

# 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 First Submission .....        | 21/08/2024 18:17 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 20/08/2024 13:15 (SGT) |
| Exact Location of Accident .....      | PIE, Singapore         |
| Additional Location Information ..... | EXIT CHANGI RD EAST    |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | GBD140J |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | A-TEC AUTOCITY PTE LTD     |
| Company Reg No .....           | 2XXXXX118W                 |
| Email Address .....            | DREAMCARZLEASING@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-83994133       |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Mitsubishi                |
| Model .....  | Canter                    |
| 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 - Claiming third party |
| Vehicle Category .....   | Commercial vehicle        |
| Transmission .....   | Manual                    |
| CC .....   | 2998                      |
| Vehicle Fuel .....   | -                         |
| First Registration Date .....  | -                         |
| Chassis no .....   | -                         |
| Effective Date/Time of Ownership .....   | -                         |

### INSURANCE COMPANY

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

### DRIVER

|  |                             |
|--|-----------------------------|
| Name of Driver .....   | KAMARUDDIN BIN ADBUL LATIFF |
| NRIC No .....  | SXXXX746F                   |
| Date Of Birth .....  | 15/06/1968                  |
| Occupation .....   | Outdoor                     |
| Driving Pass Date .....  | 01/08/2006                  |
| Driving License Pass Class .....                                   | 3                           |
| Driving License Validity .....                                     | Valid                       |
| Driving experience .....   | 18 YEARS                    |
| Gender .....   | Male                        |
| Mobile Number .....  | (Phone) +65-88878560        |
| Alt. Phone Number .....  | -                           |
| Email Address .....  | DANNYWANTON68@GMAIL.COM     |
| Address .....  | 621 JURONG WEST ST 65       |
| Address complement .....   | #01-464                     |
| Postcode .....   | 640621                      |
| Is the driver the policyholder? .....                              | No                          |
| If No, Relationship of the Driver with the Insured .....           | Hirer                       |
| 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 ATTACH

#### 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 ..... | GBL5421Z |
| Vehicle Manufacturer .....        | -        |

|   |                    |
|---|--------------------|
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| 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 .....             | SHC8663Z    |
| Vehicle Manufacturer .....                    | -           |
| 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**

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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.**
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.
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.



Policyholder's Signature / Date & Time

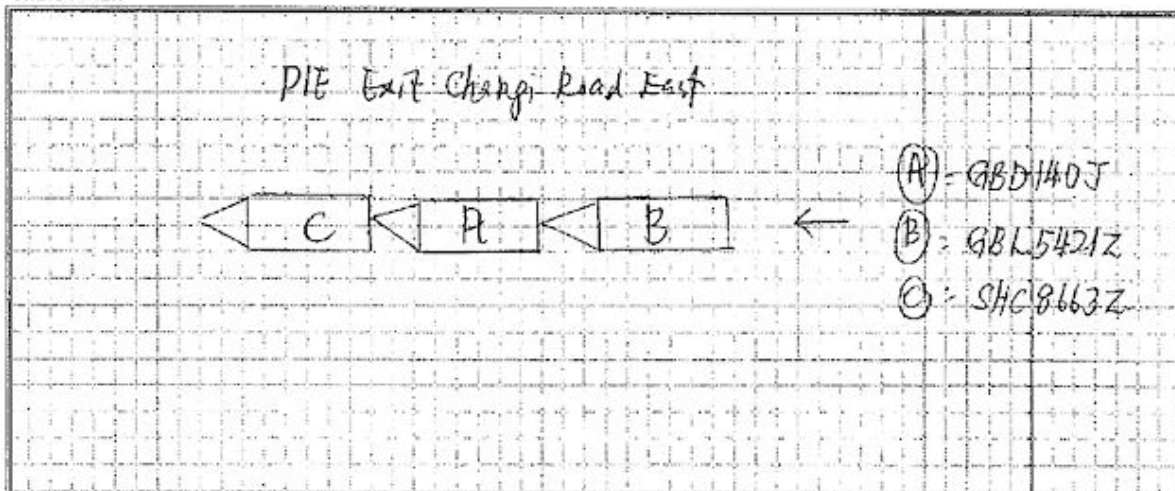
*Pin*

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



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

**Sketch Plan**



**Describe Circumstance of the Accident**

I was travelling along PIE exit Changi Road East.

Vehicle B came from behind and hit onto the rear portion of my vehicle. The impact cause my vehicle hit onto vehicle C.

Total 3 vehicles chain collision.

**Declaration**

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



Policyholder's Signature / Date & Time

*Din*

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



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









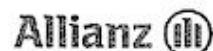












Allianz Insurance Singapore Pte. Ltd.

