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.

 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 16/09/2024 18:50 (SGT) Reported by **Actual Driver** Date of Accident 14/09/2024 15:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG1091C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A-TEC LEASING PTE LTD Company Reg No 2XXXXX244G Email Address DREAMCARZLEASING@GMAIL.COM Mobile Phone No (Phone) +65-83994133 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Ae ioniq

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire

Transmission Auto CC 1580 Vehicle Fuel

First Regisration 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 MOHAMAD YAZID BIN MOHAMAD DIN SXXXX407C Date Of Birth 27/08/1970 Occupation Outdoor Driving Pass Date 07/11/1990 Driving License Pass Class Driving License Validity Valid Driving experience 33 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91113491 Alt. Phone Number Email Address YAZIDDIN1970@GMAIL.COM Address BLK 168 BEDOK SOUTH AVE 3 Address complement #03-465 Postcode 460168 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name **PASSENGER 1** Gender Male PASSENGER 2 **PASSENGER 2** Gender Female PASSENGER 3 Name PASSENGER 3 Gender Female PASSENGER 4 Name **PASSENGER 4** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police

(Phone) +65-65470000

Police Station Phone No

Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
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 SHA3398H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi 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)

INJURED PERSONS DETAILS

No

INJURED 1

Name of injured person MOHAMAD YAZID BIN MOHAMAD DIN Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained 3 DAYS MC Injured person in which vehicle? SNG1091C Were seat belts worn? Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person **PASSENGER 2** Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained 3 DAYS MC Injured person in which vehicle? SNG1091C Were seat belts worn?



Was this injured conveyed to hospital by ambulance?

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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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 ladgement 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

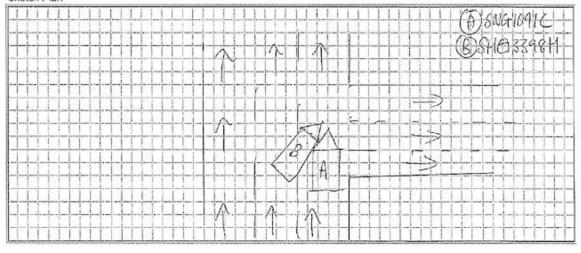
Policyholder's Signature / Date & Time

UEH NO.: 202202244G

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

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

Sketch Plan



1

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Declaration

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



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date 8. Time



Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

2

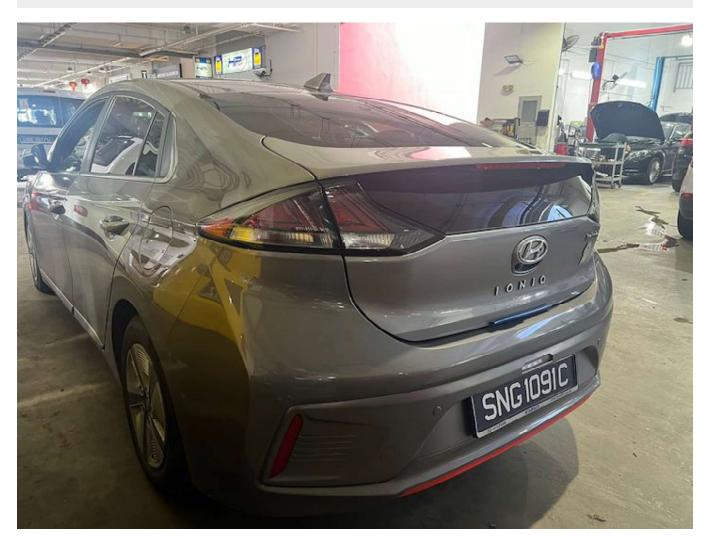


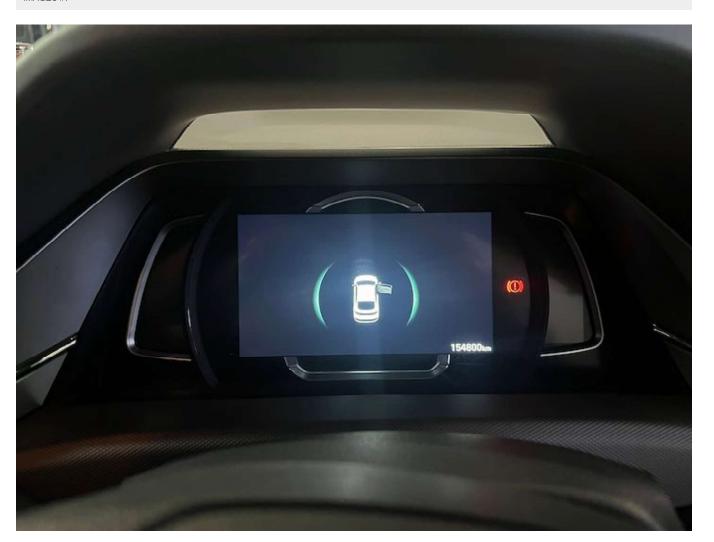


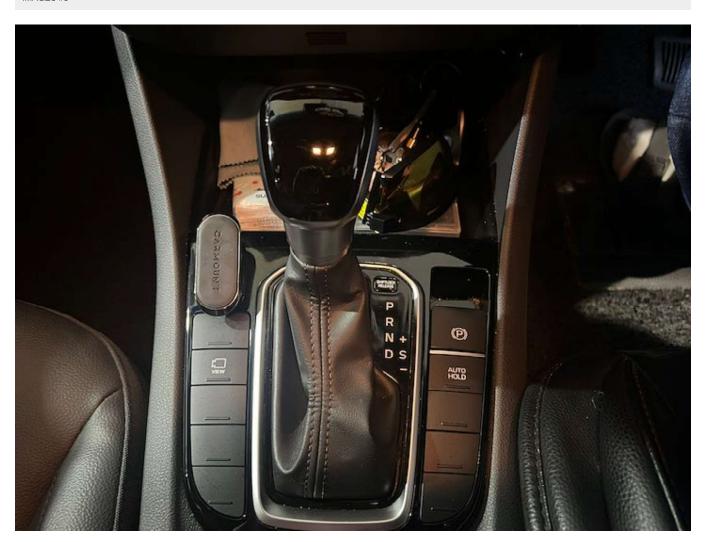


















1 of 4 Report No. T/20240915/7022

Anyone conveyed by ambulance: No

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2024 12:09			Vide R	eport No.:	Station Diary No.:			
Informan	r's Particu	lars						
Name of Informant: MOHAMAD YAZID BIN MOHAMAD DIN			Address: 168 BEDOK SOUTH AVENUE 3 #03-465 SINGAPORE 460168					
ID Type / ID No.: NRIC NO / S7028407C		Contact No.: Home/Office: Mobile: 91113491						
Nationality: SINGAPORE CITIZEN			Email: YAZIDDIN1970@GMAIL.COM					
Sex: Age: Date of Birth: Male 54 27/08/1970			Type of Informant: Driver					
Race: Malay			Language: English					
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:					
		No. of the Control of						
eneral In	formation	of the Accident						
Type of Accident: Injury Others			Drink Drive: No	Date/Time of Accide 14/09/2024 15:10	ent: Type of Location:			
Location: PAN ISL		RESSWAY						
Weather:			Road Surface:					
Traffic Flow:			Traffic	Control:	raffic Volume:			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SNG1091C	Motor car		CALLED THE REAL PROPERTY.	NEW ACCOUNT OF THE PARTY OF THE		4

Details of Person Involved	
Any Pedestrian Involved: No	A STATE OF THE STA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Type of Collision:





2 of 4 Report No. T/20240915/7022

CONTINUATION OF REPORT

Driver						
Name	MOHAMAD YAZID BIN MOHAMAD DIN				١.	S7028407C
Related Vehicle	SNG1091C (Motor car)			Conta	ect No.	91113491
Hospital/Clinic	NIL.			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disch				NIL	
No. of Days grant	Degree o	Degree of Injury Serio		us		

Brief Details.

On the stated date and time, I was driving SNG1091C along PIE(Tuas) Slip Road towards Jalan Toa Payoh.

My family members:

Fauziah - wife Asyiqin - daughter Abdul Zaimee - son in law Taliya - granddaughter

were on board my vehicle and all wearing seat belt.

I was travelling straight along the extreme right lane which could turn right or go straight towards CTE.

At the junction of Upper Serangoon Road, SHA3398H, abruptly swerved into my vehicle's path when it was alongside me along the lane to my left as the taxi wanted to turn right towards Upper Serangoon Road.

There was no way for me to avoid the collision as I was caught completely off guard by the rogue manoeuvre as only my lane could have turned right.

As such, the taxi slammed into the front left portion of my vehicle as a result.

The impact was great and my vehicle jerked violently.

Taliya knocked her head as a result of the impact and begun crying profusely.

Upon alighting, I realised that my vehicle's front left portion was badly dented.

Initially all of us were in shock and more concerned about my baby granddaughter.

However, the same evening, all four of us adults started feeling body aches.

My wife Fauziah had a sharp pain at her right shoulder and back areas while I had aches over my left hand and neck areas.

As such, we sought treatment at LifePlus Bedok the following morning and was given 3 days MC each.

The same afternoon after our initial consultation, my wife also complained of aches over her neck, upper and lower back areas.





3 of 4 Report No. T/20240915/7022

CONTINUATION OF REPORT

I too experienced similar symptoms over my shoulders and lower back areas as well.

We will seek follow up treatment if the pain does not go away.

My daughter, granddaughter and son in law will be seeking their own treatment.





Report No. T/20240915/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Dale/Time: 15/09/2024 12:09
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168





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 : SP2031873895 Date of Issue : 25 July 2024

Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder : A-TEC LEASING PTE, LTD,

Finance Company

Period of Insurance : 22 July 2024 To 18 July 2025 (both dates inclusive)

Registration Number SNG1091C

Chassis Number of Vehicle : KMHC851CVNU293429

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
- 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 Caurt 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 (Cop 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use ":

- (e) 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.

- (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.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle : 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

: Section 1: Own Damage

Section 1: Windscreen Section 2: Liabilities to Third Parties 55 100.00 55 2,000.00

Allianz Insurance Singapore Pte. Ltd. 1185.2519889130

79 Robinson Road #09 01 | Shigopule (65597 11et +65 6714 8369 | Website leww.alianzing



A-TEC LEASING PTE. LTD.

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875 Email: dreamcarzleasing@gmail.com

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



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