# **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 17/07/2023 17:25 (SGT) Reported by **Actual Driver** Date of Accident 14/07/2023 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information THOMSON ROAD NEAR FAR EAST FLORA Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** 

Vehicle Registration Number YP1232K

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ISLAND RECOVERY SERVICES PTE LTD Company Reg No 2XXXXX296E Email Address ADMIN@ISLANDRECOVERY.COM Mobile Phone No (Phone) +65-67477400 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Isuzu Model NQR75UK5A 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? Yes Vehicle Category Commercial vehicle Transmission Auto CC 5193

## **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005996409

### DRIVER

Name of Driver JIANG KUN Passport No/FIN GXXXX604X Date Of Birth 10/04/1985 Occupation Outdoor

Date Of Driving Pass 08/09/2015 Driving experience 7 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-81734346 Alt. Phone Number Email Address ADMIN@ISLANDRECOVERY.COM Address **BLK 53 TEBAN GARDEN ROAD** Address complement #03-604 Postcode 600053 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 Chain Collision Weather Conditions Raining Road Surface Wet 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? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED POLICE REPORT. 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 SBT6622L Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97851050
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GBK4917Y -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97697269
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. 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 and 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 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, 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/mall 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.

Policyholder's Signature Coste & Tim

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

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

Sketch Plan

Thomson 4d

A: yp1232L

B: SBT 66>2L

C: GBK 4917Y

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scribe Circumstance of the Accide	nt			
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	* Refor To Police F/20230715	e report		
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Declaration We declare the loregoing particulars	are true in every respect			
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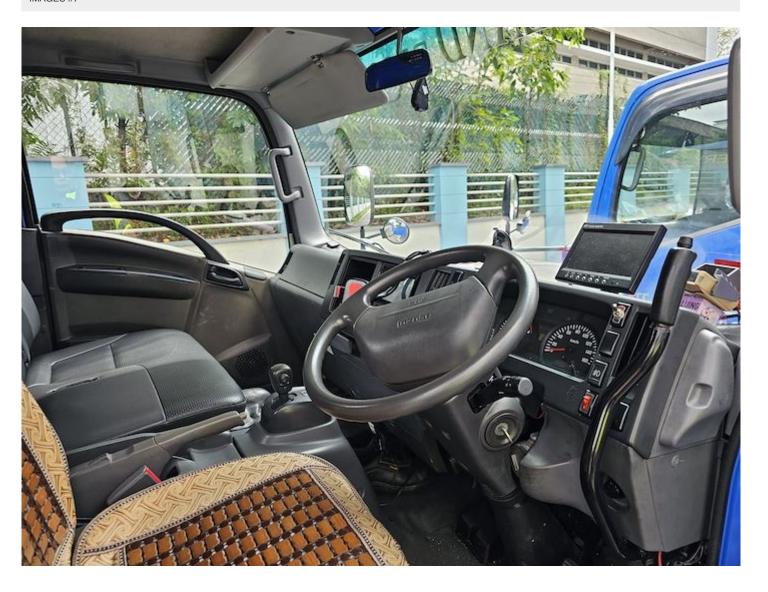




















2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230715/2019

impact made vehicle SBT6622L rear end into vehicle GBK4917Y as a result.

All parties then got off the vehicles and exchanged particulars. Nobody was injured and there was no damage to public property. I am lodging this report for my insurance claims and for a record purpose.

Signature Of Officer Recording The Report: F / SGT 2 JERVIS HENG KHENG YONG

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SI NG GEOK MENG Contact No.: 62181332 Signature Of Informant:



Date/Time: 15/07/2023 10:48

Classification Of Case:





1 of 2

Report No. F/20230715/2019

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

Date/Time Report Made 15/07/2023 10:48	Vide Rep	port No.		Station Diary No. 20
Name Of Informant JIANG KUN	Address APT BLK 32 CHOA CHU KANG STREET 64 #10-04 WINDERMERE SINGAPORE 689099			
ID Type / ID No. FIN NO / G2150604X	Contact No. Home/Office Mobile 81734346			
Nationality CHINESE	Email Address			
Occupation DRIVER	Sex Male	Age 38	Date of Birth 10/04/1985	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 14/07/2023 18:30	Location Of Incident THOMSON ROAD SINGAPORE NEAR FAR EAST FLORA			

## Brief details.

On 14/7/2023 at about 1830hrs, I was driving my lorry (Veh no. YP1232K) along Thomson Road when I got into a chain collision with two other vehicles that were in front of me. At that time, it was raining and the floor was wet, and there was not many cars. Suddenly, the lights turned red, and the first (GBK4917Y, Name: Pang Kheng, NRIC: S2581979I, HP: 97697269) and second car (SBT6622L, Name: S1327719B, NRIC: S1327719B, HP: 97851050) managed to stop in time. However, my vehicle did not manage to stop in time due to the wet floor, causing me to rear end vehicle SBT6622L. The force of the

Signature Of Officer Recording The Report: F / SGT 2 JERVIS HENG KHENG YONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2023 10:48
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SI NG GEOK MENG Contact No.: 62181332	Classification Of Case:

# 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

SP2005996409 Certificate Number 23 May 2023 Date of Issue

COMPREHENSIVE - PREFERRED WORKSHOP Coverage

ISLAND RECOVERY SERVICES PTE. LTD. Policyholder

**Finance Company** 

: 07 June 2023 To 06 June 2024 (both dates inclusive) Period of Insurance

YP1232K Registration Number

JAAN1R75KF7100518 Chassis Number of Vehicle

# 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 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
- 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).

23 May 2023

Issue Date

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

Intermediary Code

: 0000087 TAN INSURANCE BROKERS PTE LTD

Excess

: Section 1: Own Damage Section 1: Windscreen

Section 2: Liabilities to Third Parties

1,500.00 5\$ 100.00 5\$ 1,500.00 5\$

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C