

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	09/01/2023 12:57 (SGT)
Reported by	Both
Date of Accident	08/01/2023 07:55 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1950R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KRISHTECH PTE LTD
Company Reg No	201708059C
Email Address	JENNIFERX4325@GMAIL.COM
Mobile Phone No	(Phone) +65-83834665
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	FV51SJD2DEA
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	AIS/2022/0000365/00239

DRIVER

Name of Driver	CHINNAIYA SELVAM
Work Permit No	G8177658Q
Date Of Birth	16/06/1986
Occupation	Outdoor

Date Of Driving Pass	07/12/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84010326
Alt. Phone Number	-
Email Address	JENNIFERX4325@GMAIL.COM
Address	53 SUNGEI KADUT LOOP
Address complement	#01-01
Postcode	729502
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	Collision - Head to Rear
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 08/01/2023 AT 0755HRS, I WAS STATIONARY AT THE JUNCTION OF WOODLANDS AVENUE 2 WAITING TO PROCEED. WHEN TRAFFIC LIGHT TURNED GREEN, I STARTED TO MOVE FORWARD. VEHICLE INFRONT OF ME SUDDENLY STOPPED. I COULD NOT STOP IN TIME AND BANGED ONTO IT'S REAR PORTION. I WISH TO STATE THAT THERE WAS NO ONE INJURED.

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	SKQ754M
Vehicle Manufacturer	Volvo
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MISHANTI D/O SUBRAMANIAM
Contact Number	(Phone) +65-98573351
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	-
Gender	Male

SKETCH PLAN

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

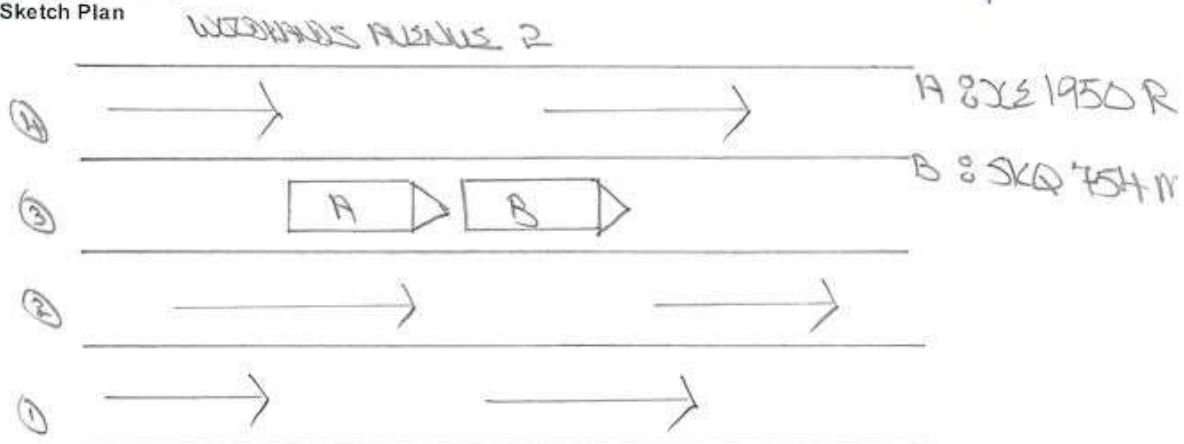


Policyholder's Signature / Date & Time
09/01/23 1100hrs

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time
09/01/23 1100hrs

Witnessed by Reporting Centre Personnel
Jenny Koh 09/01/23
Claims Executive
HR: 8139 9800 125CHR



Describe Circumstances of the Accident

On 08/01/2023 at 0755PM, I was stationary at the junction of Woodlands Avenue 2 waiting to proceed.

When traffic light turned green, I started to move forward. Vehicle in front of me suddenly stopped.


I could not stop in time and bumped onto its rear partition.

I wish to state that there was no one injured.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 09/01/23 1100hrs

 09/01/23 11.00 hrs
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Jenny Koh 09/01/2023
 Claims Executive
 HR 8139 9800 1250HRS
 Witnessed by Reporting Centre Personnel













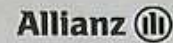








Allianz Insurance Singapore Pte. Ltd.



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.

Cover Note Number	AIS/2022/0000365/000239		
Insured	KRISHTECH PTE. LTD.		
Usage	Use in connection with the Insured's Business other than for hire & reward		
Make & Model	MITSUBISHI FUSO FV51SJD2DEA		
Attachment	NIL		
Engine Capacity/Tonnage	15.94		
Engine Number	OM457LA457972C0309970		
Chassis Number	FV51SJA10213		
Registration Number	XE1950R		
Estimated Value	Market Value at time of Loss		
Coverage	Comprehensive - Authorised Workshop		
Deductible	\$1,500 Sect I & \$300 Windscreen		
Period of Insurance	12-Jul-22	to	11-Jul-23
Hire Purchase	United Overseas Bank Limited		
Issued By	Agency Distribution	on	12-Jul-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 169)
 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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 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

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