

## 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 .....	30/05/2023 17:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	28/05/2023 16:40 (SGT)
Exact Location of Accident .....	18 Marina Gardens Dr, #01-19, Singapore 018953
Additional Location Information .....	SATAY BY THE BAY CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNJ7225D
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AUTO INSURANCE SG PTE LTD
Company Reg No .....	2XXXXX543M
Email Address .....	jayakumar.palani@gmail.com
Mobile Phone No .....	(Phone) +65-90014046
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1497

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2005028122

#### DRIVER

Name of Driver .....	ZAINAB BINTE SALEHUDDIN
NRIC No .....	SXXXX426Z
Date Of Birth .....	15/02/1989
Occupation .....	Indoor

Date Of Driving Pass .....	07/10/2010
Driving experience .....	12 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94566365
Alt. Phone Number .....	-
Email Address .....	ZAINABS.KHALIL@HOTMAIL.COM
Address .....	BLK 293A BUKIT BATOK ST 21 #04-510
Address complement .....	-
Postcode .....	651293
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	MUHAMED FAZHLY BIN ABDUL RAZALE
Gender .....	Male

#### PASSENGER 2

Name .....	FAHMI ZAYYAN BIN MUHAMED FAZHLY
Gender .....	Male

#### PASSENGER 3

Name .....	NUR FAIHA ZAREEN BINTE MUHAMED FAZHLY
Gender .....	Female

#### 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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG SATAY BY THE BAY CARPARK. WHILE LOOKING FOR A PARKING SPACE, I NOTICED THAT VEHICLE B WAS STATIONARY ON THE LEFT SIDE OF THE ROAD IN THE CARPARK. VEHICLE B WAS NOT IN THE CARPARK LOT, I SAW AND NOTICED THAT THERE WERE A FEW PEOPLE STANDING AT THE BACK OF VEHICLE B WITH A CHILD IN THE STROLLER AS WELL. UPON ASSESSING THE SITUATION, I DROVE PASS THE VEHICLE B CAREFULLY TO CONTINUE TO FIND A PARKING SPACE. THAT WAS WHEN I HEARD A LOUD BANG SUDDENLY ON THE REAR LEFT OF MY VEHICLE. THE DRIVER MENTIONED THAT HE WANTED TO REVERSE TO PARK WHEN IT HAPPENDED.

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 ..... YP1685L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 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 ..... MUHAMED FAZHLY BIN ABDUL RAZALE  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 2 DAYS MC  
 Injured person in which vehicle? ..... SNJ7225D  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

#### INJURED 2

Name of injured person ..... FAHMI ZAYYAN BIN MUHAMED FAZHLY  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 2 DAYS MC  
 Injured person in which vehicle? ..... SNJ7225D  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

#### INJURED 3

Name of injured person ..... NUR FAIHA ZAREEN BINTE MUHAMED FAZHLY  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 2 DAYS MC  
 Injured person in which vehicle? ..... SNJ7225D  
 Were seat belts worn? ..... -

Was this injured conveyed to hospital by ambulance? ..... -

INJURED 4

Name of injured person .....	ZAINAB BINTE SALEHUDDIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SNJ7225D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLAN

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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 making 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/postal 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/are be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.



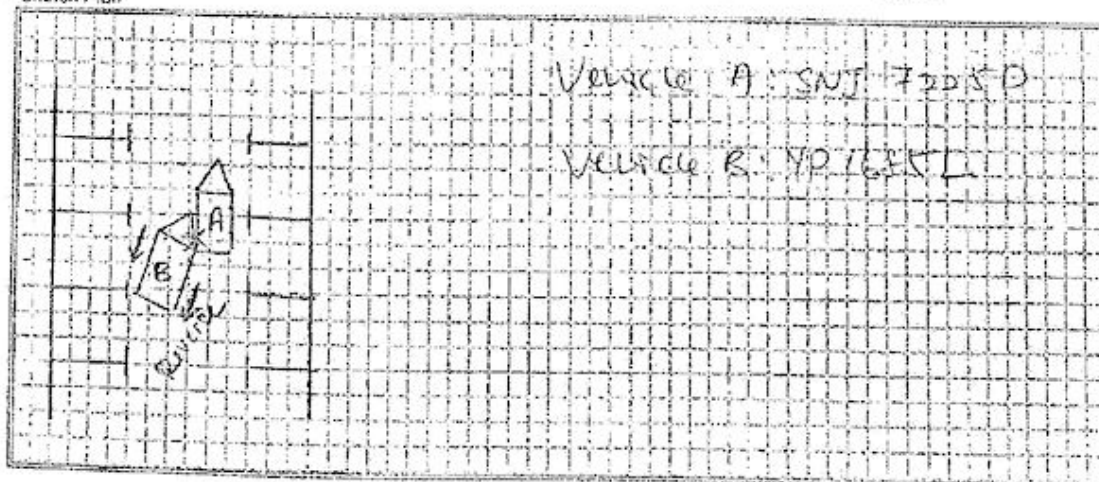
Polyholders' Signature / Date & Time

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



Witnessed by Reporter (Name as in NPICIS card)

Sketch Plan



Describe Circumstances of the Accident

On the stated date & time, I was travelling along Section By the Bay carpark. While looking for a parking space, I noticed that vehicle B was stationary on the left side of the road in the carpark. Vehicle B was not in carpark lot. I saw and noticed that there were a few people standing at the back of vehicle B, with a child in a stroller as well. Upon assessing the situation, I drove past the vehicle B carefully to continue to find a parking space. That was when I heard a loud bang suddenly on rear left of my vehicle. The driver mentioned that he wanted to reverse to park when it happened.

Declaration

We declare the above particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*



Witnessed by Reporting Centre Personnel







































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 1980  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2005028122  
 Date of Issue : 4 MAY 2023  
 Coverage : COMPREHENSIVE - PREFERRED WORKSHOP  
 Policyholder : AUTO INSURANCE SG PTE LTD  
 Finance Company : MONEymax LEASING PTE LTD  
 Period of Insurance : 5 MAY 2023 To 9 MARCH 2024 (both dates inclusive)  
 Registration Number : SNJ7225D  
 Chassis Number of Vehicle : MR053HY9305103183

#### 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 the 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.
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.
- \* 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).

4 MAY 2023  
 Issue Date

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

Intermediary Code : 0000043 ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD		
Excess :	Section 1 : Own Damage	SGD \$1,500.00
	Section 1 : Windscreen	SGD \$ 100.00
	Section 2 : Liabilities to Third Parties	SGD \$1,500.00

Allianz Insurance Singapore Pte. Ltd. (UEN 201902913C)  
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