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.

 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 03/03/2023 14:36 (SGT) Reported by Date of Accident 02/03/2023 15:00 (SGT) Exact Location of Accident Near Seletar West Link, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNF2074B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KRISHNAMOORTHY RAVISHANKER NRIC No S7179649C Email Address RASUKAAM@GMAIL.COM Mobile Phone No (Phone) +65-97330593 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model Gla180 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 Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002490485

DRIVER

Name of Driver MOHAMED NUR RUSYDAN BIN MOHAMED RASHEED NRIC No S9626535B Date Of Birth 29/07/1996 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	29/12/2015 7 YEARS AND 3 MONTHS Male (Phone) +65-91680430 - NURRUSYDAN96@GMAIL.COM APT BLK 221 PASIR RIS STREET 21 #03-110 S 510221 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	FBD9373U

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO WONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 Authorised 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

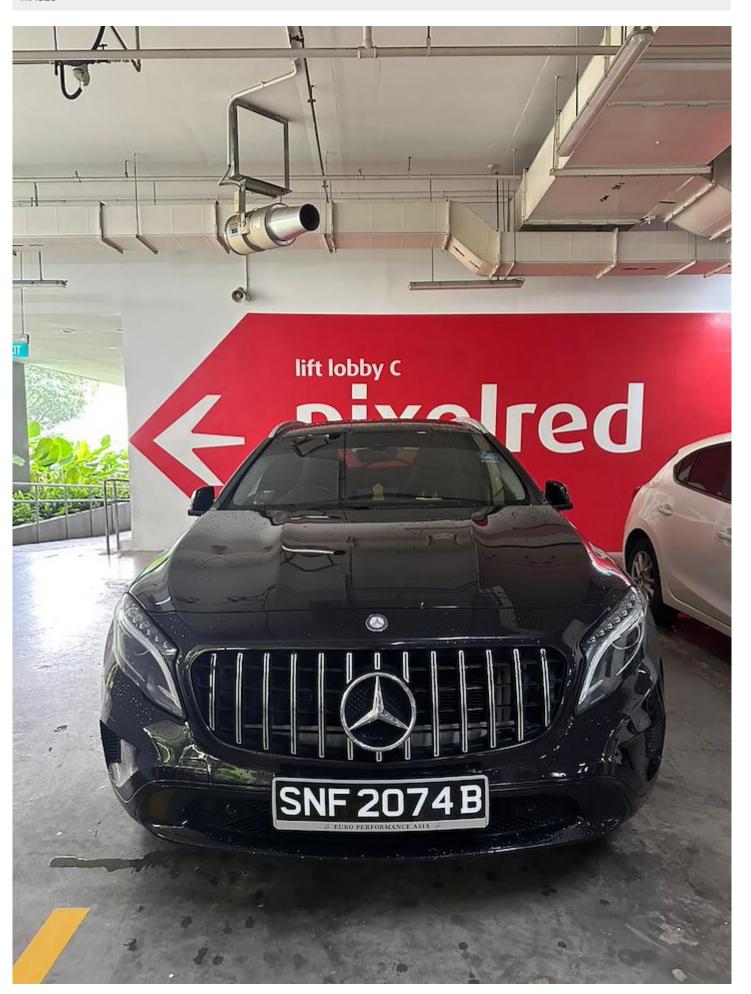
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/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 & Time	1an Wi Ni Witnessed by Reporting Centre Personnel	
Sketch Plan			
		veh A:	SNE JOHB
	ARB	veh B.	ERD43.13 M

