

## 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 ..... 22/02/2023 18:21 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 08/02/2023 14:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LOR. 6 TOA PAYOH  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE7083D

#### 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 ..... Mercedes  
Model ..... AROCS 2830L 6X2 3900 S-CAB (AUTO, ABS)  
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 ..... Auto  
CC ..... 7698

#### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2002102115

#### DRIVER

Name of Driver ..... ZAHARI BIN NORATI  
Passport No/FIN ..... G7197900N  
Date Of Birth ..... 09/10/1980  
Occupation ..... Outdoor

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 18/06/2008                       |
| Driving experience .....   | 14 YEARS AND 8 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-89465036             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | lke@800super.com.sg              |
| Address .....  | C/O 800 SUPER WASTE MGMT PTE LTD |
| Address complement .....   | -                                |
| Postcode .....   | -                                |
| 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 ..... | 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) .....   | 2   |
| 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 .....   | -   |

#### PASSENGER 1

|              |      |
|--------------|------|
| Name .....   | CREW |
| Gender ..... | Male |

#### 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

REFER TO 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 ..... | SGK7775K |
| 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 PLAN

VEH NO : XE 7083D  
 INSURER : Allianz  
 DATE OF ACC : 8/2/23 @ 14:55

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

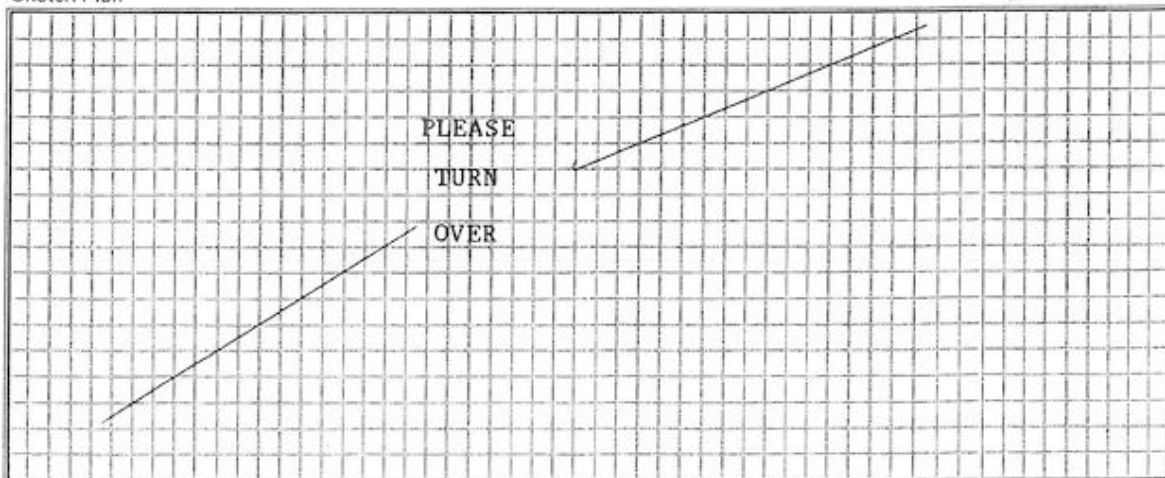
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



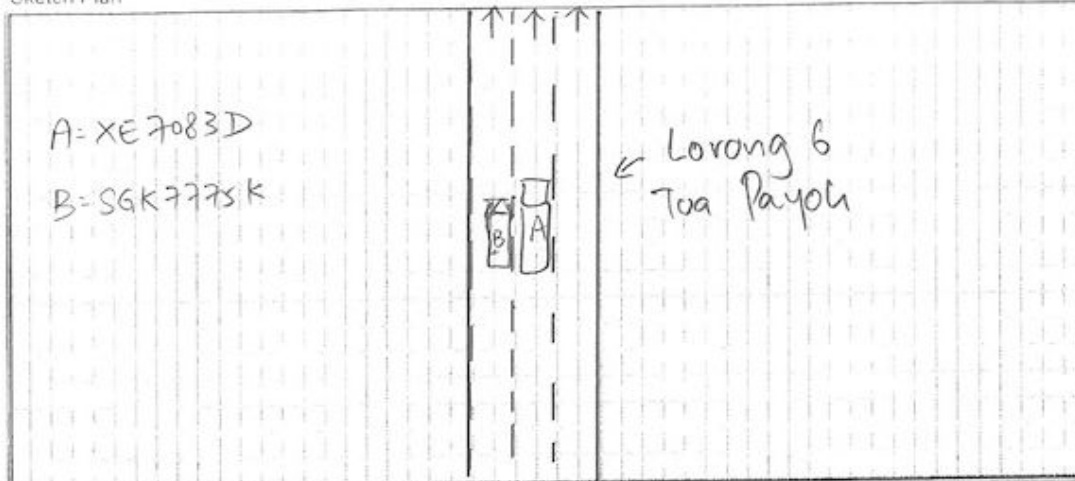
Describe Circumstance of the Accident

\*\* 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



My office received a claim given date time and location. However I couldn't recall any incident occurred. But I remembered I travelled at this location and there was an unknown car at my left driving in a zig zag manner, not sure of his intention so I ignored it. I was driving in the middle within my lane and there was no contact to the said car. The said driver also didn't horn or gestured to stop.

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)

(Ys)



















Date : 22/02/2023

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) ZAHARI BIN NORATI  
 NRIC/FIN G7197900N, our employee / employee of 800 SUPER  
WASTE MGMT PTE LTD to drive our m/vehicle no. XE7083D  
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
 Only) which occurred on (date) 08/02/2023 @ (time) 14:55  
 along (location) LOR. 6 TOA PAYOH

\* 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 : 63663800

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 1956 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960  
 OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002102115  
 Date of Issue : 22 June 2022  
 Coverage : COMPREHENSIVE  
 Policyholder : 800 SUPER WASTE MANAGEMENT PTE LTD  
 Finance Company :  
 Period of Insurance : 01 July 2022 To 30 June 2023 (both dates inclusive)  
 Registration Number : XE 7083D  
 Chassis Number of Vehicle : W1T964020548442

## 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 1: Own Damage  
 Section 1: Windscreen  
 Section 2: Liabilities to Third Parties

SGD 2,000.00  
 SGD 300.00

Allianz Insurance Singapore Pte. Ltd. (UEN: 2019040130)  
 25 Robinson Road, 11th Floor, Singapore 068897 | Tel: +65 6714 2202 | Website: www.allianz.com.sg