

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 10/10/2022 12:08 (SGT)
Reported by Both
Date of Accident 08/10/2022 12:34 (SGT)
Exact Location of Accident 7 Paya Lebar Rd, Singapore 409002
Additional Location Information EUNOS LINK TOWARDS JALAN EUNOS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8085G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RAFFLES BUS SERVICES PTE LTD
Company Reg No 199906025N
Email Address JENNIFERX4325@GMAIL.COM
Mobile Phone No (Phone) +65-97830770
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Rosa
Variant BUS 4.9L MT 2WD 6T TURBO
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 Bus
Transmission Auto
CC 4900

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SPCM1000001164

DRIVER

Name of Driver ZHANG QING HUA
Passport No/FIN G2690166P
Date Of Birth 27/07/1977
Occupation Outdoor

Date Of Driving Pass	26/04/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87398639
Alt. Phone Number	-
Email Address	JENNIFERX4325@GMAIL.COM
Address	BLK 311 HOUGANG AVENUE 5
Address complement	#01-177
Postcode	530311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	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 08/10/2022 AT ABOUT 1234HRS, I WAS TRAVELLING ALONG EUNOS LINK TOWARDS JALAN EUNOS.

AS IT WAS GREEN LIGHT, I PROCEEDED TO MOVE. SUDDENLY, VEHICLE B INFRONT BRAKED. I COULDN'T STOPPED ON TIME AND HIT ONTO IT.

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	SMV6516U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	FANG YIH UEI
NRIC No	S8876039E
Contact Number	(Phone) +65-93215155
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

RAFFLES BUS SERVICES PTE LTD

Policyholder's Signature / Date & Time

Sketch Plan

10/10/2022
10.20am

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

10/10 - 2022
10.20am

Witnessed by Reporting Centre Personnel

Jenny Koh 1158 HRS
Claims Executive 10/10/2022
139 9800

Refer to attached

Describe Circumstances of the Accident

On 08/10/2022 at about 1234PM, I was travelling along Sunan Link towards Jalan Sunan.

As it was green light, I proceeded to move. Suddenly, Vehicle B in front braked. I couldn't stop on time and hit onto it.

Declaration

We declare the foregoing particulars are true in every respect.

RAFFLES BUS SERVICES PTE LTD

 10/10/2022
10:20am

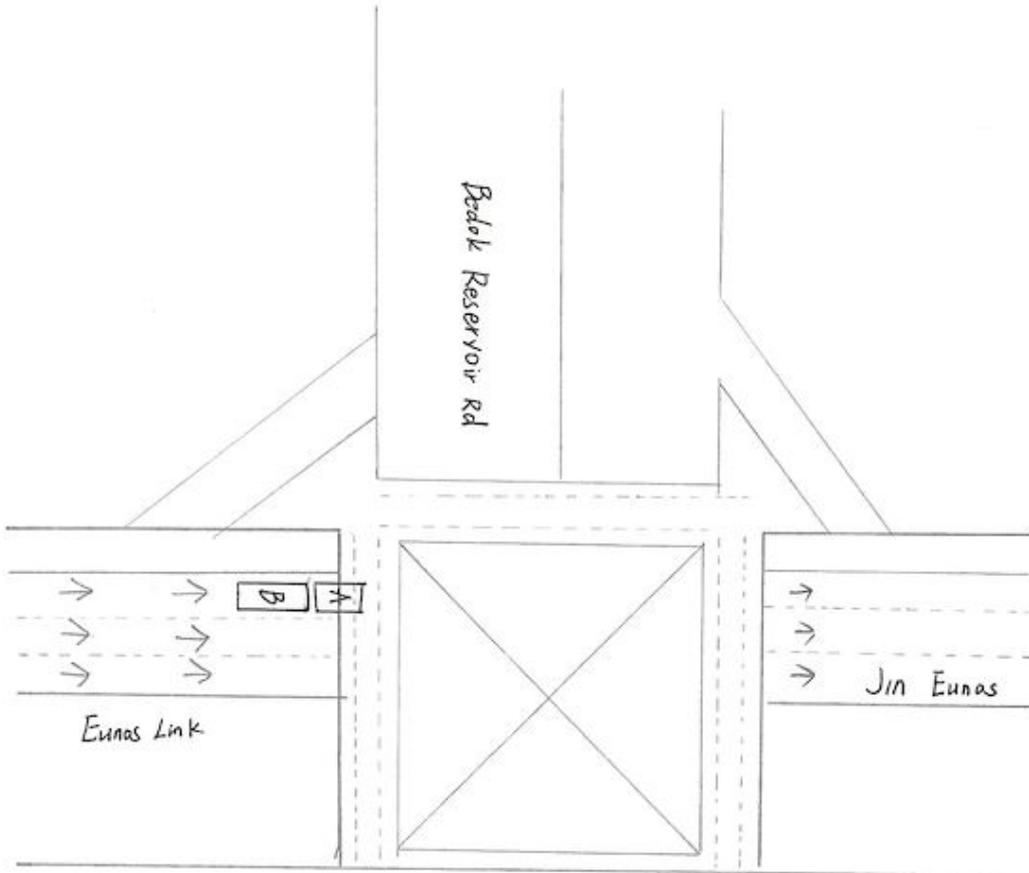
Policyholder's Signature / Date & Time

 10/10 - 2022
10:20am

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

 Jenny Koh 10/10/2022
Claims Executive
HP: 8139 9800 1158PM

Witnessed by Reporting Centre Personnel



8/10 - 2022 12:34

A: SM V 6516U

B: CB 808TG





















09:30 ⁺4G+ 0.00
KB/S

CB8085G(1).pdf



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 1991 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1990 (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SPCM1000001164
Date of Issue	: 19 July 2022
Coverage	: THIRD PARTY, FIRE AND THEFT
Policyholder	: RAFFLES BUS SERVICES PTE LTD
Finance Company	: -
Period of Insurance	: 21 July 2022 To 20 July 2023 (both dates inclusive)
Registration Number	: CB8085G
Chassis Number of Vehicle	: BE63DJF00118

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any person provided he is in the Policyholder's employ and is driving on their order or with their 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 (Cap 278) (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 only in the Republic of Singapore.
 * 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).

19 July 2022
 Issue Date


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

Intermediary Code : 0000384 VIRTUAL INSURANCE AGENCIES PTE LTD
 Section 2 : Liabilities to Third Parties

SGD 1,500.00

Allianz Insurance Singapore Pte Ltd - 45, ROBINSON ROAD
 Telephone: +65 6333 1111 Singapore, Website: www.allianz.com