SM132 9M000A / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 22/09/2022 19:11 (SGT) SUBMI TED BY: Nitha VERSION: 1 (22/09/2022 19:11 (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

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 salse 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 Reported by Date of Accident

act Location of Accident Additional Location Information Country/State of Loss

22/09/2022 19:11 (SGT) Driver 18/09/2022 07:25 (SGT)

Singapore TANAH MERAH COAST ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PA9085B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No

Alternative Phone No

Yes

J & T TRANSIT PTE. LTD

2XXXXX548K

KOAY.XINWONG@GMAIL.COM

(Phone) +65-84015585

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

Isuzu

LT134P

Employment

No - Claiming third party

Commercial vehicle

Manual

7790

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd. SPCM1000001094

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

Accident report SM13229M000A

ZHU ZHIJUN GXXXX539N 24/10/1976 Outdoor

Date Of Driving Pass 04/05/2016 Drivin experience 6 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-84015585 Alt. Prone Number Email Address KOAY.XINWONG@GMAIL.COM Addre=SS 33 JALAN SINGA Address complement #02-08 Postcode 418109 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Oriver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insura nce Company of Other Vehicle Owned by Driver GENE RAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weath er 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) 3 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 PASSENGER 1 Name Passenger Gender Male PASSENGER 2 Name Passenger Gender Male 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 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	YQ2070Z
Vehicle Manufacturer	1 0/20/02
	-
Vehicl e Model	-
Vehicle Variant	-
Vehicl e Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Conta ct Number	-
Addre≤S	-
Address complement	-
Postcode	-
Insura nce Company Name	-
Nature Of Damage	2
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	

SKETCH PLAN

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- Info@ation provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to reguldate policy liability.
- 4. The laure and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Arryfalse reporting may be referred to the Traffic Police Department for investigation.
- 6 This input will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sirrigipore (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 evallable aforesaid.

6 Con Set under the Personal Data Protection Act (PDPA)

Lundershind, 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/pursonal 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 shall be collectively referred to as the "Insurers"), the Insurers' taxyers/faw firms, the Monetary Authority of Singapore and any relevant government agency/outhority (such as the police), for the purpose(s) of:

0) processing transling and/or dealing with my claims inclining 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 enquines by me.

(iv) administering my claims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve displayment correspond 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 taw in administering, processing, nanoting 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 mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents finducing their (Nygngs/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

1017315611

Organ's Signature (r) diliver is not the policyholder) / Dute & Time Winneszed by Reporting Cerrie (Name as in NRSC/ID card)

Chainh Blan

- PAGES B - MG2013Z YQ2070Z

1

Describe Circumstance of the Accident

On the 18 exp 2002 @ 0725 Hrs, I was waiting for the traffic light

BITQUODE)

to turn green stadenty which out into my lone rack was and

can but on to my vericle (PAQDBSB) lost from portion and Couring my

leticle with Serious Domatge

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (Agreer is not the policyholder) / Dute

(Maria on a MORTHY conti

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

: SPCM1000001094

Date of Issue

14 July 2022

Coverage

THIRD PARTY, FIRE AND THEFT

Policyholder

J & T TRANSIT PTE. LTD.

Finance Company

LIAN HONG PRIVATE LIMITED

Period of Insurance

Registration Number

06 August 2022 To 05 August 2023 (both dates inclusive) PA9085B

Chassis Number of Vehicle

JALLT134P87000171

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
- (b) Any person provided he is in the Policyholder's empoly and is driving on their order or with their 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 (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 only in the Republic of Singapore.
- * 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).

14 July 2022

Issue Date

Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000384 VIRTUAL INSURANCE AGENCIES PTE, LTD.

Excess

Section 1: Own Damage

Section 1: Windscreen

SGD SGDSG Ď

0.00 NA

Section 2: Liabilities to Third Parties

SGD

1.500.00

Altianz Insurance Singapore Pte. Ltd. | UEN 201903913C 79 Robinson Road #09-01 | Singapore 068877 | Tel: +65-6714-3369 | Website, www.allianz.sg





























