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 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.

- 4. The issue and acceptance of this is form by instrained 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 28/10/2022 15:30 (SGT) Reported by Date of Accident 28/10/2022 05:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWDS CHANGI AIRPORT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Vehicle Registration Number **GBC2735K**

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Nissan Model CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual

CC 2953

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002102421

DRIVER

Name of Driver **CHONG YIT SING** NRIC No S2719512A Date Of Birth 30/04/1959 Occupation Outdoor

Date Of Driving Pass 25/02/1998 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-83534230 Alt. Phone Number Email Address lke@800super.com.sg Address 29 JALAN KELABU 7 TAMAN PELANGIN Address complement Postcode 80400 JB M'SIA 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 Collision - Head to Rear Weather Conditions After Rain 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED. 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 YQ1114M Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

CHEN HAO

G2257919W

Accident report SC1I22AS0004

Vehicle Colour
Vehicle Category

Name of Driver

Passport No/FIN

Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

SKETCH PLAN

VEHNO: GBC 2735 K. ...
INSURER Allianz
DATE OF ACC: 28/10/22 @ 05:50am

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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- 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")
- (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 Drive

Driver's Signature (in driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID/card) / 1

PUEASE
TURN

OVER

1

28/10/22

Sketch Plan

) Claim Own Policy	emprehensive policy. Pls check your po		
	(V) Claim Third party	() Reporting Onlly
) Claim OD/ TP at othe etch Plan	r workshop (20A: 28 10 >2 @05:50am
11111			
boat			A: GBC 2735K
- Ai			B= YQ1114M
Changi			Chen Hao
3			G2257919W
Span A			(with 1 passinger)
R			
272			
,	impact came from	of	my vehicle. Due
	of my vehicle, it was +	towa	d to the workshop.
s severe damage			



















Date : 20	8/10/2022		
To : Accider	nt Reporting Cent	tre (ARC)	
I / We herel	by approve (drive	er's name)CHONG YIT SING	
NRIC/FIN _	S2719512A	, our employee / employee of _	800 SUPER
WASTE M	IGMT PTE LTD	to drive our m/vehicle no	GBC2735K
and to file th	he accident repo	rt (Third Party claims/Own Damage	Claims/Reporting
Only) which	occurred on (dat	te) @ (time)	05:50 AM
along (locati	ion)PIE TWDS CHA	ANGI AIRPORT	•
Thank you.			
Regards,	/	SUPEO	
negarus,	(*C		
\rightarrow	H. C.	THE THE PARTY OF T	
* SIGN & STA	AMP at the above	. *	
Name of Ow	ner: 800 Super Was	ste Mgmt Pte Ltd	
NRIC / ROC :	198601155H		
Contact No :	63663800		
Email: enquiri	es@800super.com.sg		



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

800 SUPER WASTE MANAGEMENT PTE LTD

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1989 (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 1996

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002102421 Date of Issue : 22 June 2022

: THIRD PARTY ONLY Coverage

Policyholder Finance Company

Period of Insurance : 01 July 2022 To 30 June 2023 (both dates inclusive)

Registration Number GBC2735K

Chassis Number of Vehicle JN1SC2F24Z0850191

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 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 (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 2: Liabilities to Third Parties

SGD

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapore 058897 | Tel: +65 6714 3369 | Website: www.allianz.sg