

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	13/07/2023 18:02 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2023 11:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Boon Lay Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8245C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THONG LEE CONTAINER SERVICE PTE. LTD.
Company Reg No	198200775K
Email Address	thomas.chang@thonglee.com
Mobile Phone No	(Phone) +65-96191813
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 5MT
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	AIS/2023/0000375-2/000906

DRIVER

Name of Driver	Kang Swee Seng
NRIC No	S1393966G
Date Of Birth	29/08/1959
Occupation	Outdoor

Date Of Driving Pass	27/09/1983
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93559594
Alt. Phone Number	-
Email Address	thomas.chang@thonglee.com
Address	Apt Blk 602 Jurong West Street 62
Address complement	-
Postcode	640602
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attached 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	SML9515E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS2694E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

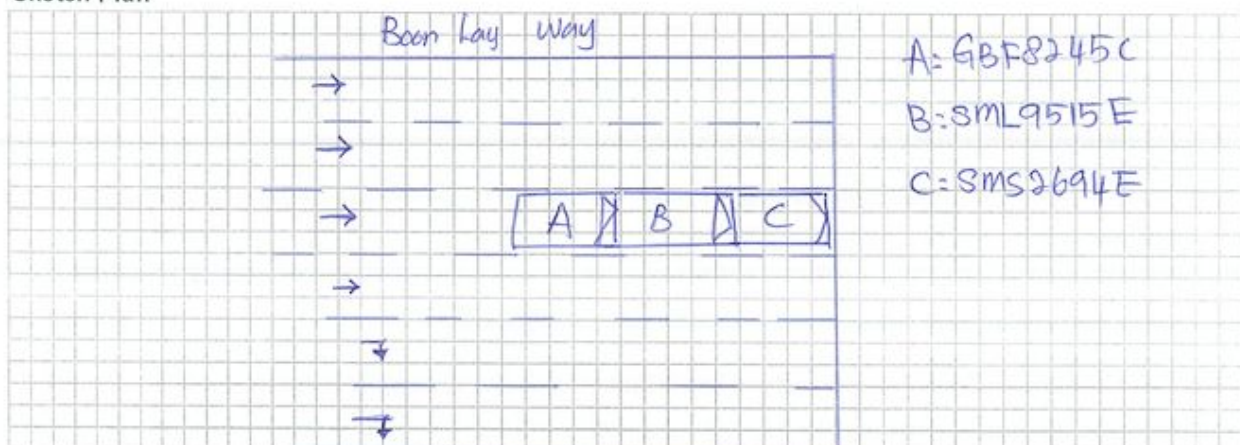
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

X
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



✓ Describe Circumstances of the Accident

I was travelling along Boon Lay way traffic red light, vehicle
^{me} in front stopped wait for traffic, I could not stop in time and hit onto
 vehicle B rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

X

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

































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.

Cover Note Number	AI5/2023/0000375-2/000906
Insured	THONG LEE CONTAINER SERVICE PTE. LTD.
Usage	Use in connection with the Insured's Business other than for hire & reward
Make & Model	TOYOTA / DYNA 150 5MT
Attachment	Nil
Engine Capacity/Tonnage	2982 / 1.78tons
Engine Number	1KD2679156
Chassis Number	JT5AT35Y00K207429
Registration Number	GBF8245C
Estimated Value	Market Value at time of Loss
Coverage	Comprehensive - Authorised Workshop
Deductible	\$600 (Sect I), \$100 (Windscreen)
Period of Insurance	1-Jul-23 to 20-Sep-24
Hire Purchase	Daimler Financial Services Africa & Asia Pacific Ltd
Issued By	Agency Distribution on 30-Jun-23

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

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