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 13/02/2023 16:14 (SGT) Reported by Date of Accident 12/02/2023 19:17 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG LORNIE HIGHWAY TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Renault

1500

Vehicle Registration Number SMG1428C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BIS MOTORING PTE LTD** Company Reg No 2XXXXX055D Email Address KEIFTAN@BISMOTORING.COM.SG Mobile Phone No (Phone) +65-86881311 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Scenic Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002451400

DRIVER

CC

Name of Driver LIM KEN HIN NRIC No SXXXX432J Date Of Birth 11/12/1967 Occupation Outdoor

Date Of Driving Pass 26/06/1993 Driving experience 29 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91056978 Alt. Phone Number Email Address JIMMYLIM6908@GMAIL.COM Address BLK 183C BOON LAY AVE Address complement #02-740 Postcode 643183 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Hit by fallen tree / Other objects Weather Conditions Raining Road Surface Wet 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **PASSENGER** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number	XE2610R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-
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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- 6. 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 of:
 - 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 dailms. (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:
 - 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 Po

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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& Time:			not the policyholder)	Reporting Centre Personnel's Signature Name:		
		Date & Tim		NRIC/FIN No.:		

















1 of 2

Report No. J/20230213/2008

POLICE REPORT (NP299)

Police Station Of Origin Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Vide Report No.			Station Diary No.	
Address APT BLK 183C BOON LAY AVENUE #02-740 SINGAPORE 642192				
Contact No. Home/Office		Mobile		
Email Address				
Sex Male	Age 55	Date of Birth 11/12/1967	Race Chinese	
Language Location Of Incident LORNIE HIGHWAY SINGAPORE				
	Address APT BL SINGAF Contact Home/C Email Ad Sex Male Languag Location LORNIE	Address APT BLK 183C BO SINGAPORE 6431 Contact No. Home/Office Email Address Sex Age Male 55 Language Location Of Incident	Address APT BLK 183C BOON LAY AVENUE SINGAPORE 643183 Contact No. Home/Office Mobile 91056978 Email Address Sex Age Date of Birth Male 55 11/12/1967 Language Location Of Incident LORNIE HIGHWAY SINGAPORE	

Brief details.

12/2/2023 about 1918hrs, I was driving my car (SMG1428C)along Lornie highway towards Queensway when a waste metal plate drop from a vehicle(XE2610R) on the left lane just Infront of me. The waste metal cause damage to my left bumper ,front-left headlight ,left side windscreen. I have an in-car camera and managed to record the incident and also the vehicle that caused the accident but I have not yet view the recording. I honk at the vehicle but the driver did not stop because of the rain maybe he did not hear it. I did not call for any assistance because nobody was injured and no government property was

Signature Of Informant:
Date/Time: 13/02/2023 03:50
Classification Of Case;





2062

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230213/2008

damaged.

I'm lodging this police report to claim from my insurance company.

Signature Of Officer Recording The Report:

J / SGT 3 LOH JIAN HONG, DAN

Signature Of Interpreter:
Not applicable

Date/Time:
13/02/2023 03:50

Classification Of Case:
J / Jurong Police Divisional Investigation Branch / SGT 3 THOMAS JOSEPH THONG WAI MAN
Contact No.: 67910000





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 1996 (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number Date of Issue : 25 July 2022

: COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP Coverage

Policyholder BIS MOTORINGPTE, LTD.

Finance Company

Period of Insurance : 01 August 2022 To 31 July 2023 (both dates inclusive)

Reaistration Number SMG1428C

Chassis Number of Vehicle VF1RFA00X61306328

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) (Republical 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
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.
- 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

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).

25 July 2022

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000099 INSURE GENERAL PTE LTD

Comprehensive - Exclusive Workshop Per Policy Schedule

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapare 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg