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 10/10/2022 18:12 (SGT) Reported by Date of Accident 07/10/2022 11:30 (SGT) Exact Location of Accident Singapore Additional Location Information EAST COAST AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE4126J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 800 SUPER WASTE MANAGEMENT PTE LTD Company Reg No 198601155H Email Address enquiries@800super.com.sg Mobile Phone No (Phone) +65-63663800 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Man Model TGS 26.320 6X4 BB 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 10518

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002102115

DRIVER

Name of Driver MUHAMMAD EZAIRI BIN MOHD ASHRI NRIC No S9325893B Date Of Birth 23/07/1993 Occupation Outdoor

Date Of Driving Pass 21/09/2016 Driving experience 6 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-82929855 Alt. Phone Number Email Address Ike@800super.coms.g Address BLK 145 BUKIT BATOK ST 11 #01-83 Address complement Postcode 650145 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry 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 REFER ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMF2849U Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

S2165417E

LIM HAI CHIEW



Vehicle Colour
Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-96676791
Address	<u>.</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

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SKETCH PLAN

NSURER Allianz

DATE OF ACC: 7/10/22 (1:309m

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- 2 This Form must be completed by the Policyholder and/or the Actual Driver
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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)

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')

Policyholder's Signature / Date & Time

- (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.

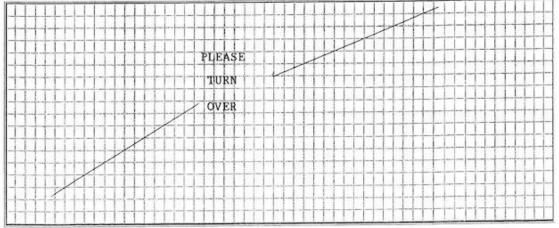
K.

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

& Time

(VS) ong 7 10 25 Winessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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		or notion to	r more information	AGE
	omprehensive policy. Pls check yo) Reporting Onlly	
) Claim Own Policy	() Claim Third party	(/) Reporting Only	
) Claim OD/ TP at othe etch Plan	er workshop (11.0	
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			Hr: 96676791	
1111111111		111		11
TO HILLIAM	Dead End (fast co	ast Ave)	
Declaration We declare the foregoing particulars	s are true in every respect.			

Date :07/10/22		
To : Accident Reporting Centre (ARC)	
I / We hereby approve (driver's	name) Muhammad Ezairi Bin	Mohd Ashri
NRIC/FIN \$93258938	_, our employee / employee of	800 Super Waste
Management Pte Ltd	to drive our m/vehicle no.	XE4126J
and to file the accident report (T Only) which occurred on (date)		
along (location) East Coast Ave	07/10/22 @ (time)	11.30am
Thank you.		
Regards,		
* SIGN & STAMP at the above *		
Name of Owner : 800 Super Was	ste Management Pte Ltd	
NRIC / ROC : 198601155H		
Contact No : 63663800		
Email: enquiries@800super.com.sg		

20. 3



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

: SP2002102115

Date of Issue

: 22 June 2022

Coverage

: COMPREHENSIVE

Policyholder

: 800 SUPER WASTE MANAGEMENT PTE LTD

Finance Company

Period of Insurance

; 01 July 2022 To 30 June 2023 (both dates inclusive)

Registration Number : XE4126J

Chassis Number of Vehicle WMA26SZZ7JM772352

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 or to whom the
- * 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.

- (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 (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).

22 June 2022

Issue Date

Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000236 IVAN INSURANCE BROKERS PTE LTD

Section 1: Own Damage

SGD SGD 2.000.00

Section 1: Windscreen Section 2: Liabilities to Third Parties

300.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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













