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 22/11/2022 12:31 (SGT) Reported by Driver Date of Accident 21/11/2022 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALEXANDRA ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5936Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SRP CONSTRUCTION PTE LTD Company Reg No 201406765H Email Address srpconstruction14@gmail.com Mobile Phone No (Phone) +65-98003754 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter Variant 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 2998

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number AIS/2022/0000365/000096

DRIVER

Name of Driver SUSAIMANICKAM SANTIAGU SAIMAN RAJU Passport No/FIN F7733851U Date Of Birth 20/03/1976 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	27/01/2014 8 YEARS AND 10 MONTHS Male (Phone) +65-98696490 - srpconstruction14@gmail.com 39 WOODLANDS CLOSE #03-17 737856 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED POLICE REPORT T/20221121/	2095.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No VEHICLE PROPERTY 1
DETAILS OF OTHER	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	-

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

IM PORTANT NOTICE

- Plase 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- Theissue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
 Companies.
- Am false reporting may be referred to the Police for investigation.
- Thereport 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.
- 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:
 - 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:
 - 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.

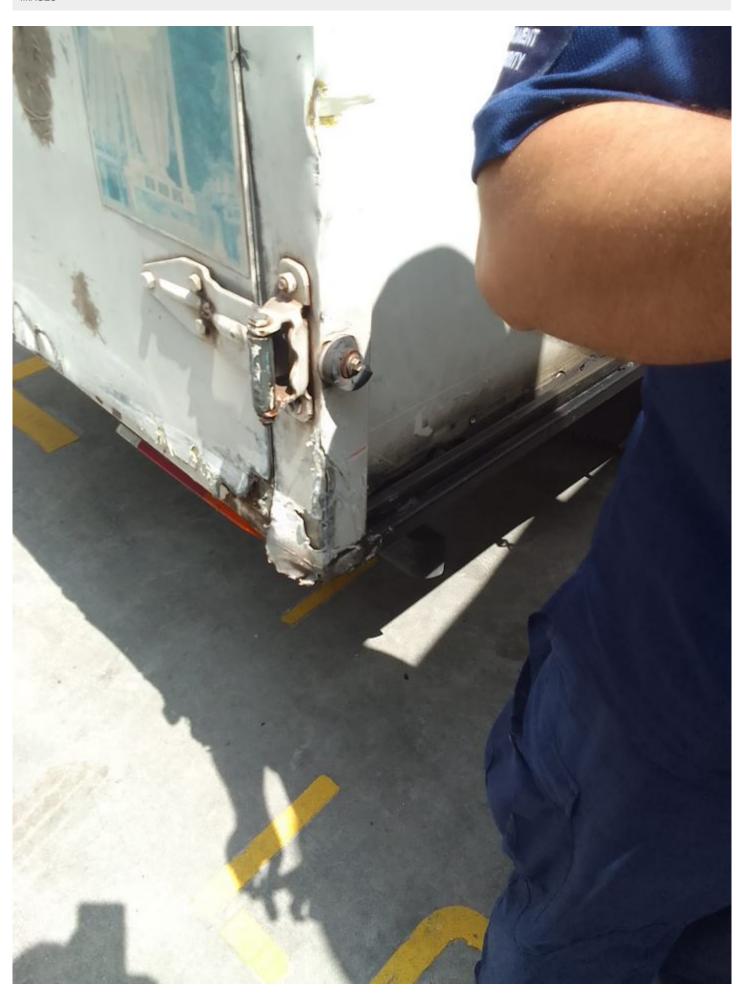
Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

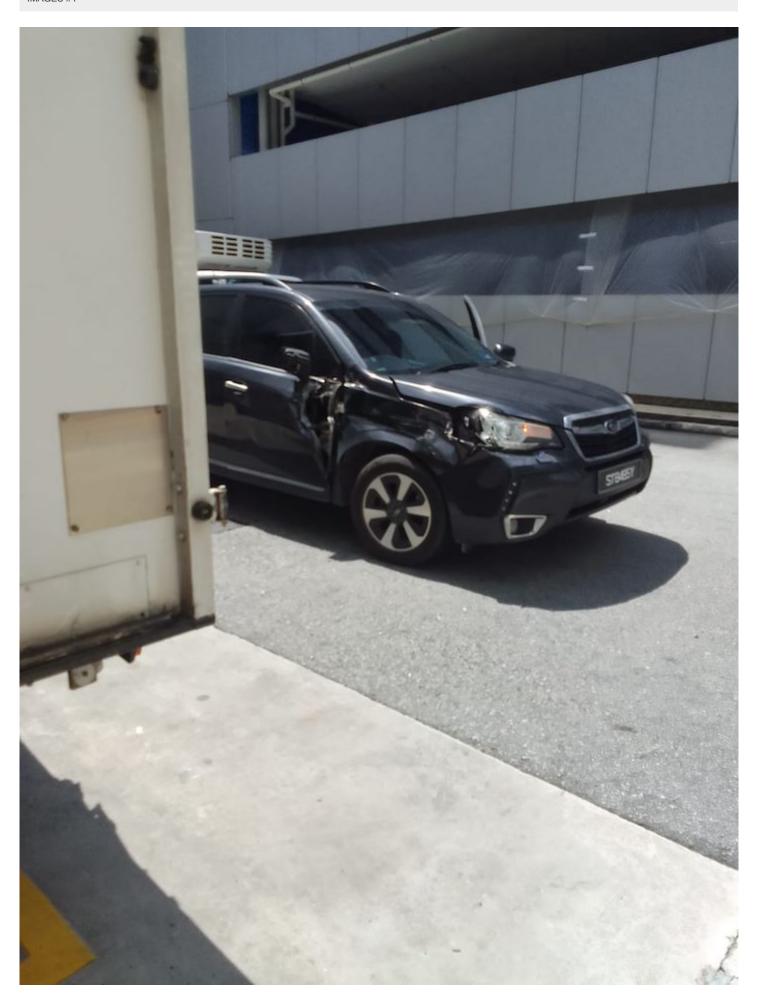
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DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
		1 1 001 100 1
	Please refer to att	ached police report
	1/224121/2095	

