# **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 12/12/2022 13:49 (SGT) Reported by Date of Accident 09/12/2022 17:10 (SGT) Exact Location of Accident Singapore Additional Location Information LOYANG AVE TOWARDS PASIR RIS Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **SML5734R** 

Renault

## 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

Model Scenic 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 - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500

## **INSURANCE COMPANY**

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

## DRIVER

Name of Driver JAMALUDDIN BIN ASMAWI NRIC No SXXXX279J Date Of Birth 18/08/1967 Occupation Outdoor

Date Of Driving Pass 19/08/1988 Driving experience 34 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-88700208 Alt. Phone Number Email Address JASMAWI@GMAIL.COM Address BLK 224 TAMPINES ST 23 Address complement #02-217 Postcode 521224 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 - 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? Yes 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 WC8235Z Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- SML5734R Yes
Was this injured conveyed to hospital by ambulance?	Yes No

## 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.
- Any 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
- 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 (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the 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.;

GIARMC SketchPlanForm\_V3

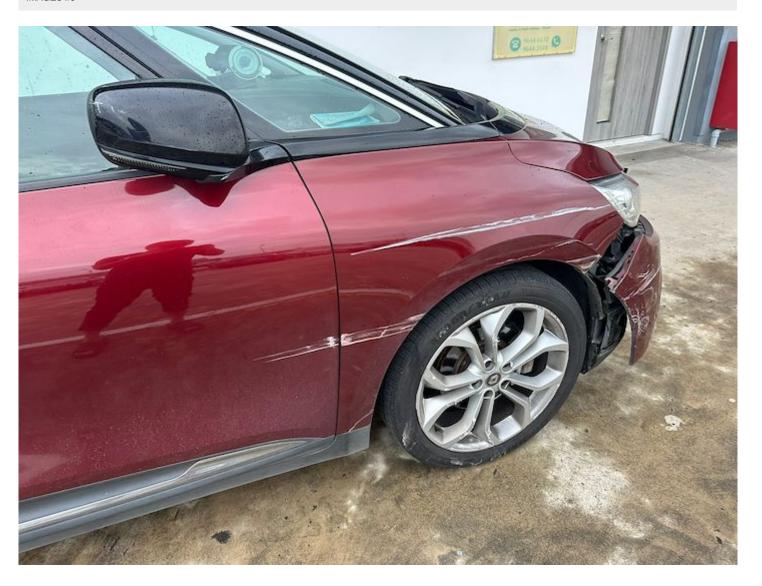
SKETCH PLAN				
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SCRIBE CIRCUMSTANC	CES OF THE AC	CIDENT	Take MAC	
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Refer to Poi	The Report	T/20221210	17-010.	
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127-12 177017-0				
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CLARATION				
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are reregoing pe	· sources ere true	every respect.	2	(S) WENCH
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icyholder's Signature	Driver	's Signature	2 <sub>nna</sub>	ing Centre Perchants Signature
te & Time:	(If driv	ver is not the policyhol	der) Name:	
-23	Date 8	& Time:		IN No.:
RMC SketchPlanForm_V3				and the second s





















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221210/7010

## REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 0/12/2022 13:11		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: JDDIN BIN		Address: 224 TAMPINES STREET 23 #02-217 SINGAPORE 521:		
	/ ID No.: D / S18122	79J	Contact No.: Home/Office:	Mobile: 88700208	
Nationality: SINGAPORE CITIZEN		Email: J.ASMAWI@GMAIL.C	OM		
Sex: Male	Age: 55	Date of Birth: 18/08/1967	Type of Informant: Driver		
Race: Boyanese		Language: English	Institution / School Name:		
Occupation: PHV DRIVER		Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2022 17:1	Type of Location Straight Road	
Location: LOYANG AV	E				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:	rking	Traffic Volume: Moderate	
Dual Carriage	e Way	Traffic Light - Wo	King	woderate	

Details of V	ehicle Involv	ed	The state of the s			and the same
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SML5734R	Car	RENAULT	GRAND SCENIC	Red	Seriously Damaged	0
WC8235Z	CEMENT TRUCK	ISUZU		White	Slightly Damaged	0



T/20221210/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20221210/7010

#### CONTINUATION OF REPORT

Details of Perso	n Involved	5 m / 5 m m				
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of Pe				destriar	Cross	sina: NA
Driver						and the same of th
Name	JAMALUDDIN BIN ASMAWI			ID No.		S1812279J
Related Vehicle	SML5734R (Car)			Contact No.		88700208
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	10/12/2022		Date		10/12	2/2022
No. of Days gran	nted Medical Leave 05 Degree				Slight	t
Driver						
Name	THAN HTIKE AUNG			ID No		G6381321X
Related Vehicle	WC8235Z (CEMENT TRUCK)			Conta	ct No.	83862587
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	M203 W

## Brief Details.

On 9/12/2022 at about 1710 Hrs,i was driving my vehicle SML5734R along Loyang Ave towards Pasir Ris with no passenger onboard. I was traveling straight on the left lane of 2 lane Road near to the Junction of Loyang Way and at the point of time, a cement truck WC8235Z was traveling on my right lane. While I was driving on my lane, out of sudden, the said cement truck abruptly cut into my lane and collided onto my vehicle. His left side portion collided onto my vehicle front right side portion (front right portion to

onto my vehicle. His left side portion collided onto my vehicle front right side portion (front right portion to the passenger door) and cause damage and dented. After the accident we exchange particular and take some scene photo and leave the scene.

My neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221210/7010

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.				
Signature Of Interpreter:	Date/Time:				
Not applicable	10/12/2022 13:11				
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:				
MOHAMAD ZULFAZDLI BIN ABDULLAH					
Contact No.: 65476204					
NP168					





## Allianz Insurance Singapore Pte. Ltd.

## CERTIFICATE OF INSURANCE

ROAD TRANSPORTACT 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

Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP

: BIS MOTORING PTE, LTD. Policyholder

Finance Company

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

Registration Number SML5734R

Chassis Number of Vehicle VF1RFA00662894772

## 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.

## Limitation as to Use^:

- (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
- (c) Use for the carriage of passengers for hireor 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.

: 0000099 INSURE GENERAL PTE LTD Intermediary Code

Comprehensive - Exclusive Workshop Per Policy Schedule

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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

