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 20/03/2023 09:57 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/03/2023 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS CROSSING TRAFFIC LIGHT JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLQ7037S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PANG HEE TENG NRIC No SXXXX154Z Email Address panght83@yahoo.com.sg Mobile Phone No (Phone) +65-84685165 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model AQUA HYBRID 1.5S CVT Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003939118-01

DRIVER

Name of Driver PANG HEE TENG NRIC No SXXXX154Z Date Of Birth 07/09/1983 Occupation Indoor

Date Of Driving Pass 21/11/2006 Driving experience 16 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-84685165 Alt. Phone Number Email Address panght83@yahoo.com.sg Address APT BLK 212B COMPASSVALE DRIVE #12-121 (S) 542212 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Cross Junction 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 **PASSENGER** Gender Male PASSENGER 2 Name **PASSENGER** Gender Male PASSENGER 3 Name **PASSENGER** Gender Female PASSENGER 4 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Bukit Panjang North Neighbourhood Police Post Police Station Address Blk 27 Marsiling Drive Singapore 730027 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 FBT3773D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver ABDUL HADI IMRAN NRIC No SXXXX959E Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Was this injured conveyed to hospital by ambulance?

ABDUL HADI IMRAN

BDUL HADI IMRAN

FBT3773D

FBT3773D

SKETCH PLAN

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 arid 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 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
- (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 surveys

18/03/72/63048 Driver's Signature (if driver is not the policyholder) / Date

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

Co. Reg. No. 221458008

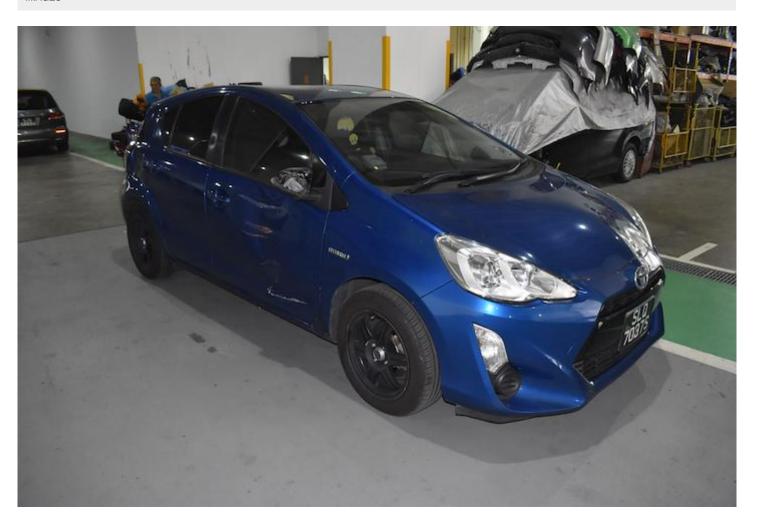
Sketch Plan 1

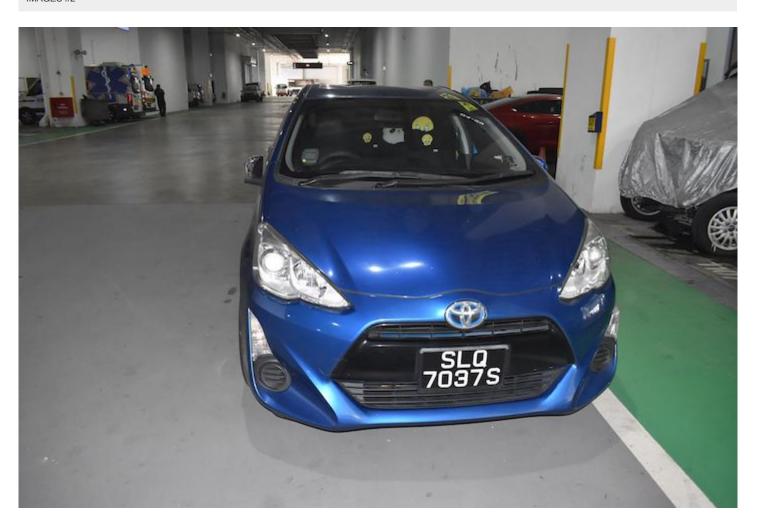
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eclarati					THE FOOM
/e declar	e the foregoing p	articulars are tru	e in every respect.		* (See) &
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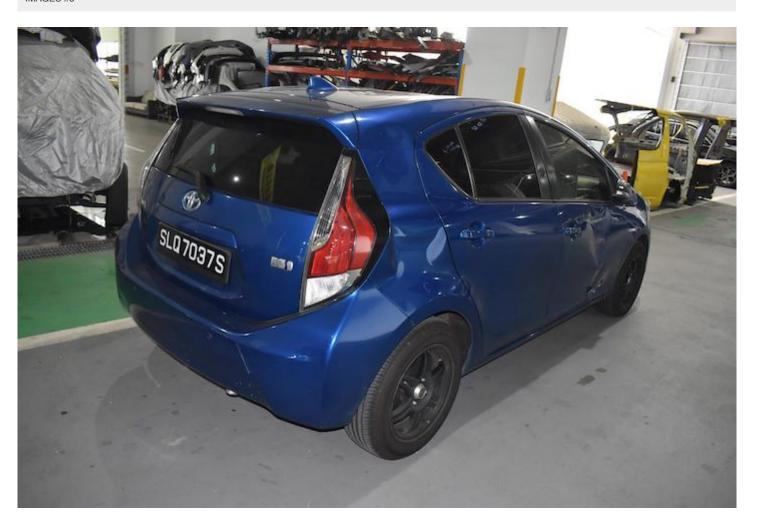
Driver's Signature (if driver is not the policyholder) / Date & Time

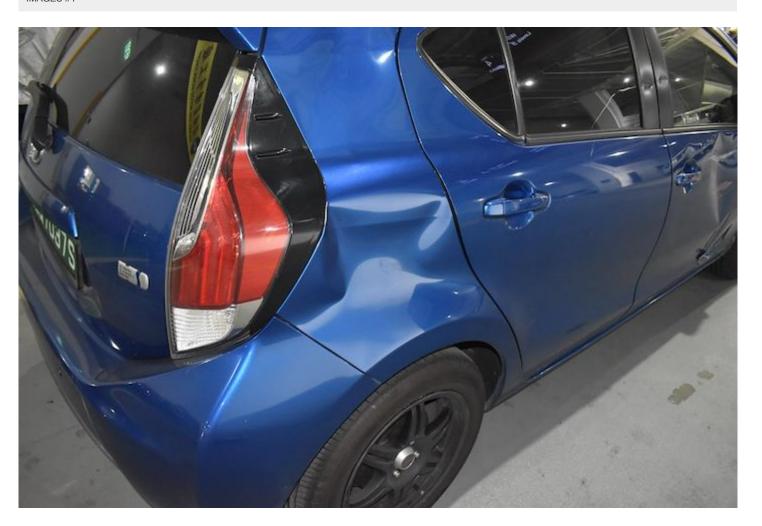
Policyholder's Signature / Date & Time

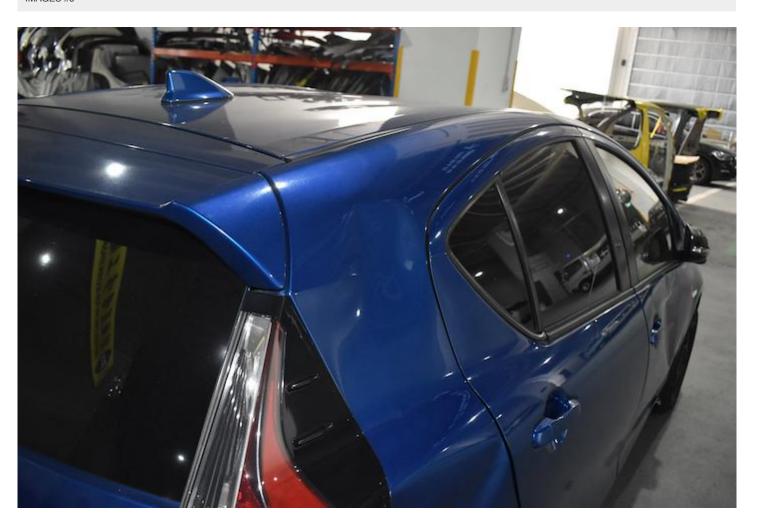
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

