

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	12/10/2024 12:14 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 13:45 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	TOWARDS KALLANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6208S
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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) +65-62140474
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998
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	XAVIER RUBAN RAJESHKUMAR
Passport No/FIN	GXXXX987P
Date Of Birth	03/06/1991
Occupation	Indoor
Driving Pass Date	02/02/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91335902
Alt. Phone Number	-
Email Address	X.RUBANRAJESHKUMAR@GMAIL.COM
Address	673A YISHUN AVE 4
Address complement	#04-624
Postcode	761673
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	Collision - Head to Rear
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?	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	GBG380S
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)	-

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

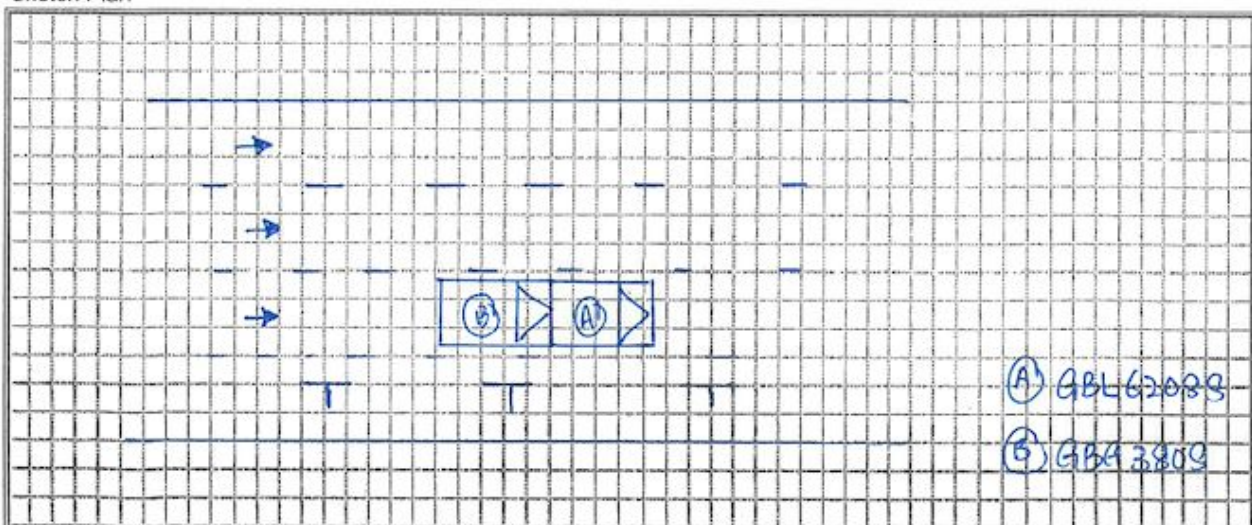
[Handwritten Signature]

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

On the stated date and time, I vehicle A (GBL6208S) was travelling straight at the stated venue. Suddenly, I felt a strong impact from my rear. I alighted from my car and realized that vehicle B (ABG380S) had collided onto my vehicle. Nobody was injured.

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 & Time



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





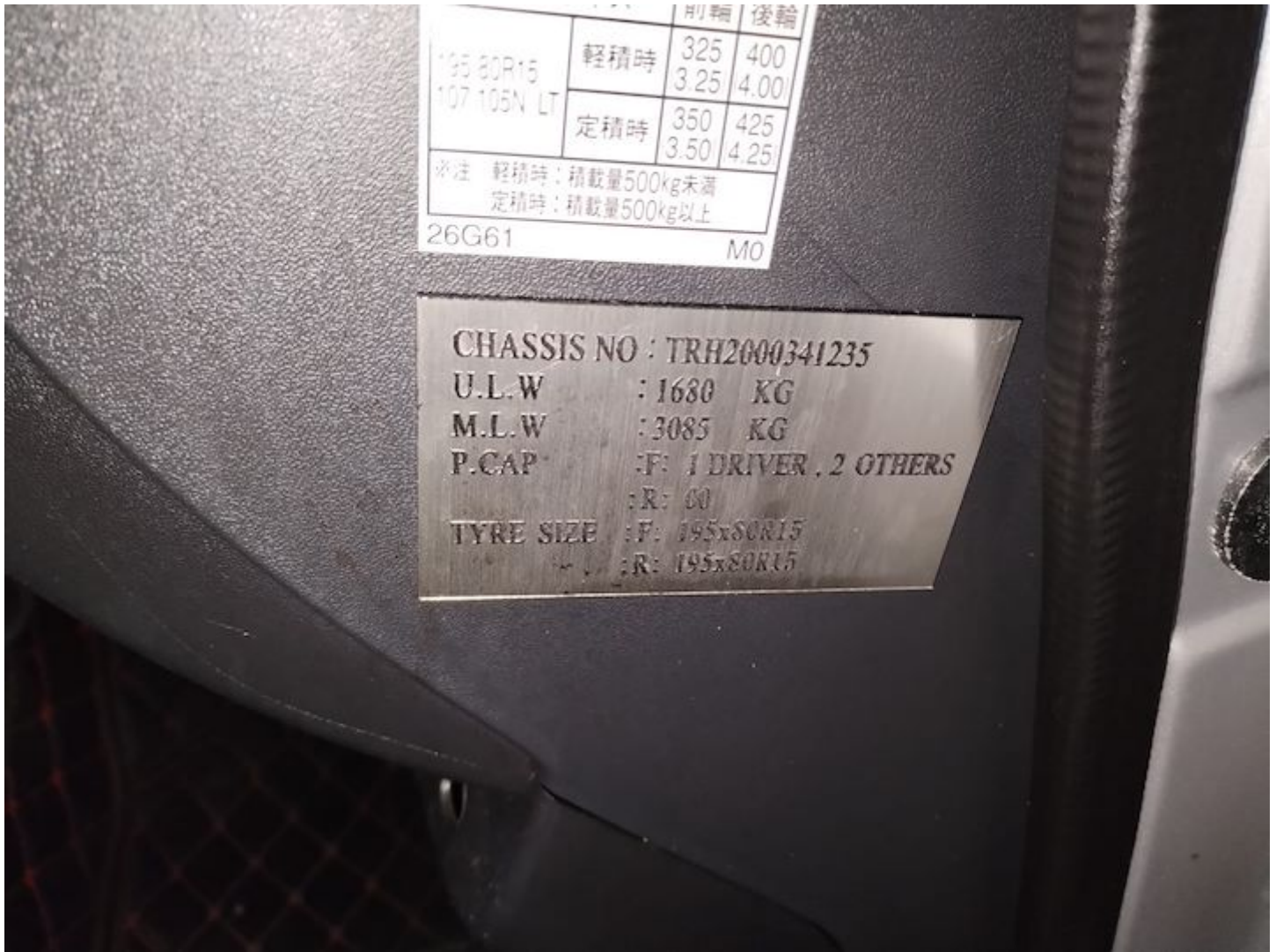
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1824AC0007 Vehicle Registration No: GBL62085
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 11/10/24 Time of Accident: 13:45
 Place of Accident: Geylang Rd, Singapore Towards Kallang Rd
 Insurance Company: Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to amend TP vehicle number to GBG3805.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



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 : SP2031781060
 Date of Issue : 25 July 2024
 Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP
 Policyholder : A-TEC AUTOCITY PTE. LTD.
 Finance Company : -
 Period of Insurance : 19 July 2024 To 18 July 2025 (both dates inclusive)
 Registration Number : GBL62085
 Chassis Number of Vehicle : TRH2000341235

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 1: Own Damage	S\$	2,000.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities to Third Parties	S\$	2,000.00

Allianz Insurance Singapore Pte. Ltd. RUEN2019029136
 74 Robinson Road #09-01, Singapore 068897. Tel: +65 6714 3399. 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

Carsmith / GBL45384

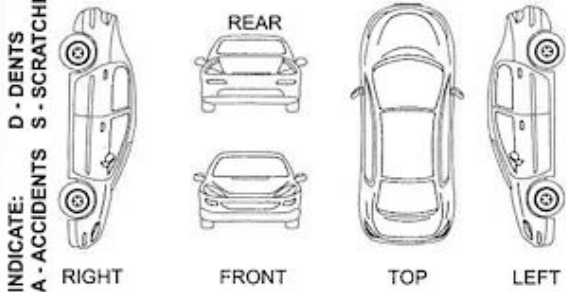

A-TEC

Autocity Pte Ltd

VHA No: 1827

UEN: 202127118W

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>Xavier Ruban Rajeshkumar</u> NRIC/PASSPORT No: <u>G6A63987P</u> Address (Res) <u>673A Yishun Avenue 4 # 04-624</u> <u>(S) 761673</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ HP / PG _____		Vehicle No: <u>GBL62085</u> Replace Veh No: _____ Mileage Out: _____ Mileage In: _____ Make & Model: _____ Auto / Manual Group: _____ Out : Date <u>09.10.24</u> Time: <u>17:00</u> HIRE / PERIOD EXPIRY Time: _____ NON-WAIVER EXCESS = \$ _____																																									
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res) _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<table border="1"> <thead> <tr> <th colspan="4">CHARGES</th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td>@ \$ 180</td> <td>per day</td> <td></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td colspan="4">Delivery/ Collection Service</td> </tr> <tr> <td colspan="4">SUB-TOTAL \$</td> </tr> </tbody> </table>		CHARGES				Daily	@ \$ 180	per day		Weekly	@ \$	per week		Monthly	@ \$	per month		Hours	@ \$	per hour		Others	@ \$			CDW	@ \$	per day/month		PAI	@ \$	per day/month		Delivery/ Collection Service				SUB-TOTAL \$			
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VEHICLE CHECK LIST INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS  RIGHT FRONT TOP LEFT ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Class <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		<table border="1"> <tr> <td colspan="4">PETROL LEVEL</td> </tr> <tr> <td>Out</td> <td>E 1/4</td> <td>1/2</td> <td>3/4 F</td> </tr> <tr> <td>In</td> <td>E 1/4</td> <td>1/2</td> <td>3/4 F</td> </tr> <tr> <td colspan="4">EXTENSION</td> </tr> <tr> <td colspan="4">Misc.</td> </tr> <tr> <td colspan="4">TOTAL CHARGES \$</td> </tr> </table>		PETROL LEVEL				Out	E 1/4	1/2	3/4 F	In	E 1/4	1/2	3/4 F	EXTENSION				Misc.				TOTAL CHARGES \$																			
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Hirer's Signature 		Additional Driver's Signature _____ Authorised 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 BODILY 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 *FILING WHICH THE DAY AND TIME INSERTED BELOW SHALL 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
					