SS2Z22BU0002 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD ENTRY DATE & TIME: 30/11/2022 13:18 (SGT) SUBMITTED BY: JOYCE TAN VERSION: 1 (30/11/2022 13:18 (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.

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   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 30/11/2022 13:18 (SGT) Reported by Driver Date of Accident 04/10/2022 15:30 (SGT) Exact Location of Accident 131 Lor Semangka, Singapore 698939 Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Scania

Vehicle Registration Number XD9601B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HILTOP MACHINERY PTE LTD Company Reg No 199804389C Email Address TPT@HILTOP.SG Mobile Phone No (Phone) +65-88626996 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model P400LA4X2MSZ Variant 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 12742

**INSURANCE COMPANY** 

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number AIS/2022/0000375-1/000026

DRIVER

Name of Driver HARDIP SINGH NRIC No G8323428N Date Of Birth 23/02/1984 Occupation Outdoor

Date Of Driving Pass 26/01/2016 Driving experience 6 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-85796502 Alt. Phone Number Email Address TPT@HILTOP.SG Address 36, PIONEER SECTOR 2, Address complement Postcode 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 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? 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 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 XE6942G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

KANNAN SENTHILKUMAR

G2529607P

Name of Driver

NRIC No

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 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 regudiate 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.
- 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.
- 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
- (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

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

B-XE6942G

131 LOR Semangka

vJun2022

1 04/10/2022 () about 1530 hB - My trailer mait	ing
the side for loading goods. At that time is heavy	
ining. Nehicle B manted turning out but his truck	
cidentally touch onto my trailer (TRO8443T) rear si	de.
o one was injured.	
☐ Çtaim awa policy	
Claim third party O Claim OD /T et other workshop For record purpose Policy No. A 1S   2072 C0003	375-1700 96016
AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UND	
Declaration	
I/We declare the foregoing particulars are true in every respect.	
Policyholder's Signature / Date & Time  Orliver's Signature (if driver is not the policyholder) / Date  Witnessed by Reporting Centre P	-

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Allianz (II)

Allianz Insurance Singapore Pte. Ltd.

#### COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/2022/0000375-1/000026
Insured	HILTOP MACHINERY PTE LTD
Usage	Use in connection with the Insured's Business other than for hire & reward
Make & Model	SCANIA / P400LA4X2MSZ
Attachment	NIL
Engine Capacity/Tonnage	73tons
Engine Number	6827989
Chassis Number	YS2P4X20005358475
Registration Number	XD9601B
Estimated Value	Market Value at time of Loss
Coverage	Comprehensive - Authorised Workshop
Deductible	\$1500 Sect I; \$300 Windscreen
Period of Insurance	29-Apr-22 to 28-Apr-23
Hire Purchase	Nil
Issued By	Agency Distribution on 29-Apr-22

We hereby certify that this Cover Note is issued in accordance with the provisions of MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD THANSPORT ACT, 1937 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed for and On Behalf of Allianz Insurance Singapore Pte Ltd

Authorised Signatory

Allianz Insurance Singapore Pte, Ltd. | UEN 201903913C 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg











