

## 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 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 .....	23/08/2022 11:30 (SGT)
Reported by .....	Driver
Date of Accident .....	17/08/2022 20:20 (SGT)
Exact Location of Accident .....	65 Airport Blvd., Terminal 3 Arrival Hall, Singapore 819663
Additional Location Information .....	TERMINAL 3, TAXI STAND
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB7395T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ARMAN BIN ABDUL KADIR
NRIC No .....	S1671227B
Email Address .....	roslinaheusope@gmail.com
Mobile Phone No .....	(Phone) +65-89517040
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Golden Dragon
Model .....	XML6957J14B
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 .....	Bus
Transmission .....	Manual
CC .....	6690

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00009242200

#### DRIVER

Name of Driver .....	ABDUL RAHIM BIN ABDUL RAHMAN
NRIC No .....	S0093941B
Date Of Birth .....	13/09/1954
Occupation .....	Outdoor

Date Of Driving Pass .....	13/07/1987
Driving experience .....	35 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-89517040
Alt. Phone Number .....	-
Email Address .....	roslinaheusope@gmail.com
Address .....	APT BLK 438 TAMPINES STREET 43 #07-163
Address complement .....	-
Postcode .....	520438
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 .....	Side Swipe
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? .....	Yes
Number of Passengers (Including Driver) .....	1
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 17/8/2022, AT ABOUT 2020. I WAS STATIONARY WAITING FOR ALL THE PASSENGERS. WHILE WAITING SUDDENLY VEHICLE B SKETCH MY LEFT SIDE PORTION. I GOT OFF FROM THE BUS.I JUST NOTICE I AT THE TAXI STAND.

#### 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 .....	SHC7652L
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) .....	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

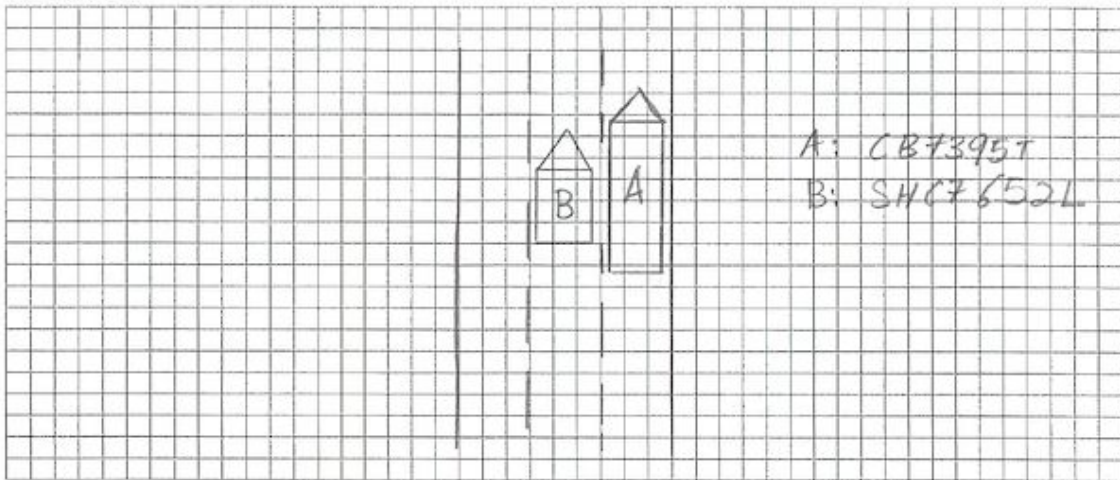
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :
  - (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.
- (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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28 08 - 2022  
23

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/8/2022, AT ABOUT 2020, I WAS STATIONARY WAITING FOR ALL THE PASSENGERS. WHILE WAITING  
 SUDDENLY VEHICLE B SKETCH MY LEFT SIDE PORTION. I GOT OFF FROM THE BUS, I JUST NOTICE  
 I AT THE TAXI STAND.

DECLARATION

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

Policyholder's Signature  
 Date & Time:

GIARMIC SketchPlanForm\_V3

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

23/08/2022

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



Allianz Insurance Singapore Pte. Ltd.

## COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/2022/0000365/000457		
Insured	EHSAN TRANSPORT (S) PTE. LTD.		
Usage	Ferrying of Tourists, School Children & Workers/Chartered Bus Services		
Make & Model	GOLDEN DRAGON XML6957J14B		
Attachment	Nil		
Engine Capacity/Tonnage	41		
Engine Number	22100279		
Chassis Number	LL3BECDH4DA013855		
Registration Number	CB7395T		
Estimated Value	Market Value at time of Loss		
Coverage	Comprehensive - Authorised Workshop		
Deductible	\$1,500 Sect I, \$1,500 Sect II & \$500 Windscreen		
Period of Insurance	16-Aug-22	to	15-Aug-23
Hire Purchase	Nil		
Issued By	Agency Distribution	on	15-Aug-22

We hereby certify that this Cover Note is issued in accordance with the provisions of  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed for and On Behalf of  
 Allianz Insurance Singapore Pte Ltd

Authorised Signatory

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 | Singapore 068697 | Tel: +65 6714 3369 | Website: www.allianz.sg























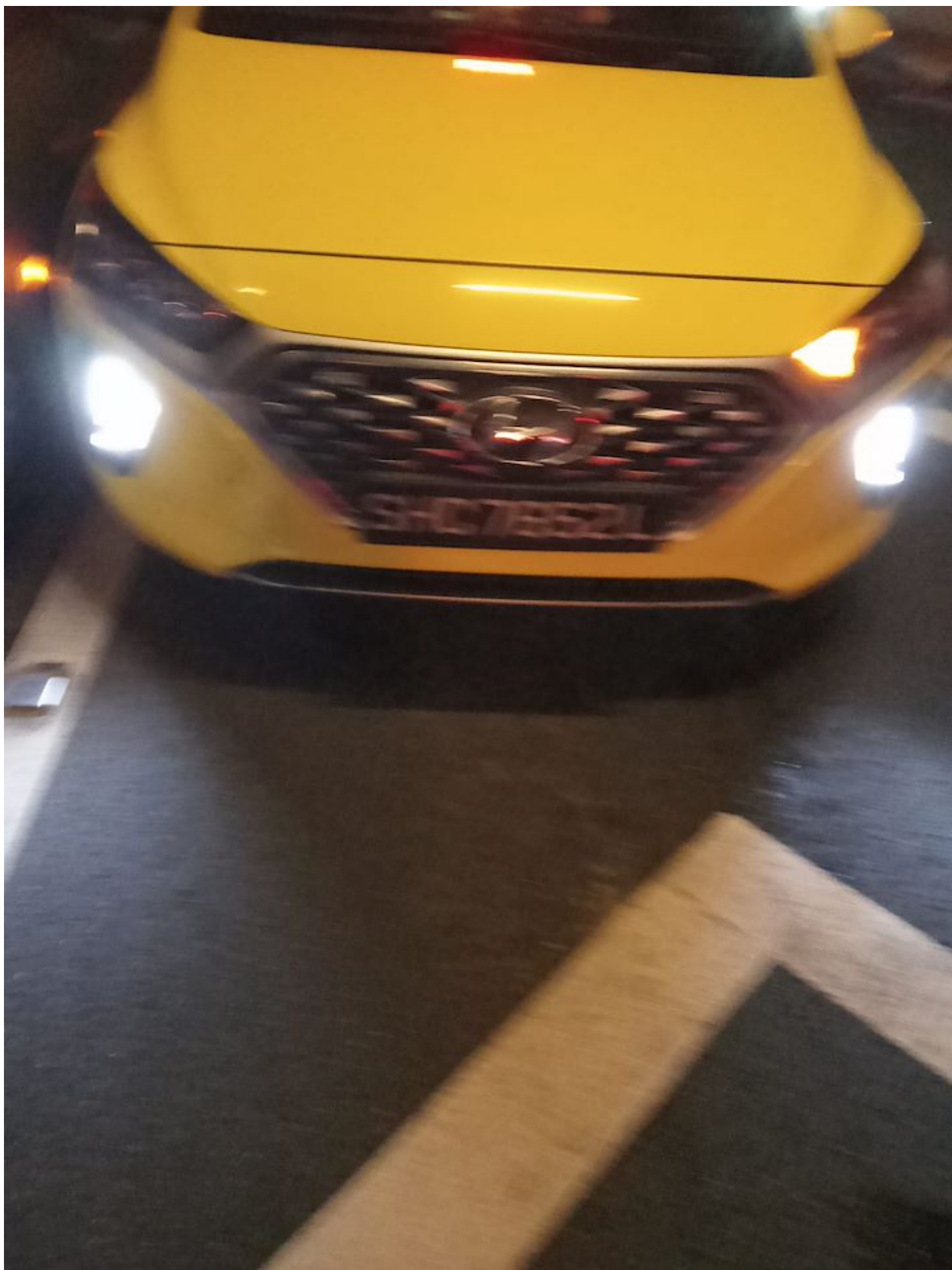
















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA1O228N0001 Vehicle Registration No: CB7395T  
Name (as shown in NRIC) : ABDUL RAHIM BIN ABDUL RAHMAN NRIC/FIN/Passport No : 941B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK 438 TAMPINES STREET 43 #07-163 Singapore ( 520438 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 89517040  
Email Address : ehsan.tpt.tdg@gmail.com  
Date of Accident : 17/08/2022 Time of Accident : 2020  
Place of Accident : TERMINAL 3, TAXI STAND  
Insurance Company : Allianz Insurance Singapore Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE PLACE LOCATION TERMIAL 3, TAXI STAND TO TERMINAL 3 , TAXI STAND.

CHANGE HANDLING INSURER: ALLIANZ INSURANCE (SINGAPORE) PTE LTD.

CHANGE ID TYPE 201700854M TO S1671227B

CHANGE OWNER NAME: EHSAN TRANSPORT(S) PTE LTD. TO ARMAN BIN ADBUL KADIR

CHANGE EMAIL: ehsan.tpt.tdg@gmail.com TO roslinaheusope@gmail.com

CHANGE OLD POLICY NUMER TO DMB1SNW00009242200

Policyholder / Driver's Signature

Date: 23/08/2022

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: