SD0C24950001 / Ding Auto Pte Ltd [737869] ENTRY DATE & TIME: 05/09/2024 10:33 (SGT) SUBMITTED BY: Admin - Carros Branch VERSION: 1 (05/09/2024 10:33 (SGT))

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 05/09/2024 10:33 (SGT) Reported by **Actual Driver** Date of Accident 29/08/2024 09:40 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN AVENUE 9 CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GB.18207

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AIRCONBOY ENGINEERING Company Reg No 5XXXX198M Email Address AIRCONBOY88@GMAIL.COM Mobile Phone No (Phone) +65-96815786 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Hiace 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 Vehicle Fuel Diesel 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 SP2008902858-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	LING SIN KIE SXXXX344I 29/12/1985 Outdoor 08/04/2019 4 Valid 5 YEARS AND 4 MONTHS Male (Phone) +65-85891427 - AIRCONBOY88@GMAIL.COM BLK 317A YISHUN AVENUE 9 #05-108 761317 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
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	
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Yishun North Neighbourhood Police Centre (Phone) +65-18008529999 (Fax) +65-68522299 31 Yishun Central Singapore 768827 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS8915R
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

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 Authorised Driver.
- 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.
- 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. The 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.
- 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)

Lunderstand, acknowledge, agree and consent that

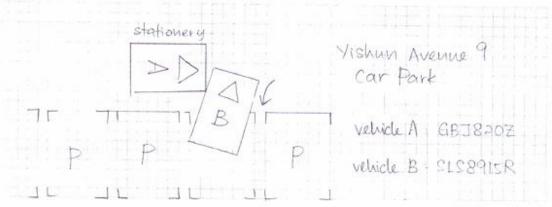
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

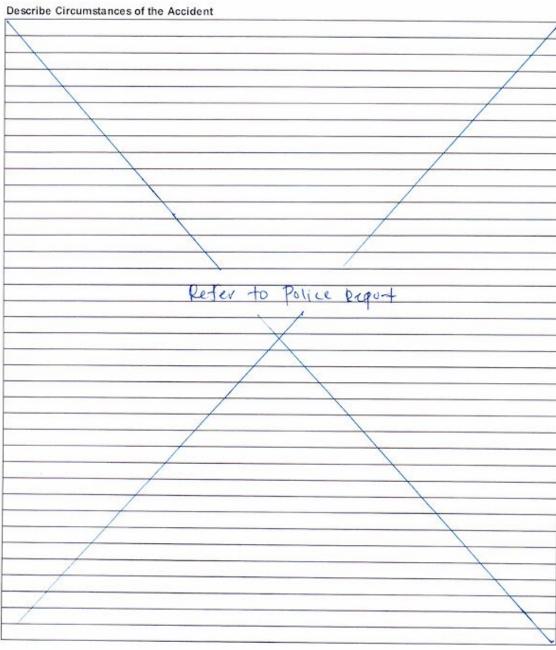
Karen nooth East of the State o

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

Witnessed by Reporting Contre Personnel

Sketch Plan





Declaration

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

Autongo English

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel







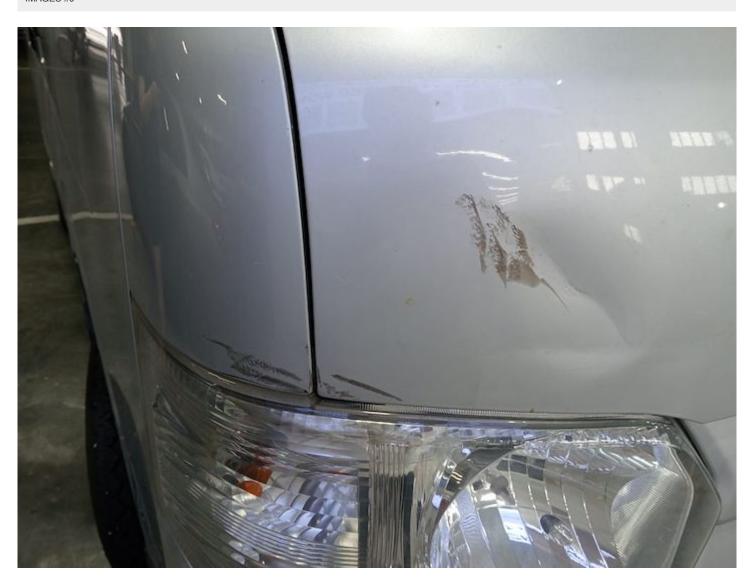


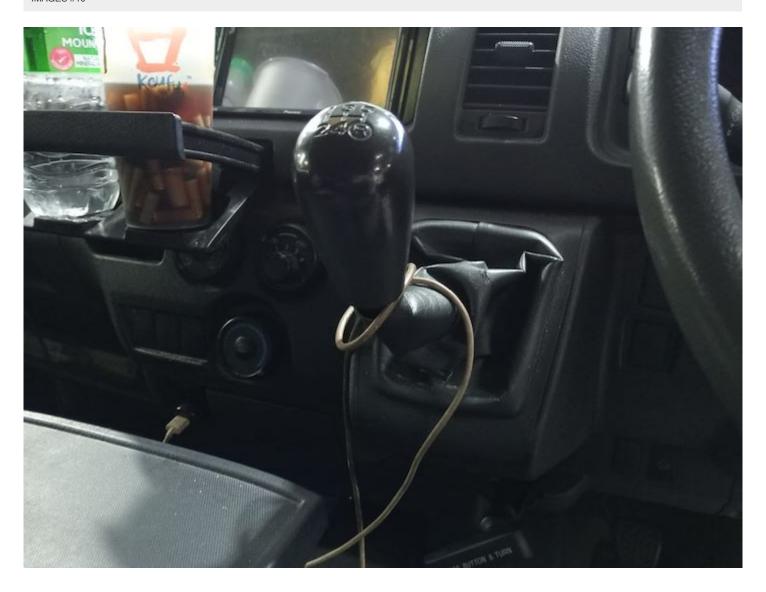






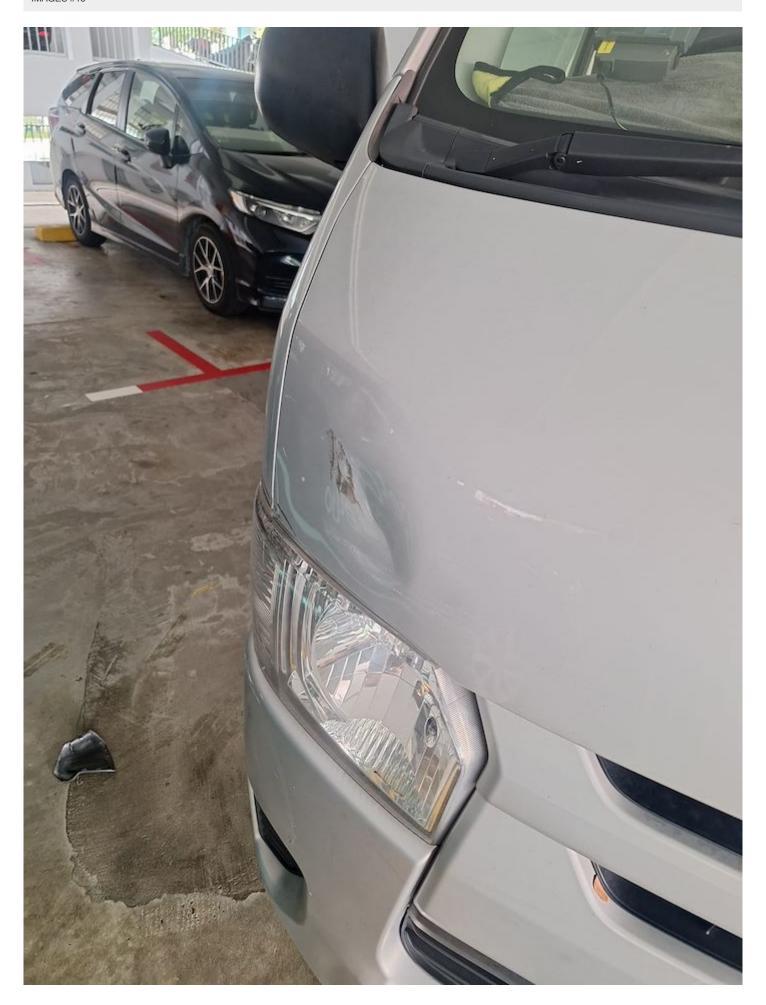




















Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 3 Report No. T/20240829/2072

	me Report I 024 19:28	Made:	Vide Report No.:	Station Diary No.: 122
Informa	nt's Partic	ulars		
Name o LING SI	f Informant: N KIE		Address: 317A YISHUN AVENU	E 9 #05-108 SINGAPORE 761317
	/ ID No.: O / S85633	441	Contact No.: Home/Office:	Mobile: 85891427
National MALAYS			Email:	
Sex: Male	Age: 38	Date of Birth: 29/12/1985	Type of Informant: Driver	
Race: Chinese			Language:	
Occupat AIRCON	ion: I TECHNIC	IAN	Driving Licence Informa Class: 2B,3,4	ation: Date of Expiry:

General Infor	mation of the Accid	ent	1-1	k
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2024 09:40	Type of Location Car Park
Location: YISHUN AVE Weather:	NUE 9	Road Surface:		•
Clear		Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled	1000	raffic Volume: ight
Type of Collis Between Mov	ion: ing Vehicles - Head 1	Γο Side	а	nyone conveyed by mbulance: o

Details of V	ehicle Involve	ed				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
GBJ820Z	Motor van		•		Slightly Damaged	0
SLS8915R	Motor car				Slightly Damaged	0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





T/20240829/2072

2 of 3

Report No. T/20240829/2072

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver	HARLES TO THE	No.	Water Comment	7		222224
Name	LING SIN KIE			ID No		S8563344I
Related Vehicle	GBJ820Z (Motor van)		Conta	ct No.	85891427
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	A TABLE TO A STRUCTURE A STRUCTURE AND A STRUC
Driver		40, 10	ALCOME CO. D.	The M	*35.T	SAL TOTAL
Name	aMUHAMMAD ZA'IN	I BIN ABB	AS	ID No		S8214754C
Related Vehicle	SLS8915R (Motor ca	ar)		Conta	ct No.	91906747
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gra	nted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 29/08/2024 at about 9.40am, I was driving my company van in the MSCP of BIK 317 Yishun. I was driving down to the lowest deck, there was a car SLS8915R that was in front of my van. Hence, I stopped my van.

As the car was doing a reverse parking, his left side mirror hit onto the right side of my front bumper, causing minor damages.

We then exchanged particulars. No one was injured.



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



Report No. T/20240829/2072

CONTINUATION OF REPORT

Signature Of Interpreter: Not applicable	Date/Time: 29/08/2024 19:28
Officer In Charge Of Case: TP / GIA / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

11.02041401 0.1000

Come do regorany. 3/9/24.

Allianz (II)

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT ACT 1997 (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 1996

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2008902858-01 Date of Issue : 12 December 2023

Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder Name : AIRCONBOY ENGINEERING

Period of Insurance : 14 December 2023 to 13 December 2024

Finance Company : NA Registration No. : GBJ820Z

Chassis Number of Vehicle : JTFHT02P500246358

Persons or Classes of Persons Entitled to Drive*:

- The Policyholder.
- Any other person who is driving on the Policyholder's order or with the his/her permission.
- * 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 in connection with the Policyholder's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes
- ^ 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.
- 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).

12 December 2023

Issue Date

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

Intermediary Code: 0000039 ALPHA WEALTH FINANCIAL ADVISERS PTE. LTD.

Section 1 : Own Damage Section 1 : Windscreen SGD 600 SGD 100 : Section 2 : Liabilities to Third Parties SGD 0

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg