

#### 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 13/03/2023 10:44 (SGT) Reported by Date of Accident 10/03/2023 15:30 (SGT) Exact Location of Accident Singapore Additional Location Information 49 GREENLEAF RISE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YN7207E

#### INSURED/POLICYHOLDER

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

## VEHICLE PARTICULARS

Manufacturer Isuzu Model NPR85UH5A 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 2999

## INSURANCE COMPANY

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

## DRIVER

Name of Driver **RUSLI BIN OMAR** NRIC No S1625208E Date Of Birth 05/06/1963 Occupation Outdoor

Date Of Driving Pass 22/07/2014 Driving experience 8 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-82594925 Alt. Phone Number Email Address Ike@800super.com.sg Address BLK 448 JURONG WEST ST 42 #02-236 Address complement Postcode 640448 Is the driver the policyholder? No 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 - Head to Rear 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 PASSENGER 1 Name **CREW** Gender Male PASSENGER 2 **CREW** Gender Male PASSENGER 3 Name **CREW** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED ATTACHMENT(S)

Yes

Are accident photos available for attachment?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SW38X -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO KIAN TEONG ALEX
NRIC No	S1813993F
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 YM T20TE

DATE OF ACC 10/3/23 3-30pm

INSURER ALLIAZ

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 Poscyholder and/or the Actual Driver
- Information provided must be as truthful and accurate as possible. Any widul 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 Traffic Police Department for investigation.
- 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.
- By the ladgement 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 daw 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.

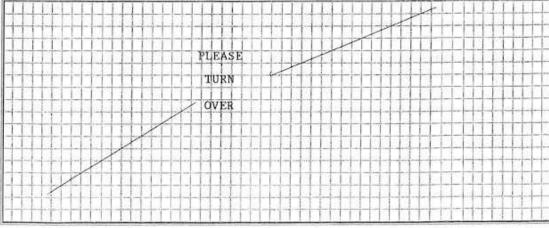
Policyholder's Signature / Date & Time

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

& Tim

(YS) org 11 3 23
Wanessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



1

Ciaim under your Own Comprehensive policy.	Pls check your policy for more information.
) Claim Own Policy ( ) Claim Thii	rd party ( / ) Reporting Onlly
) Claim OD/ TP at other workshop (	
etch Plan	
	A: YN7207E
49 Greenleaf R	se
	B: SW 38 x
	Yeo kian Teona Ales
	518139936
6 9	
A	
	30A = 10 03 23 3.30pm
	1 1 22
Road was clear. When I revers	
Road was clear. When I revers	sed to collect rubbish I heard a
Road was clear. When I revers	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
	sed to collect rubbish I heard a
collision sound & realised hit	ed to connect rubbish I heard a
collision sound & realised hit	ed to connect rubbish I heard a

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)

2

Date :	11/03/23			
To : Accide	nt Reporting Centre (	ARC)		
I / We here	by approve (driver's	name)	RUSLI BIN OMA	R
NRIC/FIN _	S1625208E	_, our employed	e / employee of	800 Super Waste
Manageme	nt Pte Ltd	to drive our r	n/vehicle no.	YN7207E
and to file t	he accident report (T	hird Party clain	ns/Own Damage	Claims/Reporting
Only) which	occurred on (date)_	10/03/23	@ (time)	3.30pm
along (locat	ion) 49 GREENLEAF R	ISE		
Thank you. Regards,	THE SUPE			
* SIGN & STA	AMP at the above *			
Name of Ow	ner: 800 Super Wa	ste Managemer	nt Pte Ltd	
NRIC / ROC :	198601155H			
Contact No :	63663800			
Email : enquir	ries@800super.com.sg			



Allianz Insurance Singapore Pte. Ltd.

### CERTIFICATE OF INSURANCE

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 : 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 YN7207E

: JAANPR85HE7100820 Chassis Number of Vehicle

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
- \* 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.

- (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

ssue Date

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000236 IVAN INSURANCE BROKERS PTE LTD

Section 1: Own Damage

Section 1: Windscreen Section 2: Liabilities to Third Parties

SGD SGD 1,000.00 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapore 058897 | Tet. +65-6714-3369 | Webste: www.allianz.sg.













