

# 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 ..... 20/06/2023 17:57 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 20/06/2023 10:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BELOW THW WOODSVILLE FLYOVER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP6416P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KAPLAN LOGISTICS  
Company Reg No ..... 53364294M  
Email Address ..... Info@kaplanlogistics.sg  
Mobile Phone No ..... (Phone) +65-97307038  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... HINO XZU710R-HKFMS3  
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 ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... P000023988

### DRIVER

Name of Driver ..... MOHD SHAFIQ BIN ABDUL RAZAK  
NRIC No ..... T0303427A  
Date Of Birth ..... 08/02/2003  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/01/2022
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96403312
Alt. Phone Number .....	-
Email Address .....	Info@kaplanlogistics.sg
Address .....	BLK 5 DOVER CRESCENT #03-20
Address complement .....	-
Postcode .....	130005
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	COLLEAGUE
Gender .....	Male

#### 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

SAME AS SKETCH

#### 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 .....	GBD1917D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KULANTHAIVEL MANIMARAN
Passport No/FIN .....	G5207161K
Contact Number .....	(Phone) +65-87205837
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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 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.

**APLAIN LOGISTICS**  
53364294M

Policyholder's Signature / Date & Time

*[Signature]*

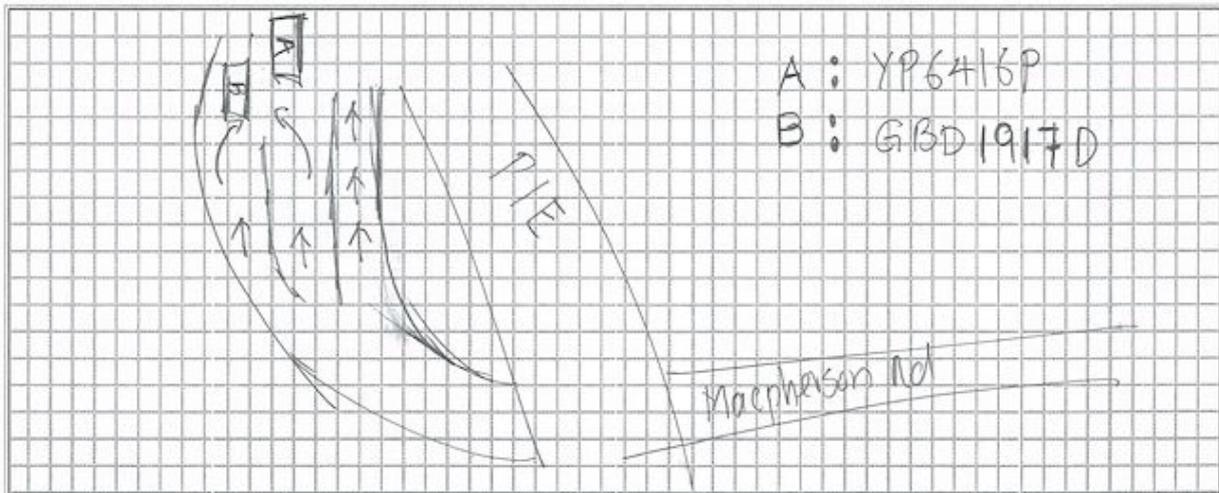
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



*[Signature]*

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

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

10.20 am

On the 20<sup>th</sup> of July 2023 I was driving vehicle A (YP6416P) at Macpherson road going toward PIE. At the traffic light below the fly-over, I was at the center lane and vehicle B (G8D1917D) was on the left lane. There was total of 3 lane which vehicle B and my vehicle A lane was leading to a merging lane. As the traffic light turn green I proceed to move forward. When moving forward we were entering a merging lane which I was already in front. I was checking my left mirror and notice vehicle B failed to stop and give way so as the lane was going to be a single lane I tried to swerve ~~left~~<sup>right</sup> but due to vehicle on the right lane I can only swerve a bit to the right as I do not wish to cause another incident. When the lane slowly merge he hit my left side of my lorry. I stop the vehicle A to the left after I know vehicle B hit onto my vehicle A.

Declaration

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

**KAPLAN LOGISTICS**  
53364294M

Policyholder's Signature / Date & Time



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




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



Allianz Insurance Singapore Pte. Ltd.

## COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Date of Issue	:	17/11/2022	
Cover Note Number	:	P000023988	
Plan Name	:	ALLIANZ COMMERCIAL MOTOR INSURANCE	
Plan Type	:	Comprehensive - AUTHORISED WORKSHOP	
Vehicle Usage	:	Transports / Logistics	
Policyholder/Insured	:	KAPLAN LOGISTICS	
Nature of Business	:		
Sum Insured	:	MARKET VALUE AT TIME OF LOSS	
Period of Insurance	:	From 17/11/2022 To 16/11/2023 (both dates inclusive)	
Make and Model	:	Hino XZU710R-HKFMS3	
Registration Number	:	YP6416P	Private Hire Use : NO
Year of Registration	:	2017	Seating Capacity : 2 INCLUDING DRIVER
Capacity / Tonnage	:	4009 CC / 2500	Body Type : Lorry Box
Chassis Number	:	JHHUCS3H70K02 0866	Windscreen : UNLIMITED
Engine Number	:	N04CUS32276	No Claim Discount : 10%
Hire Purchase Owner	:	MAYBANK SINGAPORE LIMITED	
Excess	:	Own Damage	S\$ 700.00
		Young, Elderly &/or Inexperienced Driver	S\$ 3,000.00
		Liabilities to Third Parties	S\$
		Windscreen	S\$ 100.00
Issued By	:	Sammy Tan 46071757	

We hereby certify that this Cover Note is issued in accordance with the provisions of  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of  
**Allianz Insurance Singapore Pte. Ltd.**

Authorised Signatory

**Allianz Insurance Singapore Pte. Ltd.** | UEN 201903913C  
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