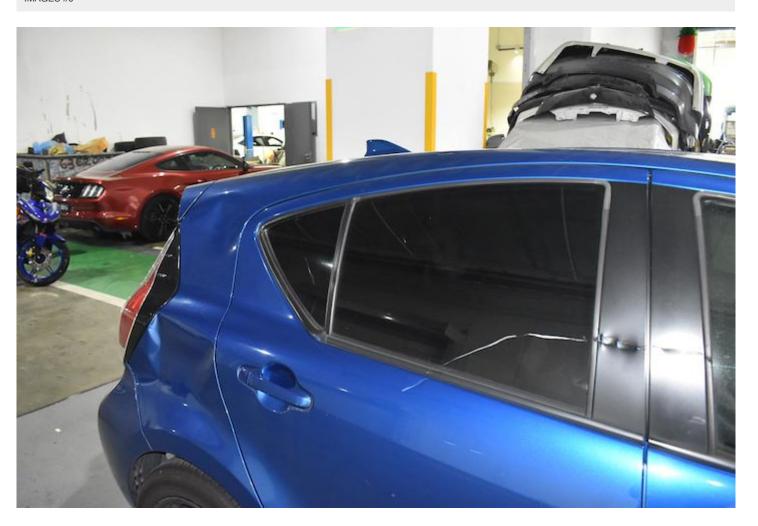


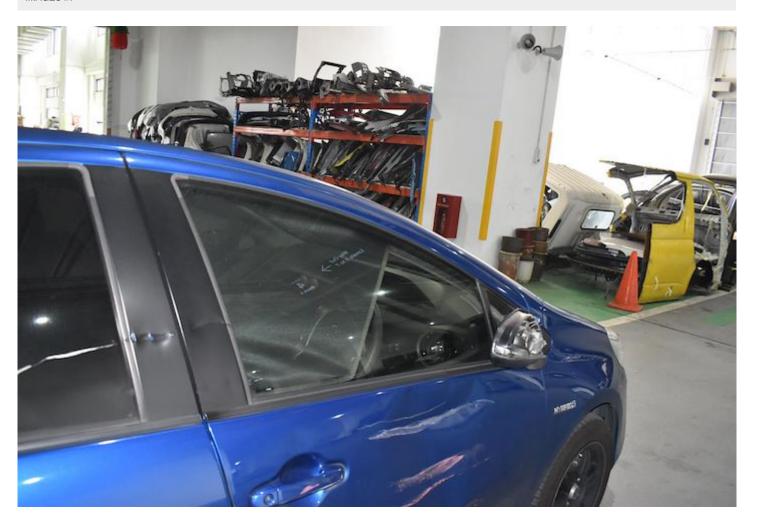


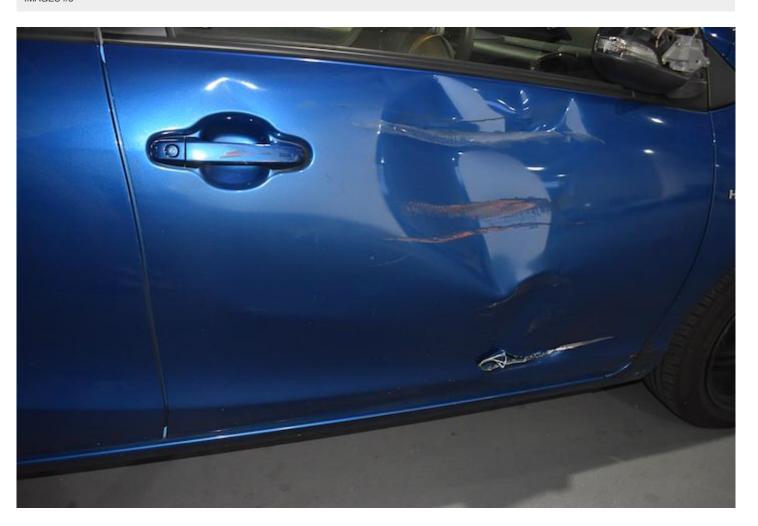








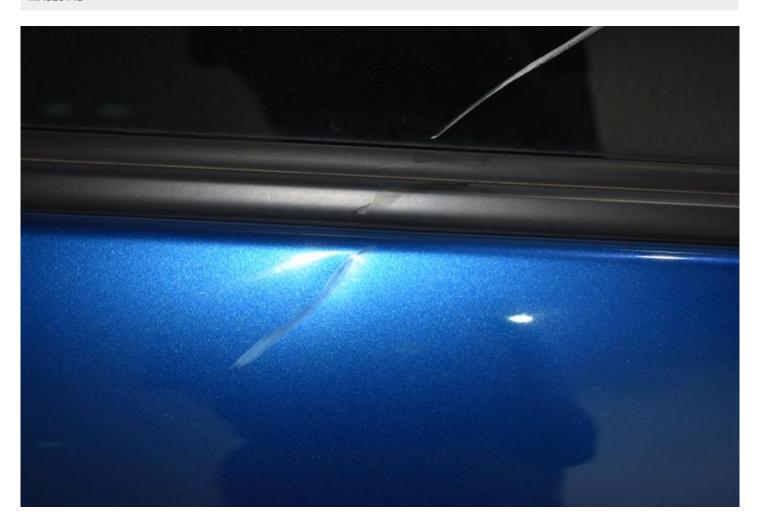




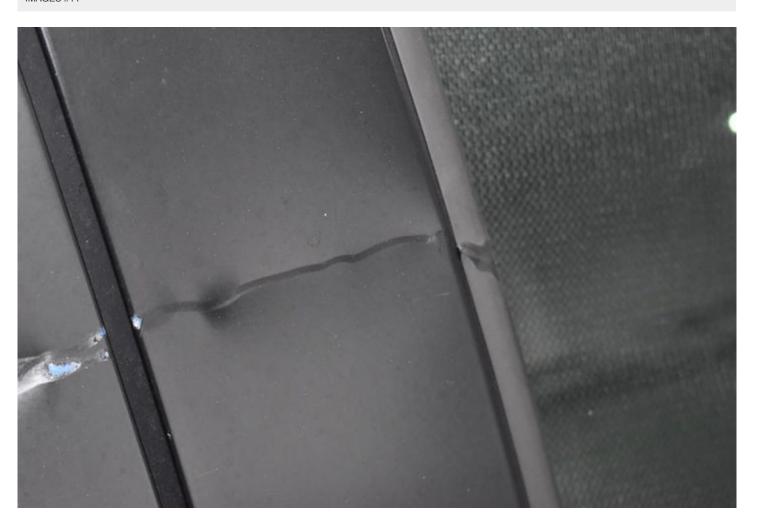








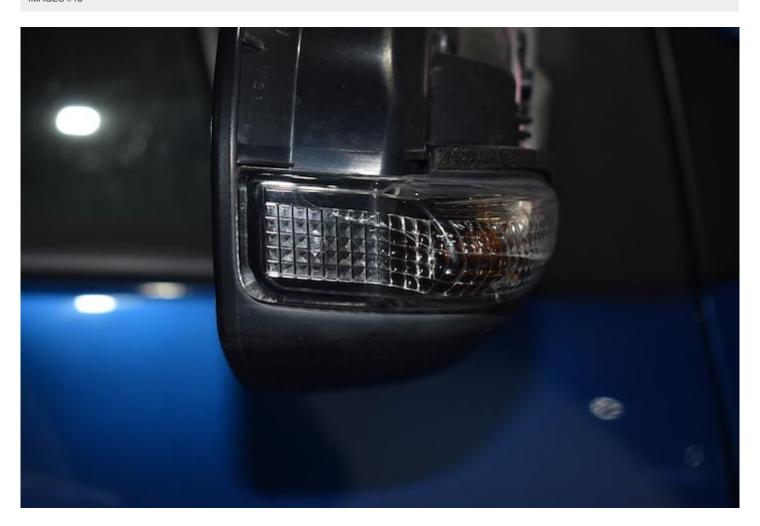


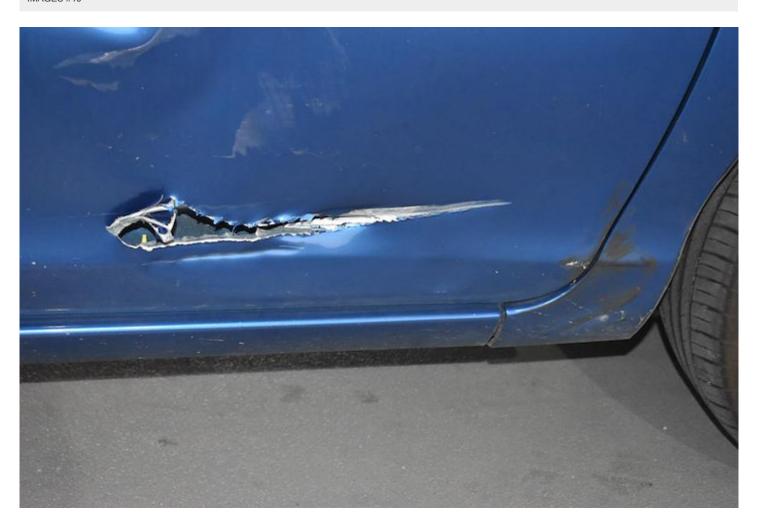




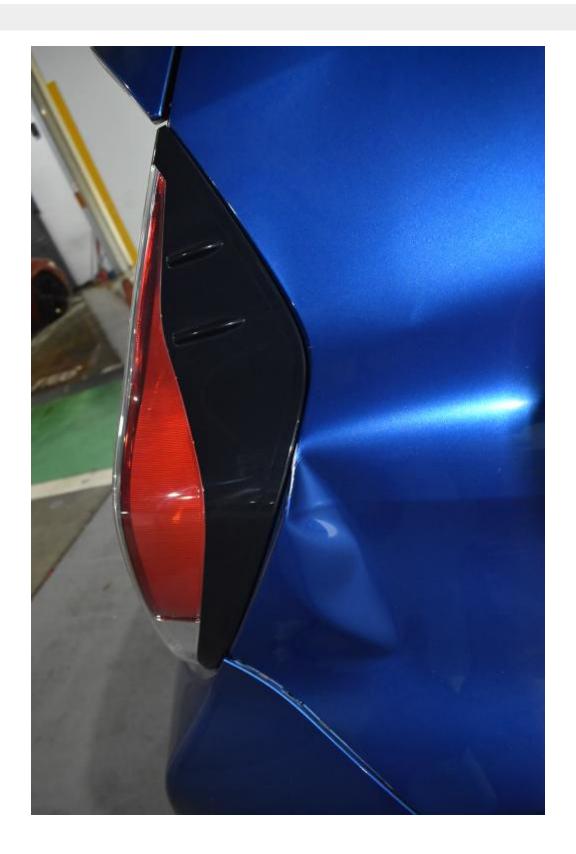




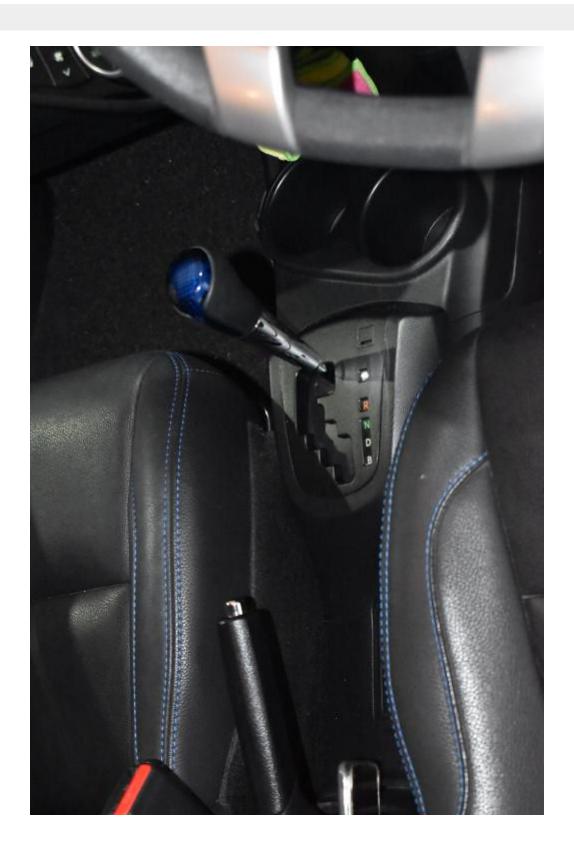




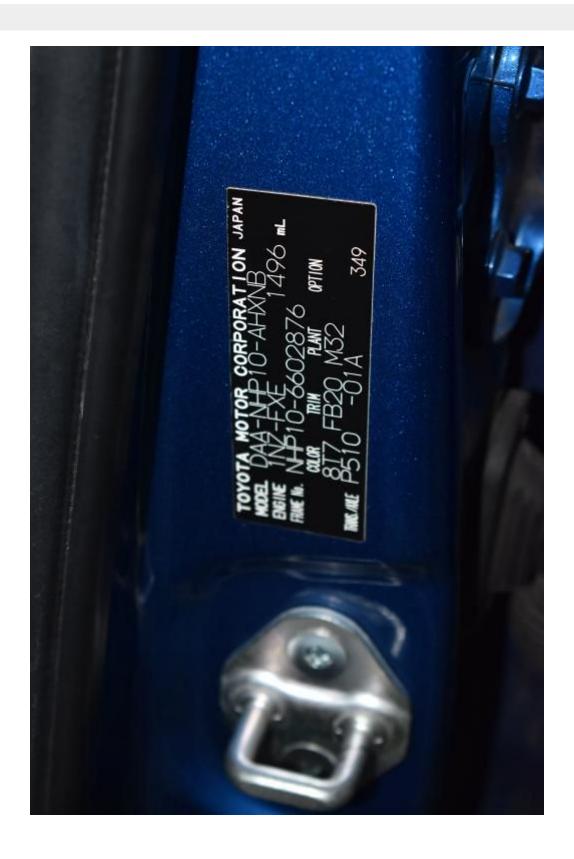




















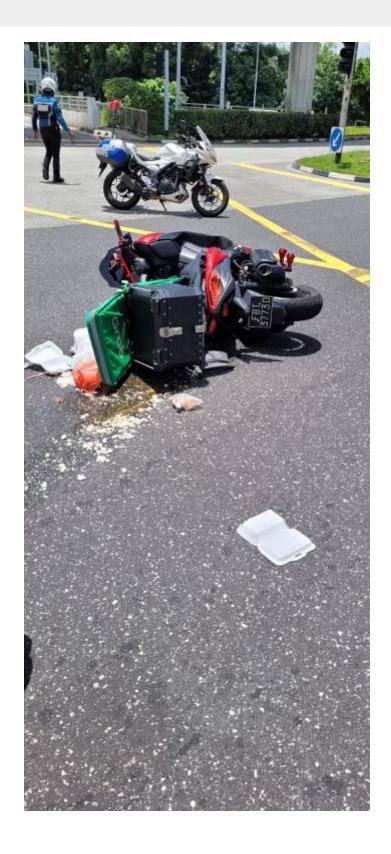




















Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

1 of 3 Report No. T/20230318/2042

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

		145
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/03/2023 14:55	L/20230318/0091	14

18/03/2023 14:55			L/20230318/0091	14	
Informa	nt's Partic	ulars			
Name of Informant: PANG HEE TENG			Address: APT BLK 212B COMPASSVALE DRIVE #12-121 SINGAPORE 542212		
ID Type / ID No.; NRIC NO / S8327154Z			Contact No.: Home/Office: Mobile: 84685165		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 39 07/09/1983		Type of Informant: Driver			
Race: Chinese			Language:		
Occupation: Prison officer			Driving Licence Informa Class:	tion: Date of Expiry:	

Type of Accident: Injury Conveyed By Ambula		Drink Drive: No	Date/Time of Accident: 18/03/2023 12:30	Type of Location T-Junction	
Location: BUKIT TIMAI Weather:	HEXPRESSWAY	Road Surface:			
Clear		Dry			
				Traffic Volume:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - W	orking	Light	

Details of V	ehicle Involve	d			STOSSISSING	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBT3773D	Motorcycle	YAMAHA	XMAX	Red	Seriously Damaged	0
SLQ7037S	Car	TOYOTA	AQUA HYBRID 1.5S CVT	Blue	Slightly Damaged	4

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

2 of 3 Report No. T/20230318/2042

Tel No: 1800-3689999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Burkere Lance		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ7037S	ALLIANZ INSURANCE SINGAPORE PTE, LTD.	SP2003939118	20/01/2023	19/01/2024

Details of Perso	n Involved	Hart Ball			Sept.	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	Use of Pe	Use of Pedestrian Crossing: NA				
Driver						
Name	PANG HEE TENG		ID No.		S8327154Z	
Related Vehicle	NIL			Contact No.		84685165
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	Degree of Injury NIL		
Rider						
Name	Abdul Hadi Imran			ID No		S8302959E
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			

Brief Details.

On the 18/03/2023 at about 1130AM, I was on my way to Malaysia together with my family thru the Woodlands Checkpoint. At about 1230pm, I reached the Woodlands Crossing Traffic Light Junction and notice the traffic lights was amber. I then drove my vehicle SLQ 7037S (Toyota Aqua/Blue) bypass the traffic light however as I drove pass I could see 01 Singapore Register Motorcycle FBT 3773D (Yamaha Xmax/Red) coming from the direction of Woodlands Road area towards my vehicle. I tried to swerve away however it was too late and the motorcycle had rammed into my driver door. Ambulance and Traffic Police attended to the incident and the rider was conveyed to KTPH. The Traffic Police then advised me to proceed to the nearest Police Station to lodge a Traffic Police Report vide incident L/20230318/0091

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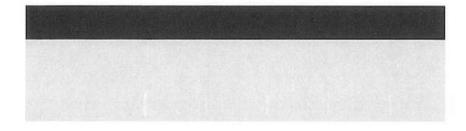


Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 3 of 3 Report No. T/20230318/2042

Tel No: 1800-3689999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SR STAFF SGT MUHAMMAD HAFIS BIN BASIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2023 14:55
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:
NP168	





Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTON VEHICLES (HIRD-PARTY PSIXS) RULES 1999 (FEDERATION OF MALAYSIA)
MOTON VEHICLES (HIRD-PARTY PSIXS AND COMPENSATION) ACT (CAR 199 OF THE REVISED ECTION (KEPUBLIC OF ENGAPORE)
MOTON VEHICLES (HIRD-PARTY PSIXS AND COMPENSATION) RULES 1990 (REPUBLIC OF SINGAPORE)
MOTON VEHICLES (HIRD-PARTY PSIXS AND COMPENSATION) RULES 1990
OR ANY AMENOMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

: SP2003939118-01 : 23 December 2022 : Comprehensive Certificate Number Date of Issue Coverage

Pelicyholder : PANG HEE TENG
Period of Insurance : 20 January 2023 to 19 January 2024(both dates inclusive)
Registration No. : SLQ7037S

Chassis number of Vehicle : NHP106602876

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.

Phovided that the person driving is permitted in accordance with the licensing or other lover or regulation to drive the Motor Vehicle or has been permitted and is not discussified by order of Court of Low or by reason of any exactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been conceived at the time of accident loss or dismage.

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

(a) use for five or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business.

(d) use for any purposes in connection with the Motor Trade.

"Universion rendered inoperative by Section 6 of Motor Viencies (Third-Party Roiss and Compensionar). Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Motopsia), one not to be included under tress headings.

IVME 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) or Amendment, Act or Acts passed in substitution thereof.

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pts, Ltd.

Intermediary Code : 0000180 All Ins Marketing Pte Ltd

: Own Damage : Windscreen Damage

Allianz Insurance Singapore Pte, Ltd. | UEN 201903913C 79 Robinson Road 809-01 Singapore 068597 | Tel. +65 6714 3309 | Website: www.allianz.sg

