

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 withholding 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.
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 15:34 (SGT)
Reported by Driver
Date of Accident 09/12/2022 17:20 (SGT)
Exact Location of Accident Loyang, Singapore
Additional Location Information LOYANG AVENUE TOWARDS LOYANG WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number WC8235Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOP-MIX CONCRETE PTE LTD
Company Reg No 198105226D
Email Address JENNIFERX4325@GMAIL.COM
Mobile Phone No (Phone) +65-65617978
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Cyh52s
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 your vehicle? No - Reporting only
Vehicle Category Goods vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2003299636

DRIVER

Name of Driver THAN HTIKE AUNG
Passport No/FIN G6381321X
Date Of Birth 26/05/1984
Occupation Outdoor

Date Of Driving Pass	29/10/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83862587
Alt. Phone Number	-
Email Address	JENNIFERX4325@GMAIL.COM
Address	BLK 842G TAMPINES STREET 82
Address complement	#02-94
Postcode	527842
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Side Swipe
Weather 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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 09/12/2022 AT ABOUT 1720HRS, I WAS TRAVELLING ALONG LOYANG AVENUE TOWARDS LOYANG WAY ON THE RIGHT LANE.

THERE WAS ROAD WORK IN FRONT AND I DECIDED TO CHANGE LANE. LOOKED OUT TO ENSURE NO ONCOMING TRAFFIC AND LEFT SIGNAL ON, I PROCEEDED TO CHANGE TO THE LEFT LANE.

OUT OF A SUDDEN, I FELT AN IMPACT ON MY REAR RIGHT PORTION.

I STOPPED IMMEDIATELY AND ALIGHTED TO CHECK WHAT HAPPENED.

VEHICLE B HAS CUT INTO THE LEFT LANE AND HIT ONTO ME.

I WISH TO STATE THAT THERE WAS NO DAMAGE ON MY VEHICLE.

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	SML5734R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMALUDDIN BIN ASMAWI
Contact Number	(Phone) +65-88700208
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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' law yers/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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time
12/12/2022

Sketch Plan 12:00

Driver's Signature (If driver is not the policyholder) / Date & Time
12/12/2022

12:00

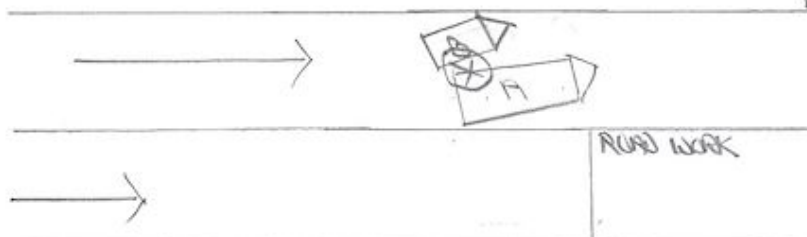
WYANG AVENUE

Jenny Koh
Claims Executive
NR 8139 9800

Witnessed by Reporting Centre Personnel
12/12/2022 @ 1535 hrs

A: WK 8235

B: SMK 5734 R



Describe Circumstances of the Accident

On 09/12/2022 at about 1720hrs, I was travelling along Koyang Avenue towards Koyang Way on the right lane.

There was road work in front and I decided to change lane. Looked out to ensure no oncoming traffic and left signal on, I proceeded to change to the left lane.

Out of a sudden, I felt an impact on my rear left portion.

I stopped immediately and alighted to check what happened. Vehicle B has cut into the left lane and hit onto me.

I wish to state that there was no damage on my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
12/12/2022
12:00



Driver's Signature (If driver is not the policyholder) / Date & Time
12/12/2022
12:00



Jenny Koh
Claims Executive
HR 8139 9800

Witnessed by Reporting Centre Personnel
12/12/2022 @
1535 hrs.









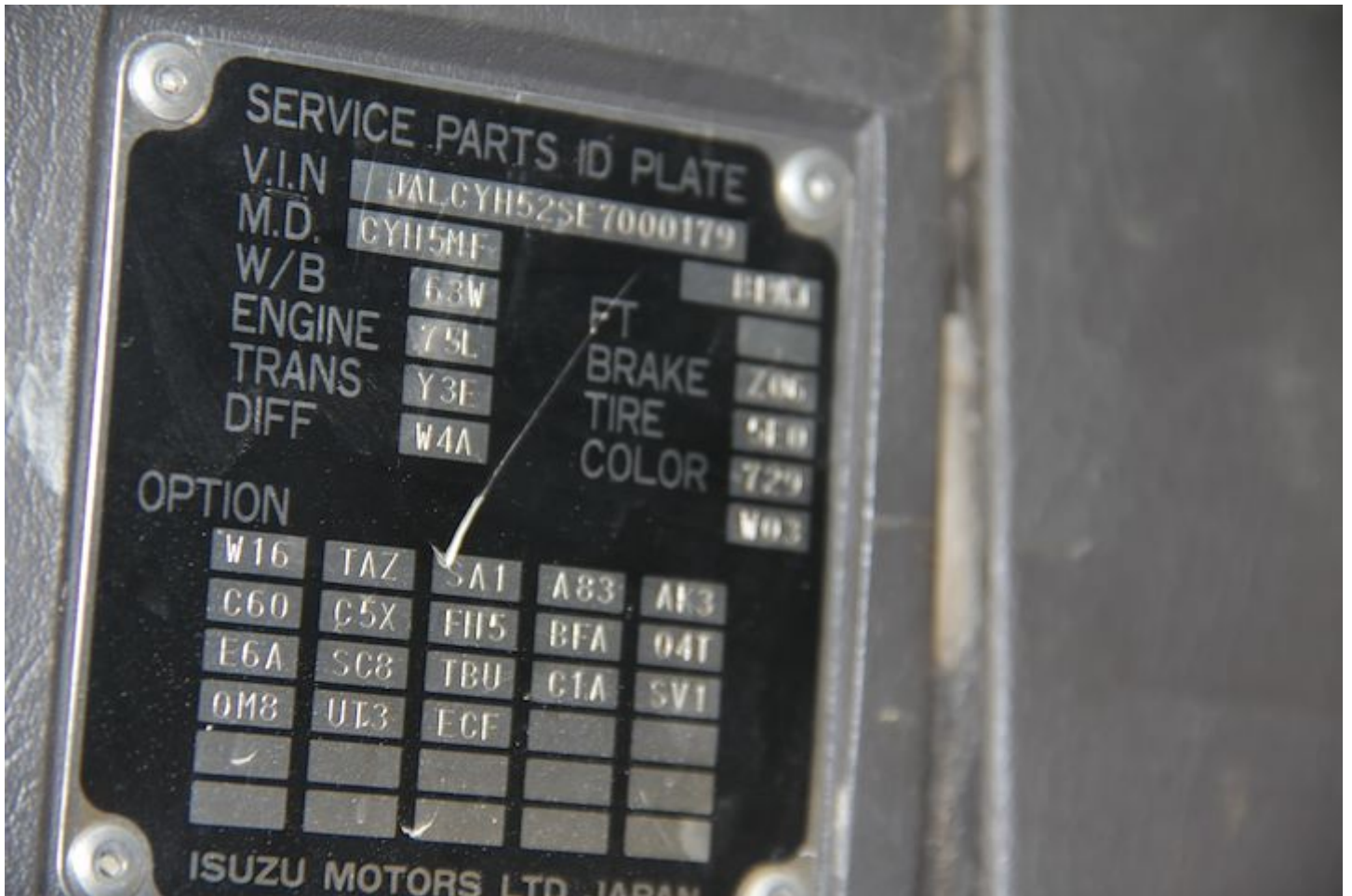












Allianz Insurance Singapore Pte. Ltd.

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 : SP2003299636
 Date of Issue : 31 October 2022
 Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP
 Policyholder : TOP-MIX CONCRETE PTE LTD
 Finance Company : NA
 Period of Insurance : 11 November 2022 To 10 November 2023 (both dates inclusive)
 Registration Number : WC8235Z
 Chassis Number of Vehicle : JALCYH52SE7000179

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.

* 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 in connection with the Policyholder's business.
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 (c) Use for social, domestic and pleasure purposes


* 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).

31 October 2022
 Issue Date


 Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000384 VIRTUAL INSURANCE AGENCIES PTE LTD		
Excess	Own Damage	S\$	1,000.00
	Windscreen	S\$	0.00
	Liabilities to Third Parties	S\$	1,000.00