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**CERTIFICATE OF INSURANCE**


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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 : SP2031781060  
 Date of Issue : 25 July 2024  
 Coverage : THIRD PARTY ONLY  
 Policyholder : A-TEC AUTOCITY PTE. LTD.  
 Finance Company : PAN PAC CREDIT PTE LTD  
 Period of Insurance : 19 July 2024 To 18 July 2025 (both dates inclusive)  
 Registration Number : GBD140J  
 Chassis Number of Vehicle : FEA01BA00197

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**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 hired.

\* 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.  
 (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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).

25 July 2024

Issue Date

  
 Hicham Raissi

Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000155 NEWSTATE STENHOUSE (S) PTE LTD  
 Excess : Section 2: Liabilities to Third Parties

S\$ 2,000.00

Allianz Insurance Singapore Pte. Ltd. UEN: 201903413C  
 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

**A-TEC AUTOCITY PTE LTD**

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875

Email: dreamcarleasing@gmail.com

Tel: +65 6214 0474 Fax: +65 6384 5205



Autocity Pte Ltd

VHA No: 0479

UEN: 202127118W

**VEHICLE RENTAL AGREEMENT**

|  |  |   |  |
|--|--|---|--|
| <b>HIRER'S PARTICULARS</b><br>Name: (as in I/C) <u>MUHAMMAD FAHRI BIN MUHAMMAD ALI</u><br>NRIC/PASSPORT No: <u>S2536732H</u><br>Address (Res): <u>436A BUKIT BATIK WEST AVE 5</u><br><u># 14-938 CD 651426</u><br>Name & Address of Employer _____<br>Occupation: _____ Driving Exp: <u>11yrs</u><br>Driving Licence No: <u>S2536732H</u> D/L Type: Local / International<br>Issue Date: <u>13/12/2012</u> Date of Birth: <u>16/10/1989</u><br>Tel: (O) _____ (R) _____ HP / PG: <u>81209899</u> |  | Vehicle No: <u>QBD 145J</u> Replace Veh No: _____<br>Mileage Out: _____ Mileage In: _____<br>Make & Model: <u>NISSAN B11 FUS</u> Auto / Manual<br><u>10 FT (Box)</u> Group: <u>DLX</u><br>Out: Date <u>5/12/2014</u> Time: <u>5:54pm</u><br>HIRE / PERIOD EXPIRY _____ Time: _____<br>NON-WAIVER EXCESS = \$2000 (CD) / (\$2000 TP) |  |
| <b>ADDITIONAL DRIVER'S PARTICULARS</b><br>Name: (as in I/C) <u>Kamaudin Bin Abdul Latiff</u><br>NRIC/PASSPORT No: <u>S6821746F</u><br>Address (Res): <u>BLK 621 Gwang West St-65</u><br><u># 01-464 (S) 640621</u><br>Driving Licence No: _____ D/L Type: <u>Local</u> / International<br>Issue Date: <u>01/08/2006</u> Date of Birth: <u>15/6/1968</u><br>Occupation: _____ Driving Exp: <u>16yrs</u>   |  | <b>CHARGES</b><br>Daily @ \$ _____ per day<br>Weekly 3 @ \$ 4.25 per week <u>425.00</u><br>Monthly @ \$ _____ per month<br>Hours @ \$ _____ per hour<br>Others @ \$ _____<br>CDW @ \$ _____ per day/month<br>PAI @ \$ _____ per day/month<br>Delivery/ Collection Service _____<br><b>SUB-TOTAL \$</b> <u>425.00</u>                |  |
| <b>VEHICLE CHECK LIST</b><br>D - DENTS<br>A - ACCIDENTS<br>S - SCRATCHES<br>RIGHT FRONT TOP LEFT<br>REAR<br>ACCESSORIES CHECK<br><input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre<br><input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps<br><input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges  |  | <b>PETROL LEVEL</b><br>Out <u>E</u> 1/4 1/2 3/4 F<br>In <u>E</u> 1/4 1/2 3/4 F<br><b>EXTENSION</b><br>Misc. _____<br><b>TOTAL CHARGES \$</b> _____<br>HIRER'S SIGNATURE _____<br>ADDITIONAL DRIVER'S SIGNATURE _____<br>AUTHORIZED PERSON SIGNATURE _____   |  |

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/ credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/ credit card voucher. All information I have given A-Tec Autocity Pte Ltd in connection with this agreement is true.

**\*IMPORTANT\***

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY A-TEC AUTOCITY PTE LTD.

RETURN OF VEHICLE, THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SINGAPORE OF HIRER / DRIVER" DURING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO A-Tec Autocity Pte Ltd AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS                          | SIGNATURE OF HIRER/DRIVER |
|---------|---------|---------|------------|----------------------------------|---------------------------|
|         |         |         |            | Deposit \$300<br>3 mths contract |                           |