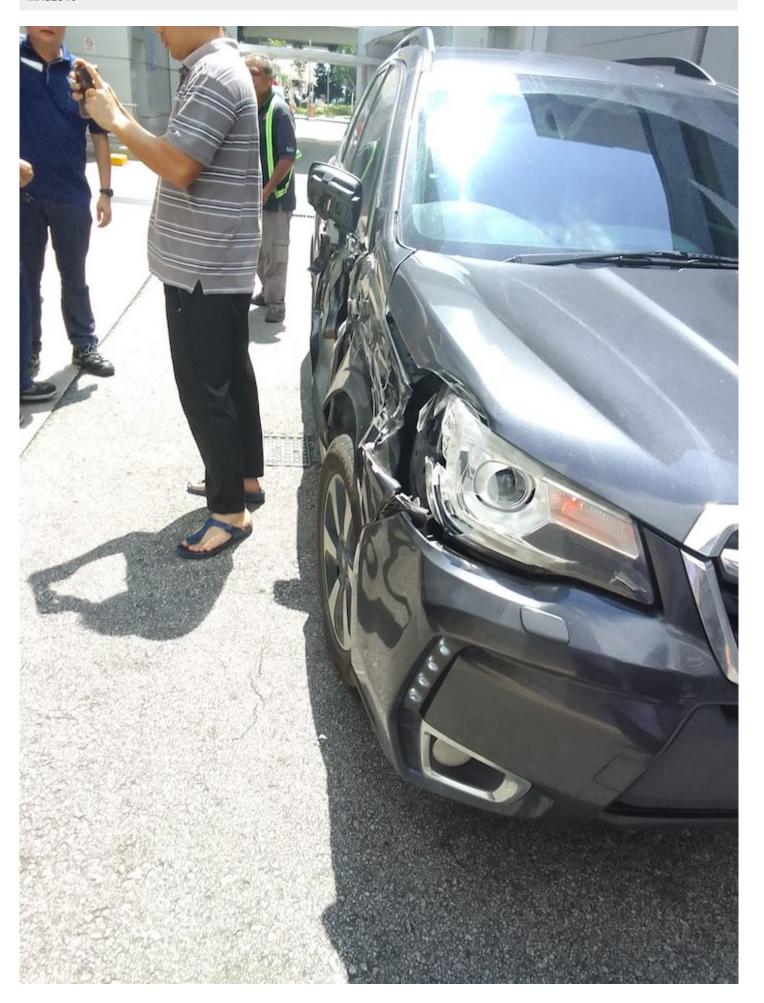
DECLARATION		
DECLARATION I/We declare the bregoing part	ticulars are true in every respect.	
I/We declare the thregoing part	ticulars are true in every respect.	
I/We declare the thregoing part	ticulars are true in every respect.	
I/We declare the thresoing part	_ free	
I/We declare the thregoing part	ticulars are true in every respect. Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

