

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 21/02/2023 17:12 (SGT)
Reported by Driver
Date of Accident 12/02/2023 19:17 (SGT)
Exact Location of Accident Lornie Hwy, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE2610R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YLS STEEL PTE LTD
Company Reg No 198400237R
Email Address HAZEL.LEEPING@YLSSTEEL.COM.SG
Mobile Phone No (Phone) +65-87577270
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant FS52SS3VDEA
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 11967

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number P000010471

DRIVER

Name of Driver JIANG TINGWANG
Passport No/FIN G8132284N
Date Of Birth 28/08/1984
Occupation Outdoor

| | |
|--|-------------------------------|
| Date Of Driving Pass | 30/07/2019 |
| Driving experience | 3 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96758616 |
| Alt. Phone Number | - |
| Email Address | HAZEL.LEEPING@YLSSTEEL.COM.SG |
| Address | 12 GUL ROAD |
| Address complement | - |
| Postcode | 629344 |
| 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 | No Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 12/02/2023 @ ABOUT 1917HRS. ON THE ABOVE MENTIONED DATE, I HAVE TRAVELLING ON LORNIE HIGHWAY. I WISH TO STATE THAT I AM NOT AWARE OF ANY ACCIDENT THAT HAPPENED ON THAT DAY. I AM LODGING THIS REPORT FOR RECORD PURPOSES ONLY AS MY COMPANY RECIEVED A LETTER FROM INSURANCE COMPANY STATE THAT SMG1428C CLAIM AGAINST US. THAT'S ALL.

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 | SMG1428C |
| 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) | - |

SKETCH PLANIMPORTANT NOTICE

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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

Jiy. My. way

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

[Handwritten signature]

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

Sketch Plan

| | |
|---------------|--|
| A - X E2610R | |
| B - SM G1428C | |

Describe Circumstance of the Accident

On 12/02/2023 @ about 19:17 hrs. On the above mentioned date, I have travelling on Lornie Highway. I wish to state that I am not aware of any accident that happened on that day. I am lodging this report for record purposes only as my company received a letter from Insurance Company state that SMG1428C claim against us. That's all.

- ☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop _____
☒ For record purpose

Policy No. _____
 Insurer Allianz Veh. No. XE2610R

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

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



Policyholder's Signature / Date & Time

Jing. My. Ng

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

[Signature]

SNG AH TEE MOTOR & PANEL SVC PTE LTD

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









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 | : 17/08/2022 | | |
| Cover Note Number | : P000010471 | | |
| Plan Name | : ALLIANZ COMMERCIAL MOTOR INSURANCE | | |
| Plan Type | : Comprehensive – AUTHORISED WORKSHOP | | |
| Vehicle Usage | : Construction / Building & Reno / Maintenance | | |
| Policyholder/Insured | : YLS STEEL PTE LTD | | |
| Nature of Business | : | | |
| Sum Insured | : MARKET VALUE AT TIME OF LOSS | | |
| Period of Insurance | : From 30/09/2022 To 29/09/2023 (both dates inclusive) | | |
| Make and Model | : Mitsubishi FUSO FS52SS3VDEA | | |
| Registration Number | : XE2610R | Private Hire Use | : NO |
| Year of Registration | : 2017 | Seating Capacity | : 2 INCLUDING DRIVER |
| Capacity / Tonnage | : 11967 CC / 21 | Body Type | : Garbage/ Sanitary Wagon |
| Chassis Number | : FS52SSA20007 | Windscreen | : UNLIMITED |
| Engine Number | : OM457LA457972 | No Claim Discount | : 0% |
| | : C0329411 | | |
| Excess | : Own Damage | S\$ | 600.00 |
| | Young, Elderly &/or Inexperienced Driver | S\$ | 3,000.00 |
| | Liabilities to Third Parties | S\$ | |
| | Windscreen | S\$ | 100.00 |
| Issued By | : Joanna x 87320865 | | |

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