# **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 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 04/11/2022 17:18 (SGT) Reported by Driver Date of Accident 04/11/2022 13:30 (SGT) Exact Location of Accident Near 504 Serangoon North Ave 3, Singapore 550504 Additional Location Information Serangoon North Ave 3 towards Ang Mo Kio Ave 3 Junction Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBE9285K

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VYY Pte Ltd Company Reg No 200903502N Email Address hr@vyy.com.sg Mobile Phone No (Phone) +65-67478880 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Nissan Model Cabstar Variant 3.0 5M/T ABS 2DR 2WD EURO 5 Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Reporting only 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 SP2001849064

# DRIVER

Name of Driver Bustami Bayezid Passport No/FIN G2160381W Date Of Birth 16/06/1990 Occupation Outdoor

Date Of Driving Pass 15/06/2022 Driving experience 5 MONTHS Gender Male Mobile Number (Phone) +65-86516926 Alt. Phone Number Email Address hr@vyy.com.sg Address 1078 Eunos Ave 6 Address complement #01-168 Singapore Postcode 409634 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 - Change/cross lane 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Unknown Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to sketch plan. 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 SDU5355K

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ramas S/O Krishnan
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

# IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as touthful 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.
- 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 aforesald.
- 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.

COJGST NO.: 200903502N BLK 1078 EUNOS AVE 6 #01-168 SINGAPORE 409634 VYY PTE LTD TEL: 6747 8880 FAX: 8747 0938

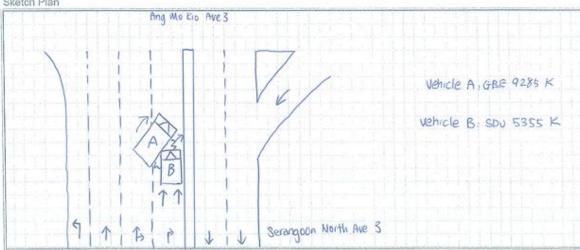
Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

140 Law Yi Witnessed by Reporting Centre Personnal

(Name as in NRIC/ID card)

Sketch Plan



along Serangeon North Ave 3 towards tog mo Fro Ave 3 on the 2nd from the right lane. I wanted to filter to the extreme right lane. The lane was cleared and I charle my rear
maht lave The lane was cleaned and I charle my near
1010
nght mirror as there was No valuele. As I was filtering,
vehicle B (SDU 5355 K) come up and collided into the
right pointron of my vehicle.



Declaration

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

VYY PTE LTD

CO./GST NO.: 200903502N

BLK 1078 EUNOS AVE 6

#01-198 SINGAPORE 409534

TEL: 6747 8880 FAX: 6747 0930

WWW.VYY.COM.SG

Driver's Signature (if driver)



Policyholder's Signature / Date & Time

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

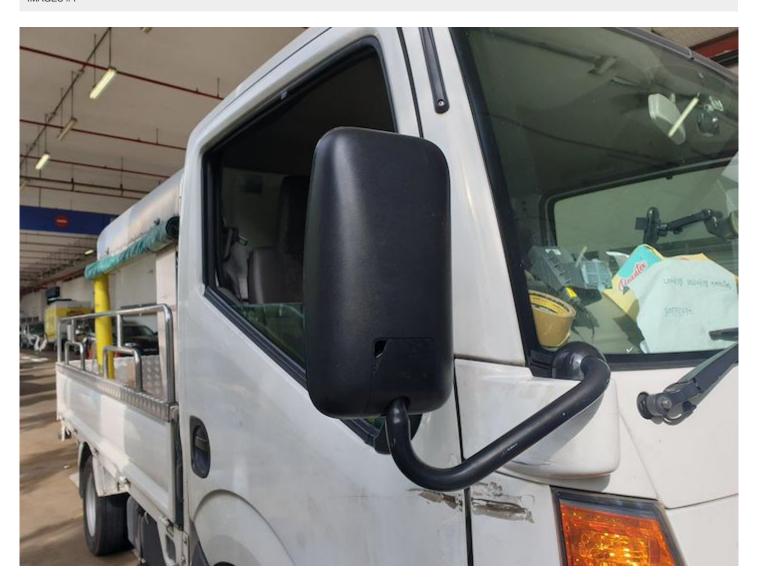
Witnessed by Reporting Contre Personnel (Name as in NRIC/ID card)

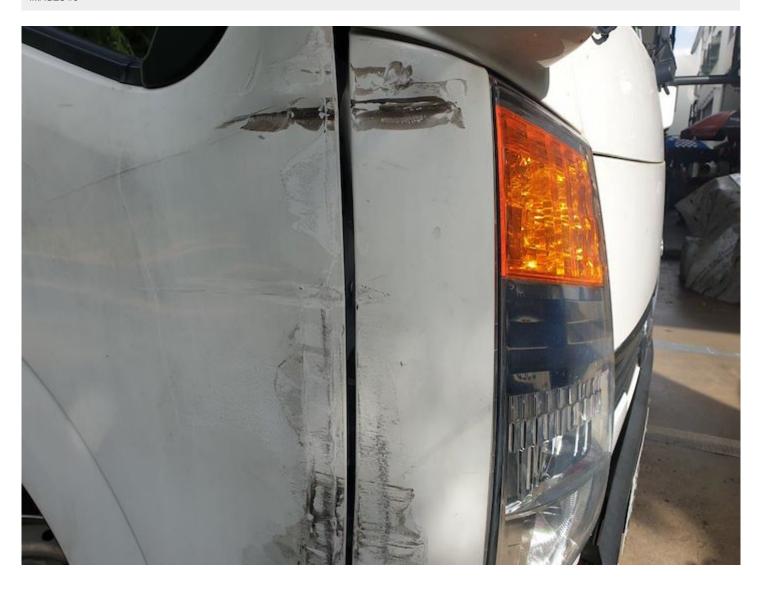
2

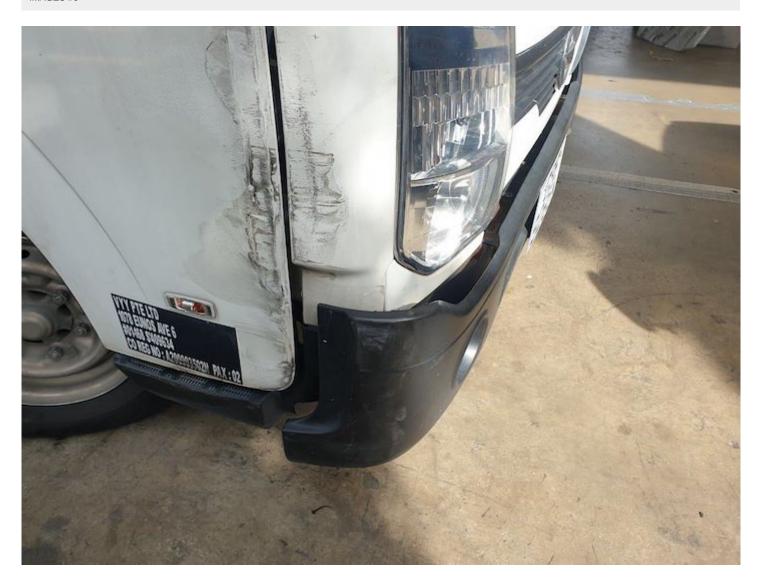






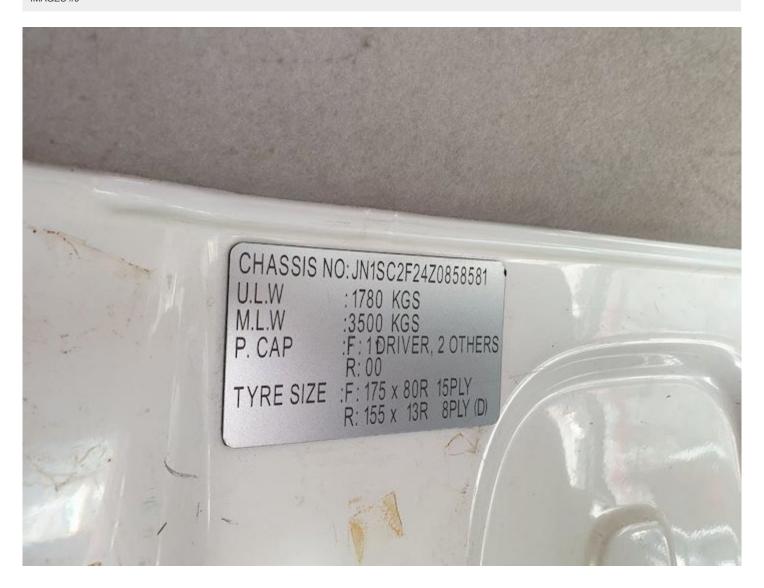














# Allianz Insurance Singapore Pte. Ltd.

## 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

SP2001849064

Date of Issue

: 23 May 2022

Coverage

COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder

VYY PTE, LTD.

Finance Company

TAN CHONG CREDIT PTE LTD

Period of Insurance

25 May 2022 To 24 May 2023 (both dates inclusive)

Registration Number Chassis Number of Vehicle

GRF9285K : 5090731388

# 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.

- (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 hired.
- 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

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).

23 May 2022

Issue Date

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

Excess

Intermediary Code : 0000058 FINEXIS ADVISORY PTE LTD

Section 1 : Own Damage

Section 1: Windscreen

Section 2: Liabilities to Third Parties

SGD SGD 600.00

100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

/9. Robinson Road. #09:01.1 Singapore 068897 | Tel: +65.6714.3369 | Website: www.ol.

WERSHING ST.