# **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 30/06/2023 17:53 (SGT) Reported by **Actual Driver** Date of Accident 29/06/2023 20:25 (SGT) Exact Location of Accident Singapore Additional Location Information **PUNGGOL ROAD** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMJ6084L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ALLSWELL LEASING & LIMOUSINE PTE LTD Company Reg No 201432541Z Email Address huili@allswellmotor.com.sg Mobile Phone No (Phone) +65-98592417 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius 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 Yes your vehicle? Vehicle Category Private hire Transmission Auto CC 1798

**INSURANCE COMPANY** 

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002463292

DRIVER

Name of Driver **CHONG YONG KONG** NRIC No S6819522E Date Of Birth 27/05/1968 Occupation Outdoor

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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  | 24/07/1987 35 YEARS AND 11 MONTHS Male (Phone) +65-96312961 - huili@allswellmotor.com.sg APT BLK 676B PUNGGOL DRIVE #09-726 - 822676 No Hirer No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT  |  |
| Type of Accident Weather Conditions Road Surface   | Side Swipe<br>Clear<br>Dry   |
| 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 | -<br>-   |
| PASSENGER 1  |  |
| Name<br>Gender   | WOONG LIAN YEW<br>Female   |
| DETAILS OF POLICE ACTION   |  |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?   | No<br>No<br>-  |
| CIRCUMSTANCES OF ACCIDENT  |  |
| REFER TO SKETCH PLAN   |  |
| ATTACHMENT(S)  |  |
| Are accident photos available for attachment? Was there any video captured by Car Camera?  | Yes<br>No  |
| DETAILS OF OTHER   | VEHICLE PROPERTY 1   |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model   | GBK7096X<br>-<br>-   |

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)     | -            |

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Rease 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 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.
- The report will be forwarded by the insurers of the GIA Records IVIanagement 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 (POPA)

Lunderstand, 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.



choso

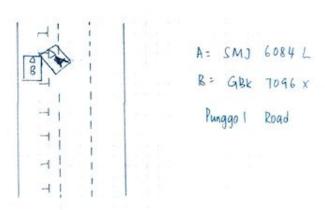


Driver's Signature (If driver is not the policyholder) / Date & Time

ONIO PTE LIFO

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

# Sketch Plan



| Describe Circumstances of the Accident |       |     |        |       |          |      |          |      |          |            |        |      |
|--|-------|-----|--------|-------|----------|------|----------|------|----------|------------|--------|------|
|  | On    | the | stated | dat   | e, time  | and  | location | , J  | uas      | travelling | on     | my   |
| designated                             | lane. |     | Out    | of Si | idden,   | my   | stee     | nny  | wheels   | was o      | out o  | o f  |
| ontrol. As                             | such  | my  | Vel    | hicle | collidec | d or | ito the  | from | <u> </u> | nght       | portio | n of |
| the Vehicle                            | at    | ту  | left s | ide.  |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     | 0.21   |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |
|  |       |     |        |       |          |      |          |      |          |            |        |      |

# Declaration

We declare the foregoing particulars are true in every respect.

& Time



Policyholder's Signature / Date & Time

CIA o NOF Driver's Signature (If driver is not the policyholder) / Date SUTO PTE LESSON

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, 1960 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number SP2002463292 Date of Issue 08 August 2022

Coverage COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP

Policyholder ALLSWELL LEASING & LIMOUSINE PTE. LTD.

Finance Company : MAYBANK SINGAPORE LIMITED

Period of Insurance 26 August 2022 To 12 July 2023 (both dates inclusive)

Registration Number SMJ6084L

Chassis Number of Vehicle : JTDZS3EU80J037080

## 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 Troffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or domage.

## 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
- (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

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).

08 August 2022

Issue Date

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

Intermediary Code : 0000156 GENRIVER FINANCIAL PTE LTD

Excess

: Section 1: Own Damage Section 1: Windscreen

Section 2: Liabilities to Third Parties

Comprehensive - Exclusive Workshop Per Policy Schedule

Allianz Insurance Singapore Pte. Ltd. | UEN 2019039130

79 Robinson Rood #09-01 | Singapore 068897 | Tel. +65 6714 3369 | Website, www.allianz.sg.