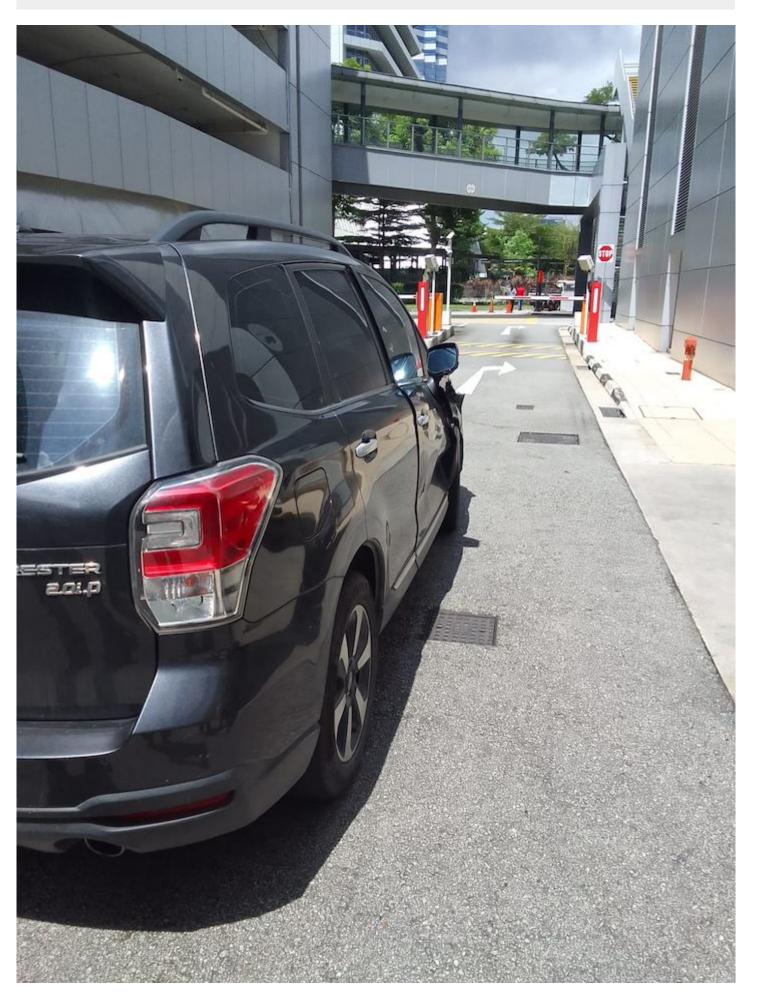


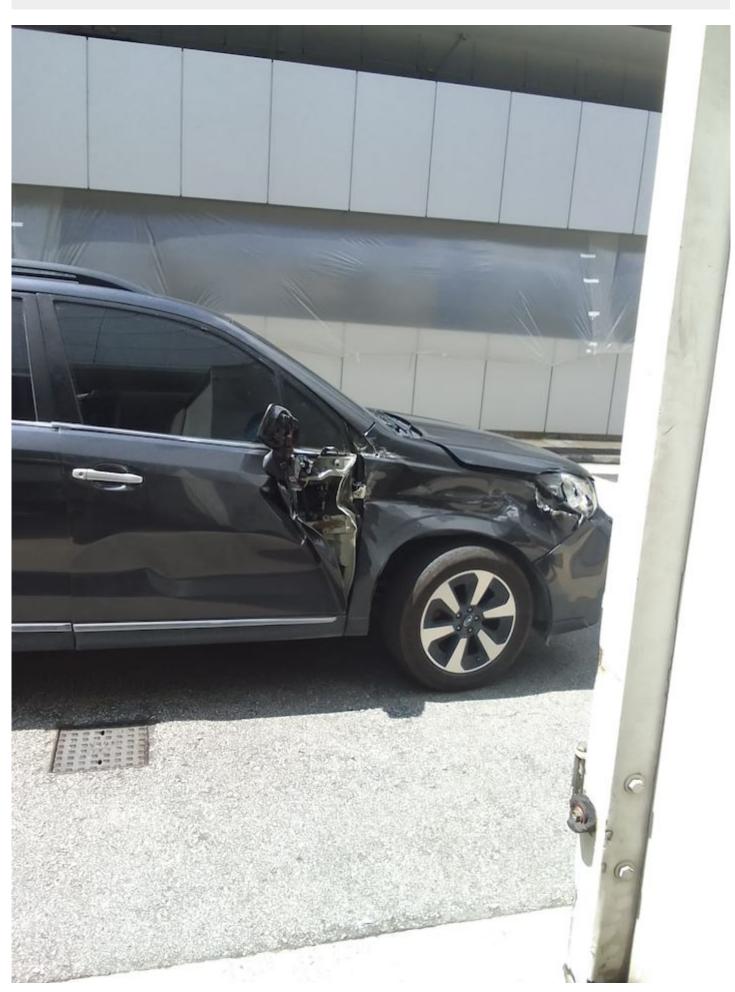


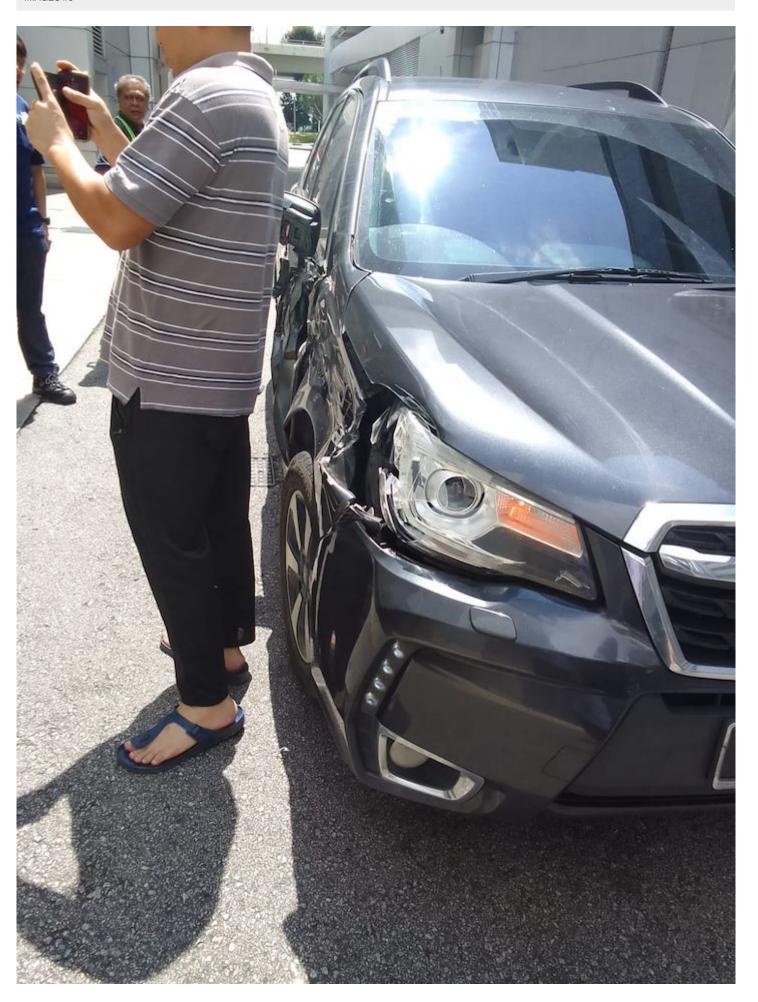


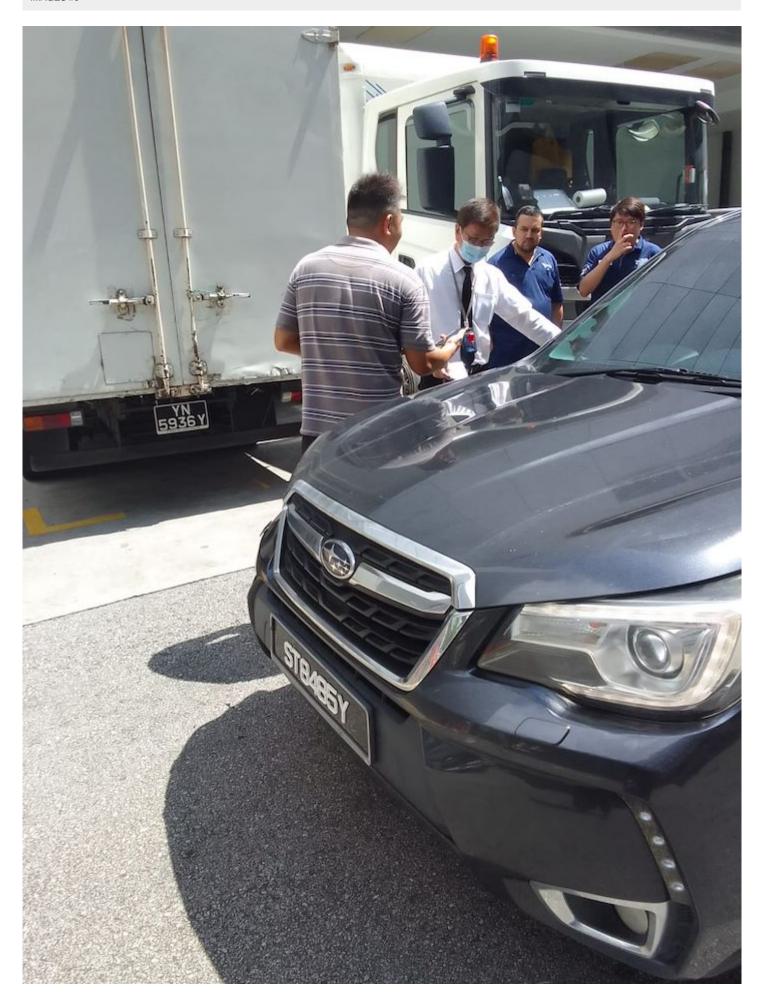


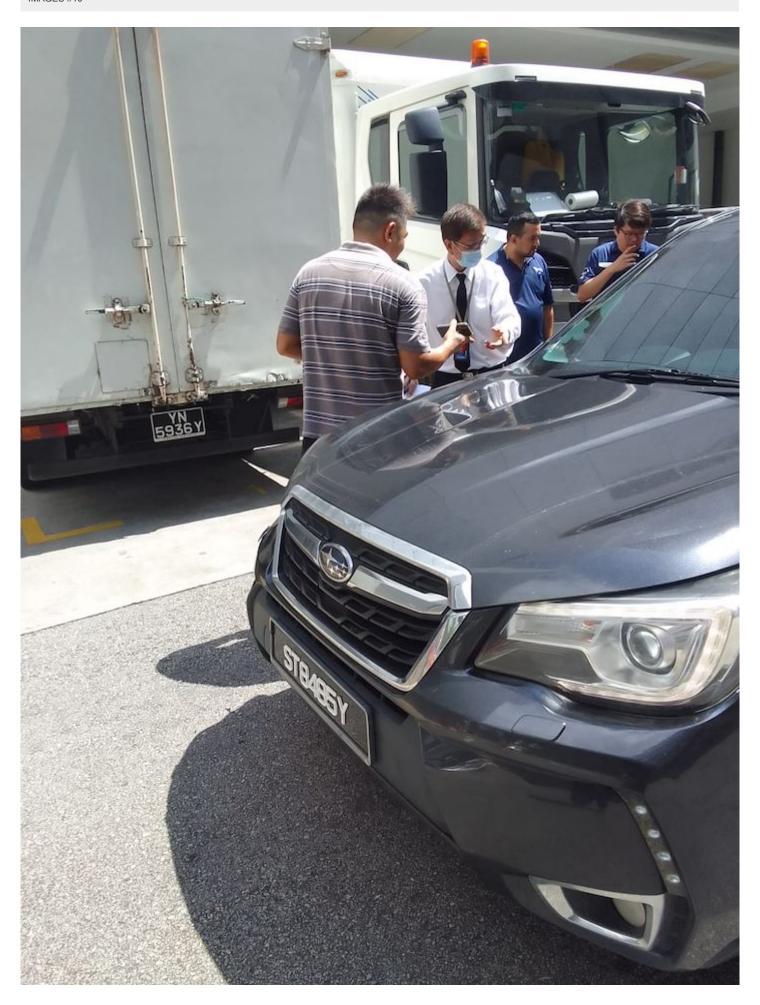


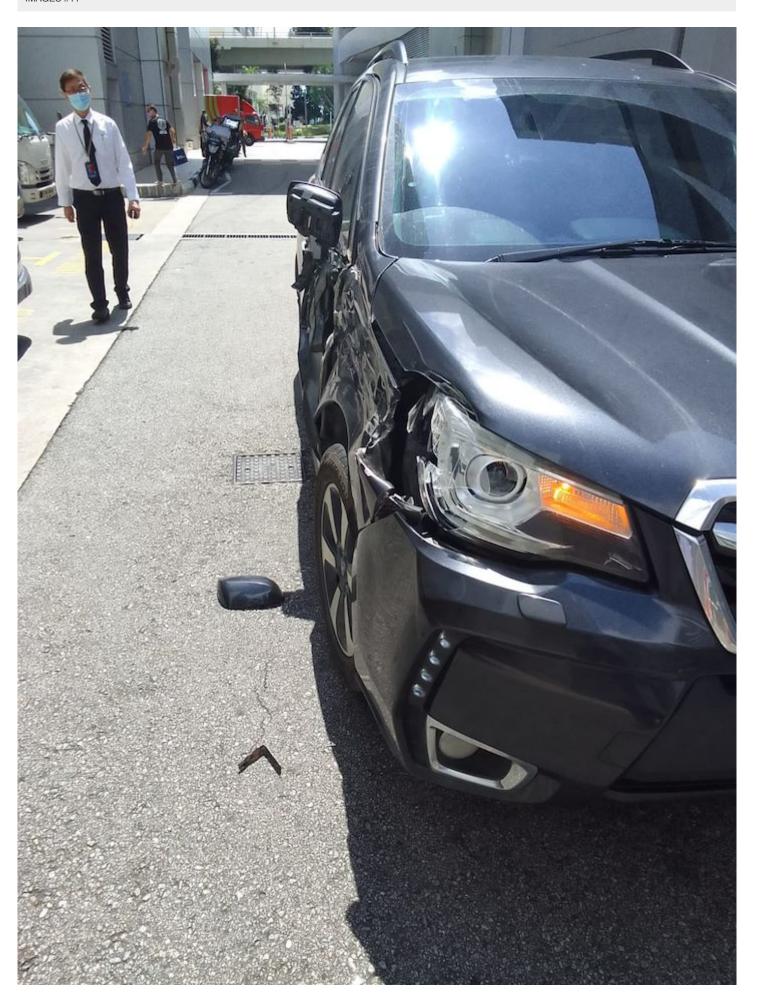


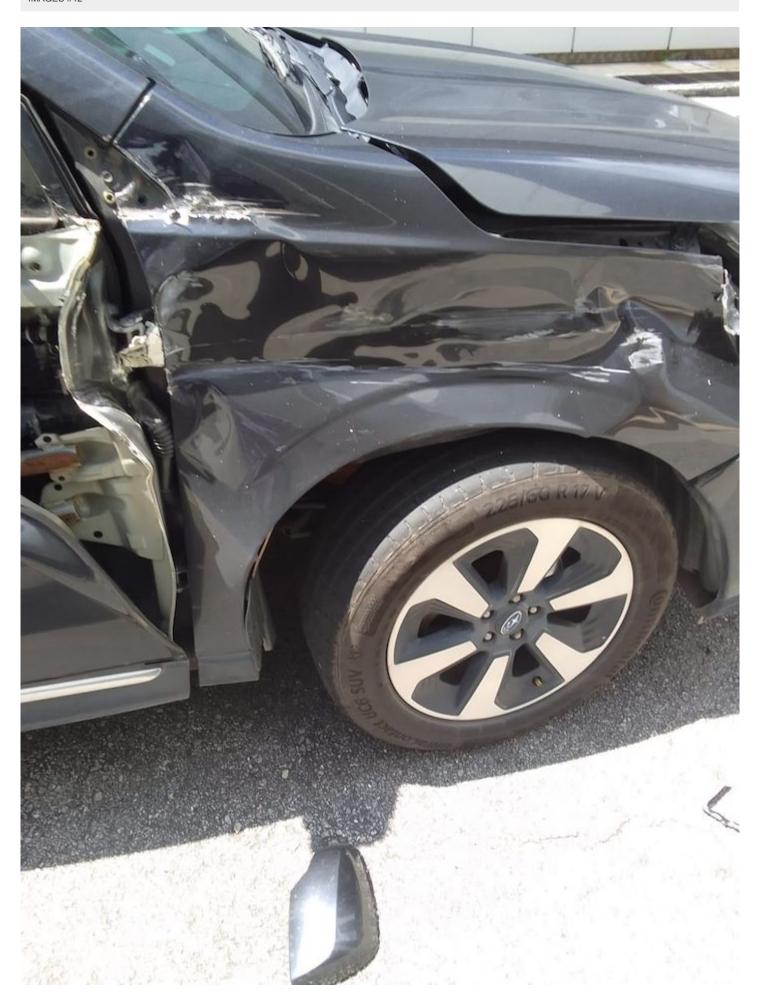






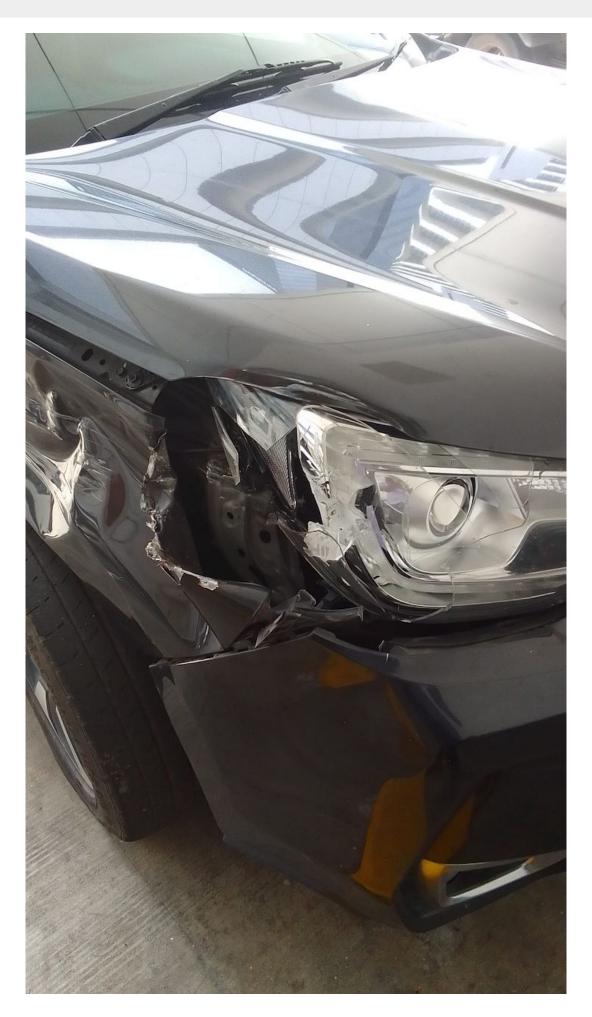


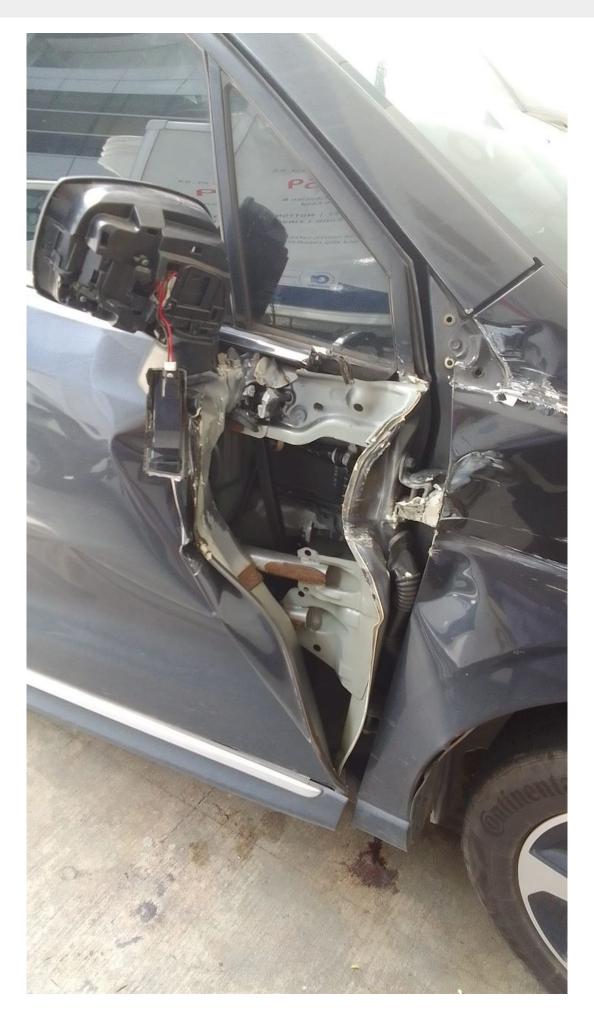


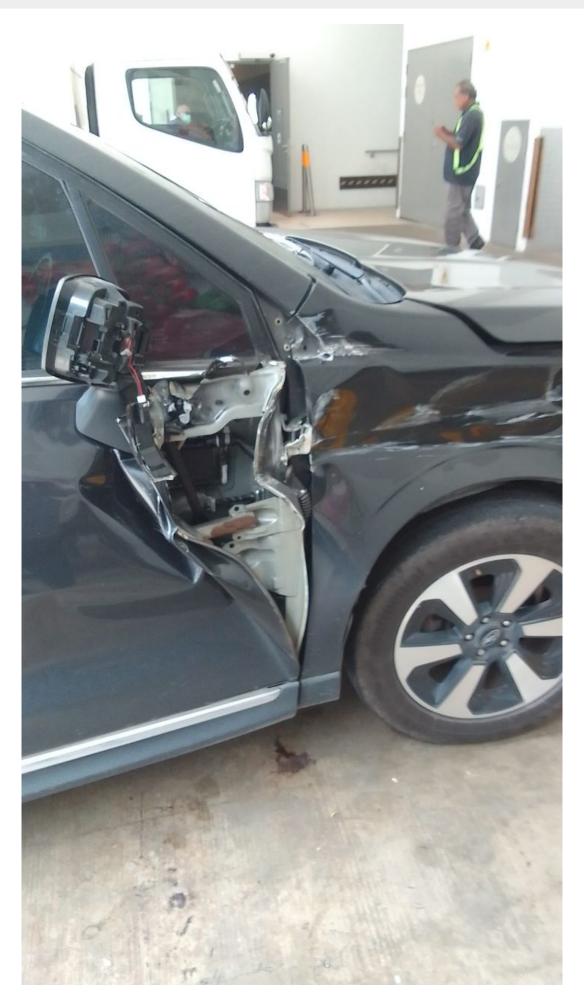


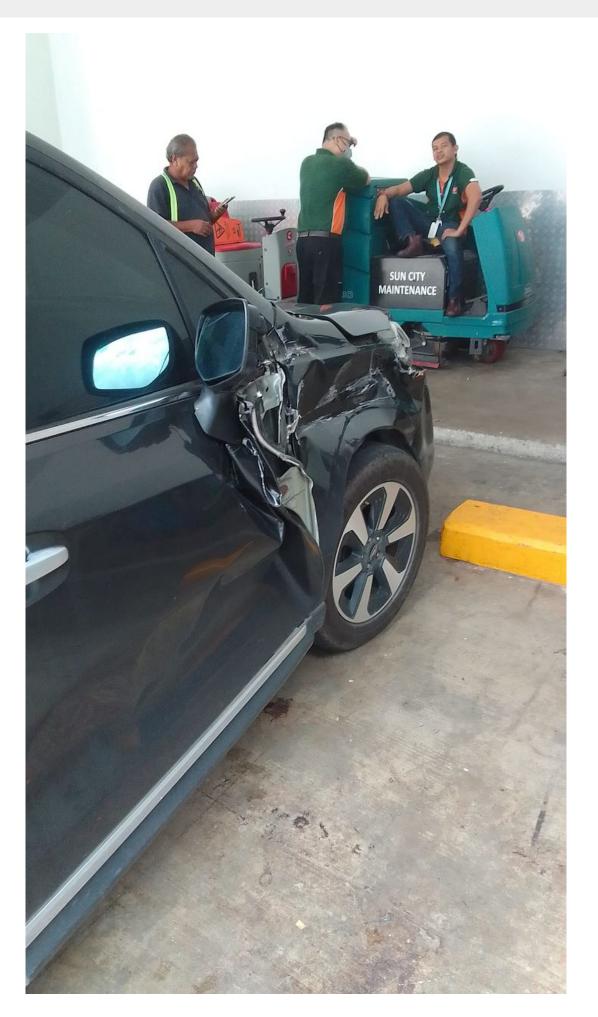


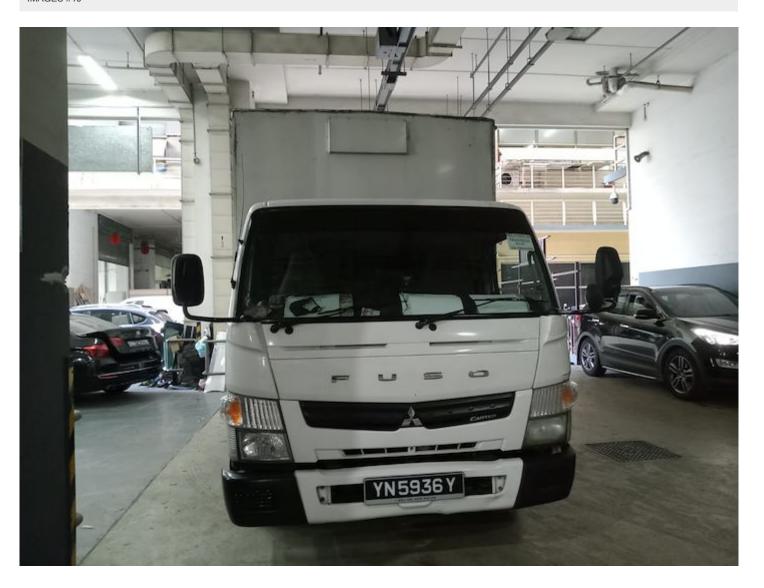














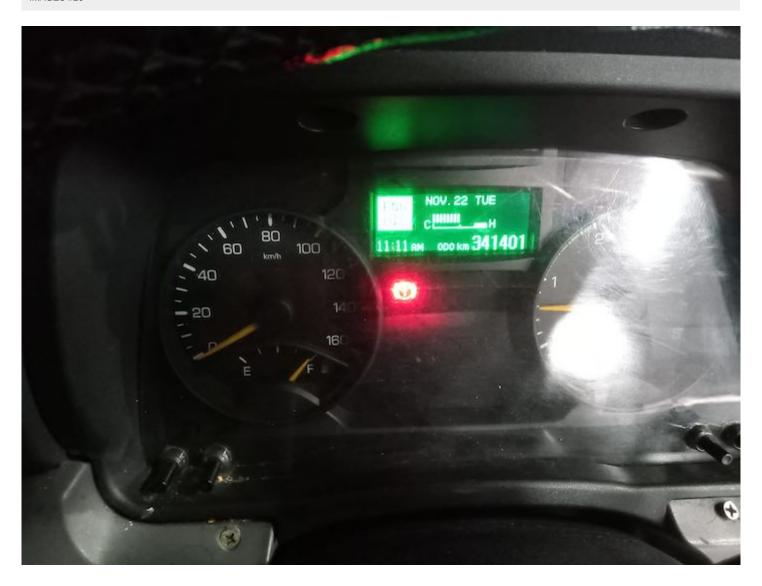
















Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 l of 3 Report No. T/20221121/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/11/2022 19:11	D/20221121/0063	103

21/11/2022 19:11			D/20221121/0063	103
Informa	nt's Partici	ulars		
Name of Informant: SUSAIMANICKAM SANTIAGU SAIMAN RAJU			Address: APT BLK 2 JURONG EAST S BUILDING SINGAPORE 609	
ID Type / ID No.: FIN NO / F7733851U		U	Contact No.: Home/Office:	Mobile: 98696490
Nationality: INDIAN			Email:	
Sex: Male	Age: 46	Date of Birth: 20/03/1976	Type of Informant: Driver	3
Race: Indian			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2022 00:00	Type of Location:	
Location: ALEXANDRA Weather:	ROAD	Road Surface:	F	Road Speed Limit:	
		Dry Traffic Control:		Traffic Volume:	
Traffic Flow:		Traffic Control:		ramic volume:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
ST8485Y	Car				Slightly Damaged	0
YN5936Y	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Report No. T/20221121/2095

CONTINUATION OF REPOR	CONTINU	ATION OF	REPORT
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Driver		iek Arti			0.200	
Name	SUSAIMANICKAM SANTIAGU SAIMAN RAJU		ID No.		F7733851U	
Related Vehicle	NIL		Conta	ct No.	98696490	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	of Days granted Medical Leave NIL Degree		Degree o	of Injury NIL		
Name	Tan Boon Chin		ID No.	.]	NIL	
Related Vehicle	NIL		Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Degree of Injury NIL			

Brief Details.

On 21/11/2022 at about 2pm, I went to 460 Alexandra Road and park my company lorry bearing registration plate number YN5936Y. I was there to buy lunch. I was alone and there was no passenger in my vehicle. I parked my vehicle head into the lot at the loading/unloading bay.

