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 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 29/03/2023 11:03 (SGT) Reported by **Actual Driver** Date of Accident 28/03/2023 09:30 (SGT) Exact Location of Accident Singapore Additional Location Information 31 DEFU LANE 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9984S

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 Nissan Model CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO 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 No - Reporting only your vehicle?

Vehicle Category Commercial vehicle Transmission Manual 2953

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002102421

DRIVER

Name of Driver MUHAMMAD SHAH ISZUAN BIN MOHAMED KASSIM NRIC No S9526064J Date Of Birth 22/07/1995 Occupation Outdoor

Date Of Driving Pass 31/08/2016 Driving experience 6 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-80432010 Alt. Phone Number Email Address Ike@800super.com.sg Address BLK 813A CHOA CHU KANG AVE 7 #07-547 Address complement Postcode 681813 Is the driver the policyholder? Nο 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 FOREIGN VEHICLE 1 Vehicle Registration Number JPR2656 Vehicle Category Private car PASSENGER 1 Name **COLLEAGUE** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPR2656
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SENG HONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKET	

VEHNO GEB99845

INSURER Alligna

Please report correctly the details of the accident to speed up the claims process.

DATE OF ACC: 28 03 23 9:304m

- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 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 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:

IMPORTANT NOTICE

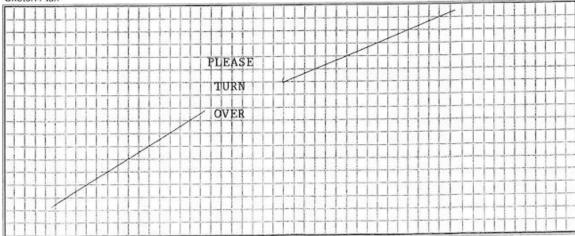
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

(YS) and 28 03 23
Witnessed by Reporting Centre Personnel
(Name as in NRIGID card)

Sketch Plan



1

Claim under your Own	Compreh	ensive policy. Pls check yo	ur policy for mo	ore information.
) Claim Own Policy) Claim Third party	(/)!	Reporting Onlly
) Claim OD/ TP at o	other work	shop (
etch Plan			1-1-7 17 17	
	Industrial Building			
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	H W			B: JPR 2656
		(0)	1-11-11	Lee Jeng Hong
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2

To : Accident Reporting Centre (ARC)		
, and the second			
I / We hereby approve (driver's r	name) <u>MUHAM</u> I	MAD SHAH ISZL	JAN BIN MOHAMEI
NRIC/FIN \$9526064J	, our employee /	employee of	800 Super Waste
Manager De Tail	to drive our m/		
and to file the accident report (Ti		SET	
Only) which occurred on (date)		@ (time)	9.30am
along (location) 31 DEFU LANE 10		- C. (MITTE)	
* Relationship between Insured and di	river's company;	=	
* Relationship between Insured and di Thank you.	river's company:	= -	
	river's company:		
Thank you.	river's company:		
Thank you. Regards, * SIGN & STAMP at the above *	A STORY OF THE PARTY OF THE PAR		
Thank you. Regards,	A STORY OF THE PARTY OF THE PAR		
Thank you. Regards, * SIGN & STAMP at the above * Name of Owner: 800 Super Was	A STORY OF THE PARTY OF THE PAR		



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 188 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 : SP2002102421 Date of Issue 22 June 2022

Coverage THIRD PARTY ONLY

Policyholder 800 SUPER WASTE MANAGEMENT PTE LTD Finance Company

Period of Insurance : 01 July 2022 To 30 June 2023 (both dates inclusive)

Registration Number : GBB9984S

Chassis Number of Vehicle : JN1SC2F24Z0801590

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.

