

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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 14/01/2023 11:35 (SGT) Reported by Date of Accident 13/01/2023 07:59 (SGT) Exact Location of Accident Tuas West Rd, Singapore Additional Location Information **TOWARDS AYE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2410G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TIONG HENG TRANSPORT PTD LTD Company Reg No 201329925H Email Address penghock@tiongheng.com.sg Mobile Phone No (Phone) +65-90731868 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

King Long Model XMQ6117K Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Bus Transmission Manual 6693

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003138131

DRIVER

Name of Driver KANNIAPPAN KRISHNA KUMAR NRIC No S2751150C Date Of Birth 24/12/1960 Occupation Outdoor

Date Of Driving Pass 19/04/1997 Driving experience 25 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91729134 Alt. Phone Number Email Address penghock@tiongheng.com.sg Address APT CLK 354 KANG CHING ROAD #06-31 Address complement Postcode 610354 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? 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 - Cross Junction 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? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 13 JAN 2023, AT ABOUT 0759HRS. I WAS DRIVING ALONG TUAS WEST ROAD TOWARDS AYE. WHEN I WANT TO TURN RIGHT FROM THE EXTREME LEFT LANE, AT THE SAME TIME, VEHICLE B ALSO TURNED FROM MIDDLE LANE, AFTER THAT VEHICLE B COLLIDED ONTO MY RIGHT REAR SIDE TYRE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNB5789Z Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	QUEK WEI CHEN
NRIC No	S8910175A
Contact Number	-
Address	-
Address complement	<u> </u>
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) BULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAR.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (EHIRO 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 : SP2003138131 Date of Issue : 14 October 2022 Coverage : THIRD PARTY ONLY

Policyholder : TIONG HENG TRANSPORT PTE, LTD.

Finance Company : NA

Period of Insurance : 08 October 2022 To 07 October 2023 (both dates inclusive)

Registration Number : PC2410G

Chassis Number of Vehicle : LA6R1FSH1BB103709

Persons or Classes of Persons Entitled to Drive*:

- (o) The Policyholder.
- (b) Any person provided he is in the Policyhalder's empoly and is driving on their order or with their 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 for carriage of possengers or goods in connection with the Policyholder's business.
- (b) Use only in the Republic of Singapore.
- 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).

14 October 2022

Issue Date

Hicham Raissi Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000422 TIONG HENG INSURANCE AGENCY PTELTD

Excess Liabilities to Third Parties

1,000,00

Allianz Insurance Singapore Pte, Ltd. 1059/201903913C 79 Robinson Road #09-31 | Singapore 068897 | Tel: +65-6714-3369 | Website www.oli; anz.sg



SKETCH PLAN

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 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>.
- 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
 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 the purpose of the pu
 - (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.
- (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:
 - (i) 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.



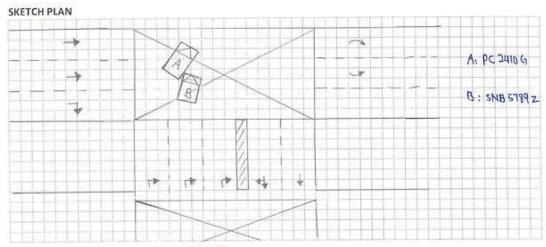
Policyholder's Signature Date & Time:



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

NRIC/FIN No.:

E ARMS StelchFlenForm No



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 13	Ton DA	3 At	about o	759 hr	7	une d	n ina	long t	uas u	est n	oud 4	oward	ME.	
													, wehile 1	
Unen	T Wan	77 71	an ngh	TAOU	Inc	U (l i	Take	0.1 1	THE	SUITE	111		.
1/20	tumed.	from	middle	lane,	atter	that	letide	B	dided	OTTO	my	nght i	ear side	lÀp
					_									_
														_
												77:		
_														
										V				_
											-	_		_
														_

DECLARATION

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

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GAMMESSACOPSINEARING IS

