After buying lunch, I started my vehicle and wanted to reverse my lorry out. I was slowly reversing when a car suddenly hit onto my rear.

I alighted and realized that a Malaysian car bearing registration plate number ST8485Y had hit onto my lorry. There was a dent on the rear right side of my lorry. The rear lock is bend and difficult to open.

The car has a dent on the front right side of his car. No one was injured at that time and Traffic Police attended to the accident scene. I was also not injured. The Malaysian vehicle does not have any passenger on board.





Police Station Of Origin:

Voodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

3 of 3 Report No. T/20221121/2095

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: L / SGT 3 SITI MARIAM BINTE ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2022 19:11
Officer In Charge Of Case: TP / GIT / SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083	Classification Of Case:

NR168

Allianz Insurance Sifigapore Pts. Ltd. | UEN 201903913C 79 Robinson Roed #06 01 | Singapore D68697 | Tel. +65 6714 3369 | Website www.allianz.sg



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 Compeny's usual form of Comprehensive I Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/2022/0000385/000096				
Insured	SRP CONSTRUCTION PTE LTD				
Usage	Use in connection with the Insured's Business other than for hire & reward				
Make & Model	MITSUBISHI CANTER FEB21ER4SDEB (CBU)				
Attachment	NIL				
Engine Capacity/Tonnage	2.5				
Engine Number	4P10828977				
Chassis Number	FEB21EA00877				
Registration Number	YN5936Y				
Estimated Value	Market Value at time of Loss				
Coverage	Comprehensive - Authorised Workshop				
Deductible	S\$600 SECT I, S\$100 WINDSCREEN				
Period of Insurance	20-Jun-22 to 19-Jun-23				
Hire Purchase	Nii				
Issued By	Agency Distribution on 18-Jun-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, 1957 (MAILAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MAILAYSIA)

Signed for and On Behalf of Allianz Insurance Singapore Pte Ltd

Authorised Signatory

Allianz Insurance Singapore Pla. Ltd. | UEN 201903913C 79 Robinson Road #09-01 | Singapore 068897 | Ter. +65 6714 3369 | Website: www.atlanz.ag

Allianz (11)

Allianz Insurance Singapore Pte. Ltd.

COVER NOTE