- (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

Section 2: Liabilities to Third Parties

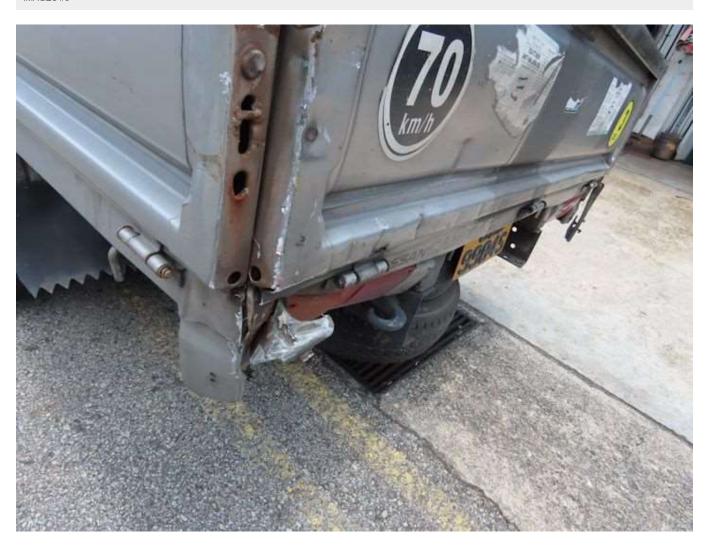
SGD

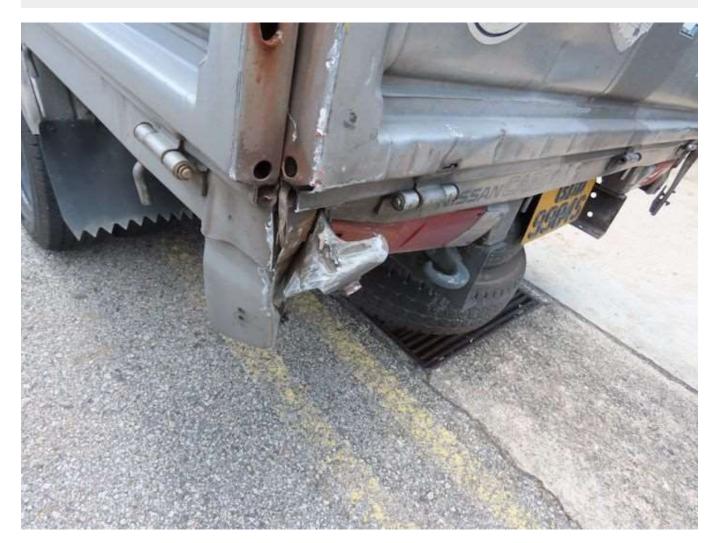
Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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





















30326/7027

Report No. J/20230328/7027

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Vide Re	port No.		Station Diary No.
813A CH	HOA CHU I		#07-547
	3335	Mobile: 80432010	
		com	
Sex Male	Age 27	Date of Birth 22/07/1995	Race Pakistani
Language English			
Location Of Incident 813A CHOA CHU KANG AVENUE 7 #07-547 SINGAPORE 681813		#07-547	
	Address 813A CH SINGAF Contact Home/O Email Adwanarab Sex Male Languag English Location 813A CH	SINGAPORE 6818 Contact No. Home/Office: Email Address wanarab95@gmail. Sex Age Male 27 Language English Location Of Inciden 813A CHOA CHU K	Address 813A CHOA CHU KANG AVENUE 7 SINGAPORE 681813 Contact No. Home/Office: Mobile: 80432010 Email Address wanarab95@gmail.com Sex Age Date of Birth Male 27 22/07/1995 Language English Location Of Incident 813A CHOA CHU KANG AVENUE 7

I asked my passenger if there is any vehicle behind before i reversed,he mentioned it is clear than i proceed to reversed. Than i hit the left side of the foreign registered car.

Subjects involved	
Suspect	
Person Name Lee seng hong	
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2023 13:37
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230328/7027

ID Type	NEW MALAYSIAN IC	ID No	910616015757
Gender	Male	Age	32-32
Race	Chinese	Language	English
Occupation	Air-conditioning/Refrigeration engineer	Relation To Informant	na

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2023 13:37
Officer In-Charge Of Case:	Classification Of Case: