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 First Submission 02/09/2024 15:57 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 30/08/2024 21:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG4340B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AL CAR LEASING PTE LTD Company Reg No 201959595R Email Address SUPPORT@ALAUTORENT.SG Mobile Phone No (Phone) +65-88115335 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **ALTIS** 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1600 Vehicle Fuel First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00015442400

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity	ONG SENG WEI S2512431F 24/09/1951 Outdoor 27/11/1976 3 Valid
Driving experience Gender Mobile Number	47 YEARS AND 9 MONTHS Male (Phone) +65-92736277
Alt. Phone Number Email Address Address Address complement	SUPPORT@ALAUTORENT.SG BLK 39 MANDALAY ROAD #08-39
Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	308216 No Hirer 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 Weather Conditions Road Surface	Side Swipe Clear 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 PASSENGER 1 Name Gender	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
CAR A EXITED THE SLIP ROAD AND WAS ALREADY ALONG F HIT THE REAR RH SIDE OF MY CAR A.	PIE ON THE LEFT LANE WHEN SUDDENLY, CAR B CAME AND
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SU8228L
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

- Please report <u>correctly</u> 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
- 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
- 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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

folicyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Dal & Time 2924	e Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
		PIE
SMF 4340B		

	ccident		
almy!	Car A little	d the stip road and mae al	/
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eclaration le declare the foregoing partique	Omha	<i>∽</i> "	





















中国太平保险(新加坡)有限公司

Motor Hire Car.

CERTIFICATE OF INSURANCE

N 5%

otor Vehiclas (Third Park) Risks, and Compensation) Act (Chapter 199) Motor Vehiclas (Third Party Risks, and Compensation) Rules, 1980 Motor Vehiclas, (Trind Party Risks) (Walkeyso) Motor Vehiclas, (Trind Party Risks) Rules 1959 (Malaysa)

AN0057A Cox Type C.

CERTIFICATE No.

DMHCSNA00015442400

Engine No.: 1ZRY116197 Cha. No. MR053REH104519429

Index Mark and Registration Number of Vehicle

SMG43408

AUTOSAFE

Name of Poscy Holder

AL CAR LEASING PTE LTD.

Effective date of the Commonoment of 29/08/2024 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

4. Date of Expery of Insurance

5 Persons or Classes of Persons entitled to drive*

As por Named Driver(s) stated below.

Provided that the purson dising is permitted in reconstince with the homeing or other laws or regulations to drive the Motor Vehicle of has been so permitted and is not disquasified by order of a Court of Law or by reason of any enactment or regulations in that benefit from driving the Motor Vehicle.

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business (2) Use for social dismissible pleasure purposes and business purposes of any prison to whom the vehicle is aired.

The Poincy does not cover (1) Use for runing, puce-making, reliability trul or speed-testing. (2) Use whilst chaving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO DBS BANK LTD

*Limitations rendered insperative by Section 8 of the Motor Vehicles (Taid-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these trendings.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Teo Jie Yang Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

🕏 3 Anson Road #16-00 Springleaf Tower Singapore 079909

C63896111

₱6222 1033 ⊕ www.sq.cntaiping.cam



RENTAL AGREEMENT

K-AL-0001992

18 Mar 2024

UEN: 201959595R 1 KAKI BUKIT ROAD 1 #02-44 ENTERPRISE ONE SINGAPORE 415934 Tel: 8877-5335 Email: billing@alautorent.sg

AL Car Leasing Pte Ltd

Sales/ After Sales Tel: 8877-5335 Towing Service Tel: 9362-6262

HIRER'S PARTICULARS

Name Ong Seng Wei Main Contact 92736277

92736277 Secondary Contact sengweiong@gmail.com Date of Birth

Address 39 MANDALAY ROAD 08-39 MANDALAY TOWER SINGAPORE 308216

VEHICLE'S DETAILS

Email

Plate Number

SMG 4340 B

Vehicle Make / Model TOYOTA / ALTIS 1.6L CVT Mileage 250000 KM

Fuel (Check-out) Fuel (Check-in)

E 1/4 1/2 3/4 F E 1/4 1/2 3/4 F

RENTAL DETAILS

Start Date Time Rate

19 Mar 2024 11:00 \$440 00 (Weekly)

Expected Return Time

Malaysia Excess

19 Sep 2024 00:00

Deposit

/ Charge

Deposit

IC No.

\$0.00

CDW Charge Local Excess \$35.00 \$3,000.00

\$2512431F

24 Sep 1951

\$6,000.00

REMARKS

Rental contract 1 month 19/03/2024-19/09/2024. Replacement car for SNF 2934 U. All terms and condition as follow rental agreement K-AL-0001733 Excess from 26/3/2024 will be \$4000.00 Excess from 26/3/2024 will be \$3000.00

Hirer (Car Out)

Hirer (Car In)



AL CAR LEASING PTE LTD

61 UBI AVENUE 2 #04-15 AUTOMOBILE MEGAMART SINGAPOR (408898) Tel: 6365 5335 Fax: 6362 5335 ROC: 201959595R

Date: 02 Sep 2024

I, Alvin Loo Kok Kiong (Manager) of AL Car Leasing Pte Ltd, authorize my hirer Ong Seng Wei, Ic <u>S2512431F</u> to file the accident claim.

(many)

Authorised Signature