SM1522B80001 / Munich Autocare Pte Ltd ENTRY DATE & TIME: 08/11/2022 10:52 (SGT) SUBMITTED BY: Lim Jia Haw VERSION: 1 (08/11/2022 10:52 (SGT))

# **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 08/11/2022 10:52 (SGT) Reported by Date of Accident 06/11/2022 14:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI BEFORE TOA PAYOH EXIT Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

1700

Vehicle Registration Number SME6039U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BIS MOTORING PTE LTD** Company Reg No 2XXXXX055D Email Address KEIFTAN@BISMOTORING.COM.SG Mobile Phone No (Phone) +65-86881311 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Kia Model Carens Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto

#### **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002451400

#### DRIVER

CC

Name of Driver **TOH CHEW LIM** NRIC No SXXXX747G Date Of Birth 09/10/1955 Occupation Outdoor

Date Of Driving Pass 26/12/1973 Driving experience 48 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96280120 Alt. Phone Number Email Address tcl0120@gmail.com Address **BLK 1 EVERTON PARK** Address complement #05-35 Postcode 0810001 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Raining 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **GOJEK PASSENGER** Gender **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** 

SJN1184D

Mazda

3

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

# **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Anv false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchFianForm\_V3

3

SKETCH PLAN									
		11111	TILLE	11777					
	1111			1111+	++++	+++	+111		
		++++	1111						++++
	+++					-			
++++	111				-16				
			1111		B		Visite	- 0	mac ( 57 0)
				+++++					ME60394
	1111	++++		1111	1		VEHICLE	8-5	JN 1184
						1			
		HHH	1111	4444					
					++++		1111		
				++					
	1111			1	<b>A</b> A				
	+++		0)5	Toward	s Chang				
DESCRIBE CIRCU	IMETANIC	SC OF THE A	- PH	loward	5 Charag		1111	1111	
						1			
On t	he stal	ed deste	8 +1-	e 1 14			.,		
Chare 1		co cone	a cpr	e I wa	s Travel	ing a	long Pl	e tow	ards
Giungi be-	tore la	a Payon	CXII a	t lane	1. Than	ff rai	nino de	y, m	v Vehicle
infront be	ake an	d 1 al	is anni	. m. h	web - L	1	C	7	1
change be	, ,, ,		ou apply	N -	rance a	17	cannot	Stoppe	d in Time
and collided	the	Trong 1	remole 1	No inju	ry at	that p	51H of	time	e.
						,			
							1120-2-11		
								-	
		44.						1	
								-	
								1	
								_	
						21.			
								1	
ST 17-32-5-5-5									
				- 1,01.37		75-25			
		110000000000000000000000000000000000000						1	
DECLARATION							-		
I/We declare the f	oregoing re-	reigulare ara es-	un în avenue.		,			000	
y a account uit i	aregoring hai	uouleis are tri	ue in every res	K1.	1/-		6	ONKE O	
			. (	1/04	0		15	2 the age	[-]
			,	4	5		14		<i> 5 </i>
Policyholder's Signa	ture	Driv	er's Signature			Reporting	Centre Perso	onnel's Sigi	hature
Date & Time:			iriver is not the	policyholder)		Name:	Spage		
		Don	a 2. Timan			NIPIC/CIN	Me .		

GIARMIC SketchPlanForm\_V3



















#### 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 : SP2002451400 Date of Issue : 25 July 2022

: COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP Coverage

Policyholder : BIS MOTORINGPTE, LTD.

Finance Company

Period of Insurance : 01 August 2022 To 31 July 2023 (both dates inclusive)

Registration Number : SME6039U

Chassis Number of Vehicle : KNAHU815VJ7211695

#### 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 Vehide. And provided further that the Motor Vehide 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.
- Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only
- \* 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).

25 July 2022

Issue Date

Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000099 INSURE GENERAL PTE LTD

Comprehensive - Exclusive Workshop Per Policy Schedule

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

P Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg