SS2X22CT0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 29/12/2022 13:02 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (29/12/2022 13:02 (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.

- 4. The issue and acceptance of this is form by instrained 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 29/12/2022 13:02 (SGT) Reported by Driver Date of Accident 27/12/2022 12:10 (SGT) Exact Location of Accident Toa Payoh Industrial Park, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF6870K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SHERIFF DELIVERY SERVICES Company Reg No 53215800L Email Address YA RAYAH786@YAHOO.COM.SG Mobile Phone No (Phone) +65-93682242 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 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 Commercial vehicle Transmission Auto CC 2500

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number P000010456

DRIVER

Name of Driver ABDUL AZIZ S/O MOHAMED AYUB NRIC No S7135166A Date Of Birth 28/09/1971 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	12/01/2022 11 MONTHS Male (Phone) +65-98333691 - YA_RAYAH786@YAHOO.COM.SG BLK 835 TAMPINES STREET 83 #03-14 - 520835 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
TRAFFIC IS HEAVY. WHEN THE CARS IN FRONT OF ME MOV COLLIDED ONTO MY VEHICLE'S FRONT LEFT PORTION.	ED. I PROCEED TO MOVE WHEN SUDDENLY, VEHICLE B
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SJX7178E - -

Private car

Accident report SS2X22CT0005

Vehicle Variant
Vehicle Colour
Vehicle Category

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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- 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>.
- 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 Traffic Police Department for investigation.

- 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.
- 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' 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 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 the Party service providers or agents (including the Party service providers or agents (including the Party service providers or agents).

Policyholder's Signature / Date & Time

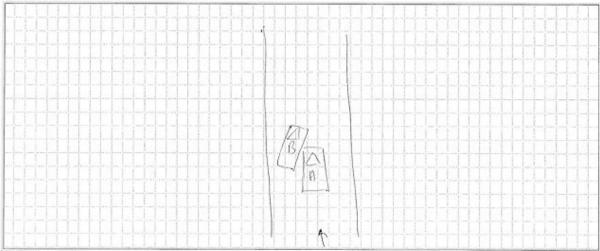
Driver's Signature (if driver is not the policyholder) / Date

Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

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Declaration.

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

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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Allianz (11)

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.

Date of Issue	:	12/08/2022					
Cover Note Number	;	P000010456					
Plan Name	:	ALLIANZ COMMERCIAL MOTOR INSURANCE					
Plan Type	:	Comprehensive - AUTHORISED WORKSHOP					
Vehicle Usage	:	Transports / Logistics					
Policyholder/Insured	:						
Nature of Business	2	4.					
Sum Insured		MARKET VALUE AT TIME OF LOSS					
Period of Insurance	:	From 12/08/2022 To 11/08/2023 (both dates inclusive)					
Make and Model	1	Nissan NV350 PAN					
Registration Number			Private Hire Use	7	NO		
Year of Registration		2017	Seating Capacity		2 INCLUDING DRIVER		
Capacity / Tonnage	;	2488 CC / 2		3	Van		
Chassis Number	:	JN1MC2E26Z000 7598		87	UNLIMITED		
Engine Number	;	YD25411667A	No Claim Discount		20%		
Hire Purchase Owner	;						
Excess		Own Damage		S	600.00		
			r Ingyporionsed Driver				
		Young, Elderly &/or Inexperienced Driver Liabilities to Third Parties					
		Windscreen	raities	S	AND CONTRACT ON		
ssued By		Sammy Tan 46071757		S	100.00		

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 TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of Allianz Insurance Singapore Pte. Ltd.

Authorised Signatory

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