

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 | 09/03/2023 18:17 (SGT) |
| Reported by | Driver |
| Date of Accident | 08/03/2023 13:00 (SGT) |
| Exact Location of Accident | Mosque St, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBB6683E |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | WERKZ ENGINEERING PRIVATE LIMITED |
| Company Reg No | 201544104W |
| Email Address | ADMIN@WERKENGINEERING.COM |
| Mobile Phone No | (Phone) +65-96553817 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Dyna |
| Variant | - |
| 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 | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2002809647 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | DALJEET SINGH |
| NRIC No | G2506000N |
| Date Of Birth | 06/11/1990 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 28/02/2020 |
| Driving experience | 3 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-85447619 |
| Alt. Phone Number | - |
| Email Address | ADMIN@WERKENGINEERING.COM |
| Address | 11 B ANAMALAI AVE #03 |
| 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 | Collided into Parked Vehicle |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH

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 | GBJ4803Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial 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) -



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
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002809647
 Date of Issue : 07 September 2022
 Coverage : THIRD PARTY, FIRE AND THEFT
 Policyholder : WERKZ ENGINEERING PTE LTD
 Finance Company : -
 Period of Insurance : 13 October 2022 To 12 October 2023 (both dates inclusive)
 Registration Number : GBB6683E
 Chassis Number of Vehicle : JTFAT35YXOK200889

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.

* 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 in connection with the Policyholder's business.
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 (c) Use for social, domestic and pleasure purposes

* 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).

07 September 2022

Issue Date

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

Intermediary Code : 0000227 SEA & LAND INSURANCE BROKERS PTE LTD

| | | | |
|--------|------------------------------|-----|------|
| Excess | Own Damage | S\$ | 0.00 |
| | Windscreen | S\$ | 0.00 |
| | Liabilities to Third Parties | S\$ | 0.00 |

SKETCH PLAN**IMPORTANT NOTICE**

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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)

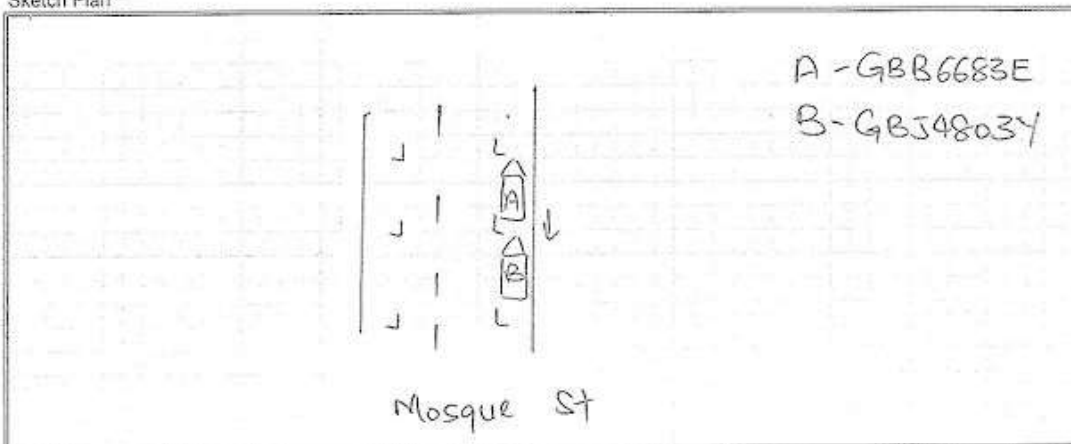
I understand, acknowledge, agree and consent that:

- (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.

X
Policyholder's Signature / Date & Time

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

8
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

Describe Circumstance of the Accident

On 08/03/2023 @ about 1300 hrs. when I reversing from the car park lot. My lorry accidentally touch onto vehicle B front panel. No one was injured.

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

Policy No. SP2602809647
 Insurer Allianz Veh No. GBB6683E

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

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

[Signature]

SVS AH TEE MOTOR & PANEL SVS PTE LTD

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













IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: GBB 6683E
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 08/03/2023 Time of Accident: 1300
 Place of Accident: Mosque st
 Insurance Company: Allianz

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Reattach sketch plan with company stamp

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v2feb-2023