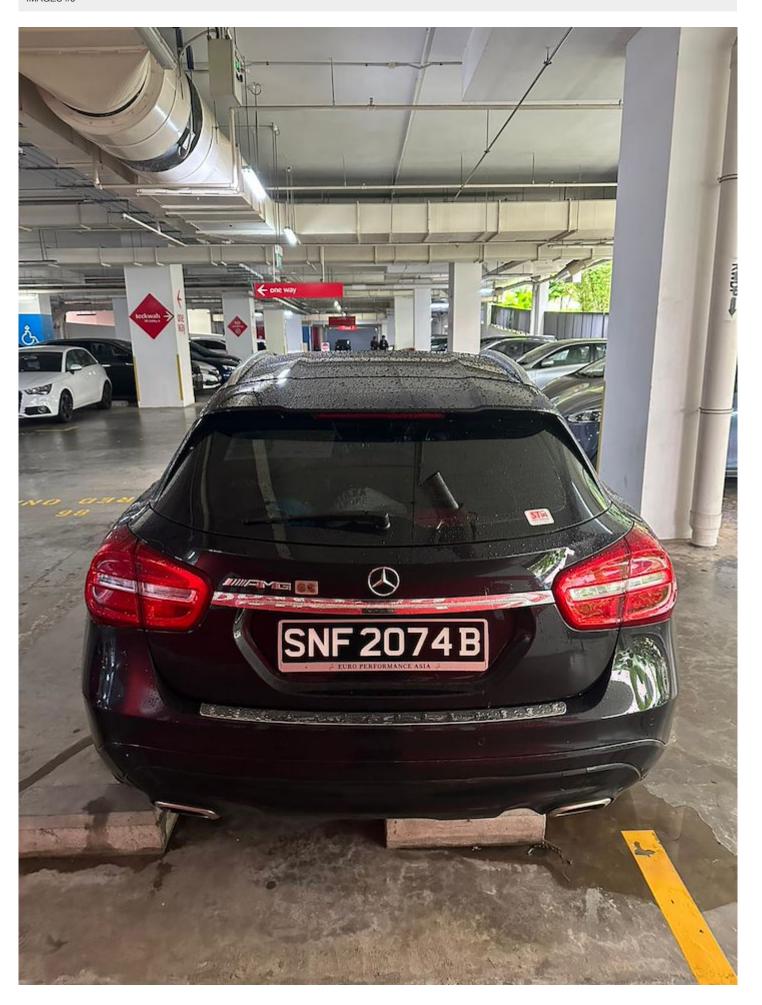
Refer to	potice report. Depart no: T/20230302/7066.	
claration		
	particulars are true in every respect.	
1070 7.1		
		A CONTRACTOR OF THE PARTY
	1	Jan Mi Ni
cyholder's Signature / De	ate & Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel















Details of Vehicle Insurance

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20230302/7066

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company Insurar		Insuran	ce No	Effective	Expiry Date	
SNF2074B	Alli	anz Insurance Singapore Pte. Ltd. SP2002490485-01		28/07/2022	27/07/2023			
Details of Po	erso	n Involved						
Any Pedestri	ian Ir	nvolved: No					Manage and the second	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA					
Driver								
Name		MOHAMAD NUR RUSYDAN BIN MOHAMED RASHEED			ID No.	S9626535E	S9626535B	
Related Vehi	icle	SNF2074B (Car)			Contact No	91680430	91680430	
Hospital/Clin	ic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL			
Date		NIL		Date	NIL	IIL III		
No. of Days granted Medical Leave NIL		NIL	Degree of	f NIL				
Rider								
Name		HO WONG			ID No.	S2084679F	S2084679H	
Related Vehi	cle	NIL		Contact No	97372929			
Hospital/Clini	ic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date		02/03/2023		Date	NIL			
No. of Days	grant	ed Medical Leave	NIL	Degree of	Slig	ht		

Brief Details.

I was driving vehicle number snf2074b along seletar west link to move from middle lane to the right lane. i signaled and checked my side mirror before I make a lane change.

I checked my blindspot and a motorist was nearing my vehicle when he was about to switch to the middle lane where I was at.

Due to that, we both collided against each other which led him to lose his balance and fall.

I parked my car at the most left lane to quickly check on him and proceed to call 995 immediately. About 15-20 mins later, the rider was conveyed into the ambulance to be sent to Khoo Teck Phuat Hospital

I waited for the Traffic Police to arrive at the scene to give out my statement.







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230302/7066

CONTINUATION OF REPORT

Allianz (11)

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) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP-180 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1989 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number Date of Issue

: SP2002490485-01 : 28 July 2022

Coverage

: Comprehensive

Policyholder Period of Insurance : Krishnamoorthy Ravishankor

Registration No.

: 28 July 2022 to 27 July 2023(both dates inclusive)

: SNF2074B

Chassis number of Vehicle : WDC1569422J264183

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 than the person driving is permitted in accordance with the boensing or other lows or regulation to onive the Motor Vehicle or has been parmitted and is not disqualified by order of Court of Lawer by reason of any enocument 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 cancelled at the time of accident loss or damage.

Limitation as to Use^:

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

The Policy does not cover:

(a) use for hire 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

*United on rendered insperative by Section 8 of Philir Vistakes (Three' only 1685 and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Molaysia), are not to be included under these headings.

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

28 July 2022

Issued Date

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

: 0000162 G8M PTE LTD Intermediary Code

Excess : Own Damage

: Windscreen Damage

SGD SGD 600,00 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3360 | Website: www.allianz.sg