

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 12/10/2022 16:04 (SGT)
Reported by Both
Date of Accident 11/10/2022 10:00 (SGT)
Exact Location of Accident Boon Lay Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU772R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD TAUFIQ BIN ROSLI
NRIC No S9526727J
Email Address taufiq@chinarailway11.com.sg
Mobile Phone No (Phone) +65-92299426
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Scirocco
Variant 1.4L AT TSI 1372Q5
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1390

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2000944016-01

DRIVER

Name of Driver MOHAMMAD TAUFIQ BIN ROSLI
NRIC No S9526727J
Date Of Birth 25/07/1995
Occupation Outdoor

| | |
|--|---------------------------------|
| Date Of Driving Pass | 14/11/2018 |
| Driving experience | 3 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92299426 |
| Alt. Phone Number | - |
| Email Address | taufiq@chinarailway11.com.sg |
| Address | 402 CHOA CHU KANG AVE 3 #02-213 |
| Address complement | - |
| Postcode | 680402 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 11/10/2022 @ ABT 1000HRS. I WAS DRIVING ALONG BOON LAY DRIVE. WHEN I SAW THERE IS A TAXI SHC2598T ON HIS HAZARD LIGHT & STOP AT ROAD SIDE OF BOON LAY DRIVE, I THEN TRY TO OVER TAKE THE SAID TAXI. WHEN I OVER TAKE THE SAID TAXI I HAD ACCIDENTALLY KNOCKED ONTO THE SAID TAXI CAUSING MY VEHICLE FLIP TO RIGHT SIDE. AFTER THE ACCIDENT, THERE IS A RIDER PASSBY THE SCENE & GIVE ME A HAND TO HELP ME GET OUT FROM MY CAR. AFTER I CAME OUT FROM MY VEHICLE I THEN CALL FOR TOWING TO TOW THE VEHICLE TO MY INSURANCE AUTHORIZE WORKSHOP TO LODGE REPORT & DO THE ACCIDENT CLAIM. THAT'S ALL.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHC2598T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | QUAK CHEN TEE |
| NRIC No | S7539549C |
| Contact Number | (Phone) +65-91813127 |
| 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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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:

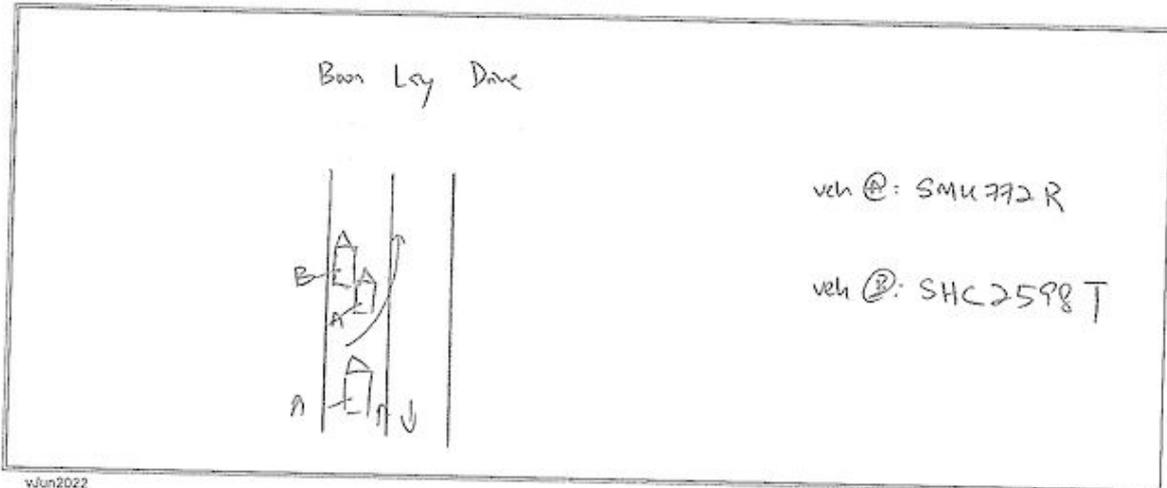
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

On 11/10/2022 @ abt 1000hrs. I was driving along Boon Lay Drive. When I saw there is a taxi SHC 2587 on his hazard light & stop at road side of Boon Lay Drive, I then try to over take the said taxi. When I over take the said taxi, I had accidentally knocked onto the said taxi causing my vehicle flip to right side. After the accident, there is a rider passby the scene & give me a hand to help me get out from my car. After I come out from my vehicle I then call for towing to tow the vehicle to my insurance authorize workshop to lodge report & do the accident claim. That's all.

Claim own policy
 Claim third party
 Claim OD / TP at other workshop _____
 For record purpose
 Policy No. SP2000944016-01
 Insurer Allianz (C) Veh.No. SML 772R

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

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


 Policyholder's Signature / Date & Time

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


 SNG AH YEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



















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 : SP2000944016-01
 Date of Issue : 2022-02-11
 Coverage : Comprehensive
 Policyholder : MOHAMMAD TAUFIQ BIN ROSLI
 Period of Insurance : 14 February 2022 to 13 February 2023(both dates inclusive)
 Registration No. : SMU772R
 Chassis number of Vehicle : VVWZZZ13ZAV450758

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.

11 February 2022
 Issued Date


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

| | | | |
|-------------------|---|-----|--------|
| Intermediary Code | : SCB0000336 AAC PERFORMANCE PTE LTD | | |
| Excess | : Section1:Own Damage Excess | SGD | 600.00 |
| | : Section2:Own Damage Excess outside of Singapore | SGD | NA |
| | : Section3:Windscreen Excess | SGD | 100.00 |
| | : Section4:Liabilities to Third Parties | | NA |