Reg No 202138430N Email Address Charles@synergymotor.com.sg Mobile Phone No (Phone) +65-69586111 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant ..... Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual 2982

#### INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001256008

# DRIVER

Name of Driver **BALAKRISHNAN GUHAN** Passport No/FIN G1444289N Date Of Birth 27/07/1994 Occupation Outdoor

Date Of Driving Pass 30/12/2020 Driving experience 1 YEAR AND 8 MONTHS Gender Mobile Number (Phone) +65-90811793 Alt. Phone Number Email Address Charles@synergymotor.com.sg Address 17 TOH YI DR #11-83 Address complement Postcode 590017 Is the driver the policyholder? Nο 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 - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 23/8/2022 AT ABOUT 1550HRS.I WAS DRIVING ALONG UPP BUKIT TIMAH ROAD. IT WAS RAINING AND ROAD SURFACE WAS WET, VEHICLE B IN FRONT OF ME STOPPED,I COULN'T STOP IN TIME AND COLLIDED ONTO VEHICLE B. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SFL5211R Vehicle Manufacturer Vehicle Model

Private car

JIMMY KHOO

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	(Phone) +65-96423779
Address	-
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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</u> and <u>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.
- 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.
- By the lodgment 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 :
  - 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, involces, 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders,

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

Reporting Cen Name: NRIC/FIN No.: nnel's Signature

SIZENCE States Plan Form VS

ETCH P	PLAN											
				ш								
									A: GBC	5721E		
				177		DI			B:SFL	5211R		
						8		7			. #	
						A						
							Н			H		
					- 1	1						
H		-							110			
		+				1111				H		
SCRIBE	CIRCUN	ASTANC	ES OF THE	ACCIDE	INT							
Ch	23/8] 208;	at at	about	issohra	· I wa	s driving	alo	ng	Opp	bukt	Tmah	Rd- It was
aihing	and	nad	surface	NOS	wet.	rehich B	m.	font	of	hu	stopped.	, I couldn't
- Th											3350	
top	in thu	e and	20(1	aid	onto	vehicle B	Ž.					
ECLARA	Meth										0	
wy. 69 Ha	TE DISTRI	egoing pa	erticulars ar	e true in	every resp	ect.					1	
10 20 Jan	084004 (m)			9/	1					2	Mai	
198	S # 9	1910		(	ach	1/2			The state of the s		ryy	S AND SHOWN IN SHOW
olicyholde ate & Tim	r s Signatu ie:	re		Driver's S <b>(</b> (If driver i		olicyholder)			Report Name:		tre Personne	el's Signature
				Date & Tir					NRIC/F	IN No.	: V	



## 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 1994 (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001256008 Date of Issue 15 March 2022

COMPREHENSIVE - AUTHORISED WORKSHOP Coverage

Policyholder : SYNERGY LEASING PTE, LTD. Finance Company : SHUN HENG CREDIT PTE LTD

Period of Insurance : 14 March 2022 To 13 March 2023 (both dates inclusive)

Registration Number : GBC5721E

Chassis Number of Vehicle ; JTFAT35Y60K202137

#### 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 or to whom the vehicle is hired.
- 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 for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is
- 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 (Motoysia), 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.
- (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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).

15 March 2022

Issue Date

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

Intermediary Code : 0000248 ASURE INSURANCE AGENCY PTE LTD

Excess

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

SGD SGD 2,000.00 100.00

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





























