

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	11/01/2023 17:54 (SGT)
Reported by	Driver
Date of Accident	10/01/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH GUAN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8050Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	800 SUPER WASTE MGMT PTE LTD
Company Reg No	198601155H
Email Address	enquiries@800super.com.sg
Mobile Phone No	(Phone) +65-63663800
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	FMX420 84RT SC
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	Manual
CC	12777

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002102421

DRIVER

Name of Driver	MUHAMMAD NAZRI BIN RAIMI
NRIC No	S8627590B
Date Of Birth	05/09/1986
Occupation	Outdoor

Date Of Driving Pass	18/07/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94577959
Alt. Phone Number	-
Email Address	lke@800super.com.sg
Address	BLK 611 YISHUN ST. 61 #02-199
Address complement	-
Postcode	760611
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - 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	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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INSURED TRY TO RETRIEVE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4816L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

VEH NO: XD 8050 Y
INSURER: Allianz
DATE OF ACC: 10/1/23 @ 5pm

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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.**
6. 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.
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' 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

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

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

Sketch Plan

PLEASE
TURN
OVER

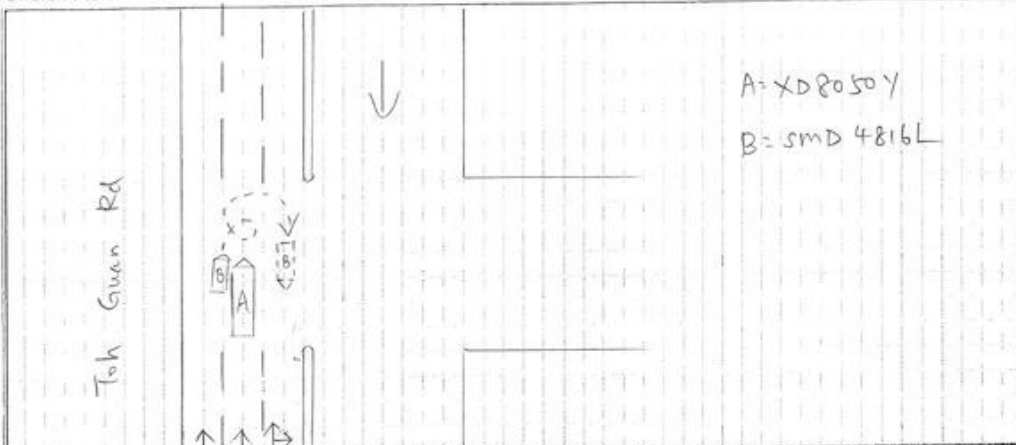
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (☒) Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan:



Refer to Police Report No: L/20230111/7022

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



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

11/1/23
(1/5)







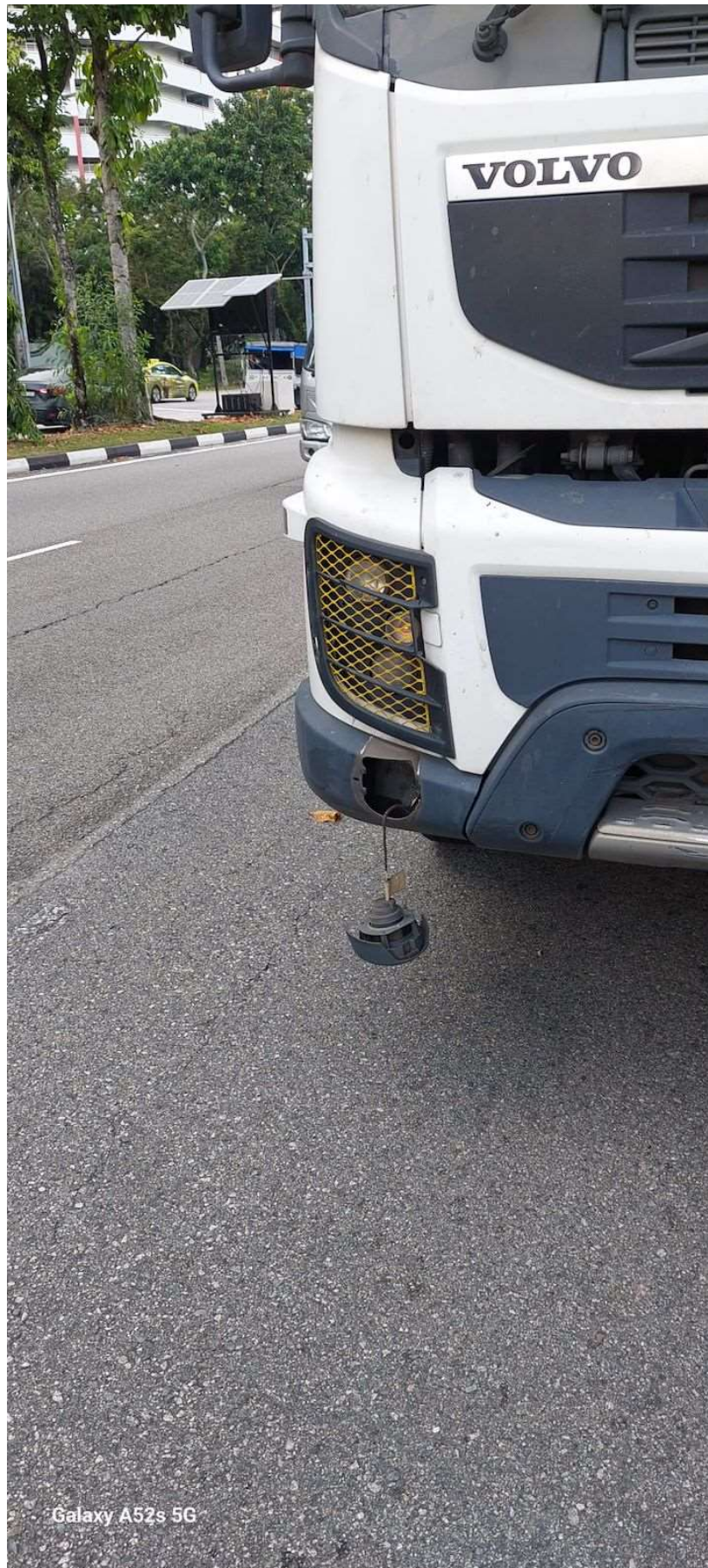








Galaxy A52s 5G





**SINGAPORE
POLICE FORCE**



L/20230111/7022

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POLICE REPORT (NP299)

Report No. L/20230111/7022

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 11/01/2023 12:31	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD NAZRI BIN RAIMI	Address 611 YISHUN STREET 61 #02-199 SINGAPORE 760611	
ID Type / ID No. NRIC NO / S8627590B	Contact No. Home/Office:	Mobile: 94577959
Nationality SINGAPORE CITIZEN	Email Address fifjupitermx86@gmail.com	
Occupation Waste truck driver	Sex Male	Age 36
Institution/School Name	Date of Birth 05/09/1986	Race Banjarese
Date/Time Of Incident 10/01/2023 16:50 - 10/01/2023 17:15	Location Of Incident 611 YISHUN STREET 61 #02-199 SINGAPORE 760611	

Brief details.

On 10/01/2023 at 4.50pm to 5.15pm i had an accident at Toh Guan junction. I was driving my company truck (XD 8050 Y) (800 super management pte ltd).

I was driving on the 2nd lane along tohguan rd at 20-30km/hr.

I checked my blindspot on the left mirror and signal before driving into the 3rd lane.

The traffic light was still green and I was slowing down my vehicle. When i was filtering into the 3rd lane, i felt my truck wobble, assuming that my tyres puncture at that time.

I went to the 3rd lane with the intention to stop my vehicle aside, but I saw a dark blue Honda Fit SMD 4816L turning and spinning in front of my truck.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2023 12:31
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230111/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230111/7022

The car then stopped at the 1st lane near the junction yellow box.

I alighted from my truck to assist the car driver, and asked her to move the vehicle aside to the 3rd lane. I have also asked her 3 times if she was okay and if she had any injuries. However, she has confirmed that she was fine and has no injuries.

She is a grab driver who was also carrying a passenger. the passenger also confirmed that he did not have any injuries. he alighted from the car and went off.

Awhile later, 2 unknown strangers came over to the scene to assist the driver. he mentioned that he is from a workshop and told me to go off since he was already there to assist the driver. It is still unknown to me, whether the accident was caused by me or the driver.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2023 12:31
Officer In-Charge Of Case:	Classification Of Case:

Date : 11/01/2023

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) MUHAMMAD NAZRI BIN RAIMI

NRIC/FIN S8627590B, our employee / employee of 800 SUPER

WASTE MGMT PTE LTD to drive our m/vehicle no. XD8050Y

and to file the accident report (Third Party claims/Own Damage Claims/Reporting

Only) which occurred on (date) 10/01/2023 @ (time) 17:00

along (location) TOH GUAN RD

* Relationship between Insured and driver's company:

Thank you.

Regards,

→  

*** SIGN & STAMP at the above ***

Name of Owner : 800 Super Waste Mgmt Pte Ltd

NRIC / ROC : 198601155H

Contact No : 63863800

Email : enquiries@800super.com.sg



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, 1950
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002102421
 Date of Issue : 22 June 2022
 Coverage : THIRD PARTY ONLY
 Policyholder : 800 SUPER WASTE MANAGEMENT PTE LTD
 Finance Company : -
 Period of Insurance : 01 July 2022 To 30 June 2023 (both dates inclusive)
 Registration Number : XD8050Y
 Chassis Number of Vehicle : YV2JG10G3DA740764

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 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 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 hired.


[†] 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).

22 June 2022
 Issue Date


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

Intermediary Code : 0000236 IVAN INSURANCE BROKERS PTE LTD
 Excess : Section 2: Liabilities to Third Parties

SGD

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