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 01/06/2023 15:14 (SGT) Reported by **Actual Driver** Date of Accident 31/05/2023 16:55 (SGT) Exact Location of Accident Near 333 Ang Mo Kio Ave 1, Singapore 560333 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1500

Vehicle Registration Number **GBG3892L**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VYY PTE LTD Company Reg No 200903502N Email Address HR@VYY.COM.SG Mobile Phone No (Phone) +65-92999128 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2006037660

DRIVER

CC

Name of Driver SHANY PAULUS NRIC No S8183199H Date Of Birth 06/11/1981 Occupation Indoor

Date Of Driving Pass 22/03/2016 Driving experience 7 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-83232710 Alt. Phone Number Email Address HR@VYY.COM.SG Address 9 LORONG 27A GEYLANG #06-13 S 388134 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 Collision - Head to Rear 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? 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 SKT2100X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

LIM POH CHOO

(Phone) +65-91787105

Vehicle Category

Name of Driver

Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

- (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, involces, 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

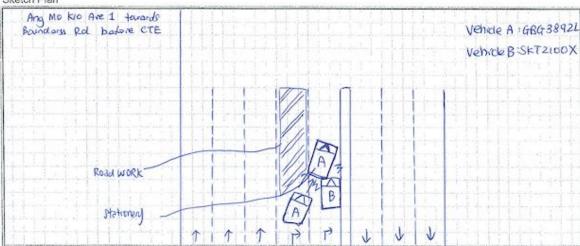
CO./GST NO.: 200903502N
BLK 1078 EUNOS AVE 6
#01-168 SINGAPORE 409634
TEL: 6747 8860 FAX; 6747 0938
WWW.VYY.COM.SG

Policyholder's Signature / Date & Time

Oriver's Signature of driver is not the policyholder) / Date

Vitnessed by Reporting Centre Personnal (Name as in NRIC/ID card)

Sketch Plan



1

	of			and	tme,	I was	drivin	3 my	vehicle
GBG	3892	L)	along	Ang	Mo kro	Ave 1	. tou-	ards Bo	undary Rd
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	2000								
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		7-11							

Declaration

I/We declare the foregoing particulars are true in every respect.

VYY PTE LTD

COL/GST NO.: 200903502N

BLK 1976 EUNOS AVE 8

#01-168 SINGAPORE 409634

VYY PTE LTD

WYY PTE LTD

TEVO 6747 8830 FAX: 6747 0938

WYY PTE LTD

Driver's Signature (if drive)

Policyholder's Signature / Date & Time

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

700 Wir Ni

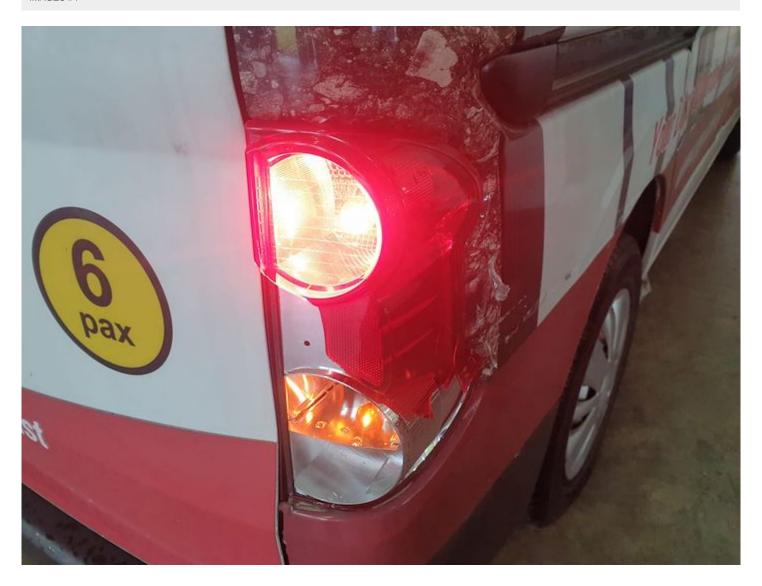
Witnessed by Reporting Centre Personnel (Name as in NRIG/ID card)

2













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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, 1960

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2006037660

Date of Issue

: 26 May 2023

Coverage

: COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder

: VYY PTE. LTD.

Finance Company

: ETHOZ CAPITAL LTD

Period of Insurance

: 25 May 2023 To 24 May 2024 (both dates inclusive)

Registration Number

GBG3892L

Chassis Number of Vehicle

: VM20105523

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 lass 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
- 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).

26 May 2023

Issue Date

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

Intermediary Code : 0000058 FINEXIS ADVISORY PTE LTD

Excess

Section 1: Own Damage

Section 1: Windscreen

600.00

Section 2: Liabilities to Third Parties

55 5\$ 55

100.00 0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg