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 22/10/2024 17:38 (SGT) Reported by **Actual Driver** Date of Accident 22/10/2024 12:40 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS MOULMEIN EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number **GBL6569A**

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

Model Nv350 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1998

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 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 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 Insurance Company of Other Vehicle Owned by Driver	WENG CAIYUN SXXXX126C 12/09/1990 Outdoor 05/08/2013 3 Valid 11 YEARS AND 2 MONTHS Male (Phone) +65-97735193 - DREAMCARZLEASING@GMAIL.COM BLK 286A COMPASSVALE CRESCENT #12-83 541286 No Hirer Yes SKW1186L Tokio Marine Insurance Singapore Ltd
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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	
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	
REFER TO ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMW9059Y -

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)	2

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 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 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 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

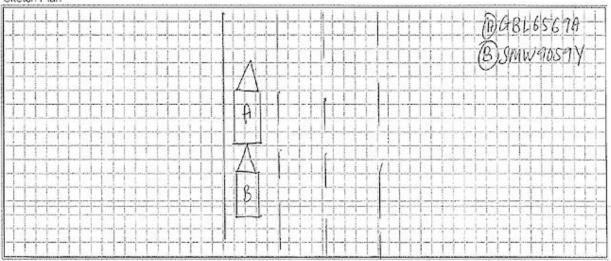
G

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

Co. Bay No. 17

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





1

escribe Circumstance of the Accident					
T	along CTE on the left				
lane: There that a	traffic jan so I				
Slowed down and stop	ped. Suddenly Vehicle B List				
the near portion of	my Whicle.				

Declaration

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

UEN NO.: 202127118W

Policyholder's Signature / Date & Time

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

Con the No. of Contract of Con

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





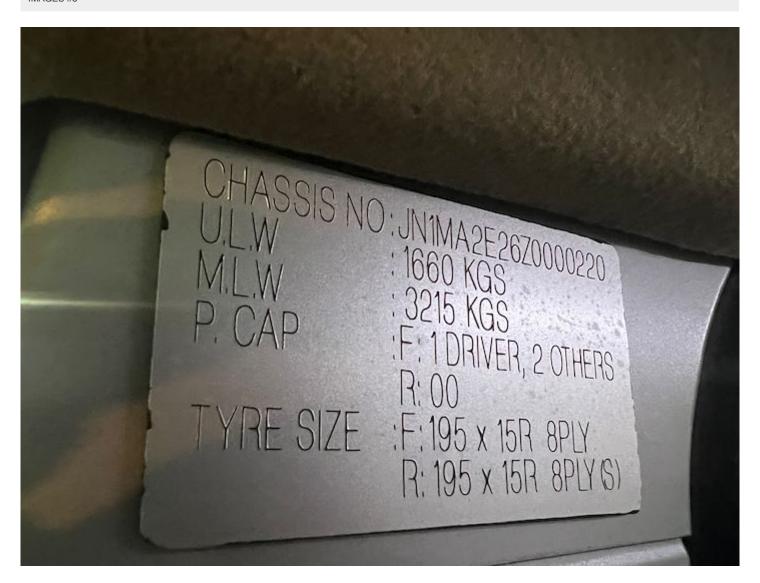


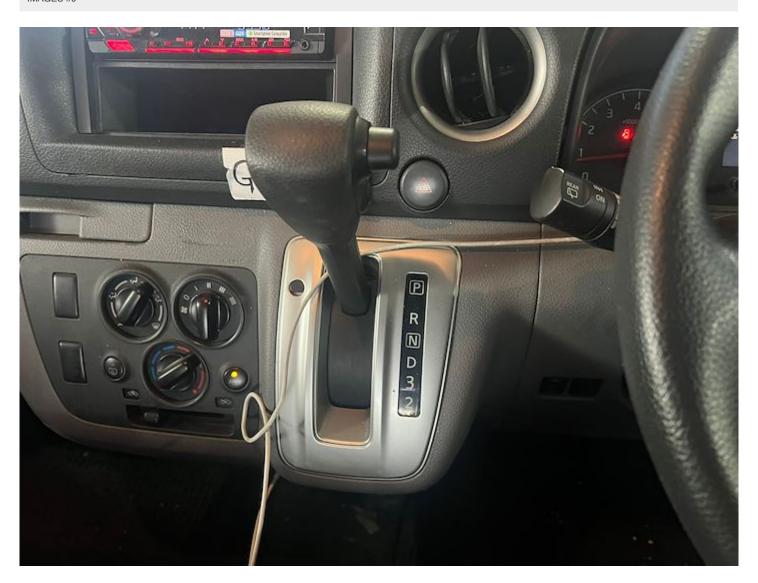














Allianz Insurance Singapore Pte. Ltd.

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, 1950 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

GBL6569A

Chassis Number of Vehicle

: JN1MA2E26Z0000220

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^:

- 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
- 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:

- 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

Excess

: Section 1: Own Damage

Section 1: Windscreen

SS 55 2,000.00 100.00

Section 2: Liabilities to Third Parties

SS

2,000.00

Allianz Insurance Singapore Pte, Ltd. 10ets2019@9183

79 Robbicon Flood #35 C1 i Singapor's 668697 ["et +65 6714 3365 | Wilbitte Wilwickland (g

A-TEC AUTOCITY PTE LTD

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

Email: dreamcarzleasing@gmail.com Tel: +65 6214 0474 Fax: +65 6384 5205



VHA No: 0935

JEN: 202127118W VEHICLE NEW 17			
HIRER'S PARTICULAR Wing (a) You	Vehicle No: G-BL 689 A Replace Veh No: Mileage Out: Mileage Out:		
NRIC/PASSPORT No: \$9075726 C Aritheres (Res) BIK 286 A Compassionle	Make & Model: ////// No 350 Out: Date 23/08/2024 Time:		
Crescent #12-83 s(541286)			
Name & Address of Employer	HIRE / PERIOD EXPIRY Time:		
	NON-WAIVER EXCESS =\$ 2000 / 2000		
Occupation: Driving Exp:	CHARGES		
Driving Licence No: D/L Type : Local / International Issue Date: Date of Birth: 12/04/1990	Daily @\$ /50 per day		
Tel: (0) (R) HP/PG 9773 5/93	Weekly @\$ per week		
DDITIONAL DRIVER'S PARTICULARS	Monthly @\$ per month		
Name: (as in I/C)	Hours @\$ per hour		
NRIC/PASSPORT No:	Others @S		
Address (Res)	CDW @S per day/month		
nadros (105)	PAI @\$ per day/month		
Driving Licence No: D/L Type : Local / International issue Date: Date of Birth:	Delivery/ Collection Service		
Occupation: Driving Exp:	SUB-TOTAL \$		
/EHICLE CHECK LIST	PETROL LEVEL		
ES	Out E 1/4 1/2 3/4 F		
SCRATCHES SCRATCHES	In E 1/4 1/2 3/4 F		
	EXTENSION		
	Misc.		
000	TOTAL CHARGES \$		
A-Accidents A-Acci			
RIGHT FRONT TOP LEFT			
ACCESSORIES CHECK Ashtray Cig Lighter S/Tyre	Ca Bul.		
STD Tools Jack Hub Caps Radio / Class CD Cartridges	Hirer's Signature Additional Driver's Authorised Person Signature Signature		

VEHICLE DENTAL ACDEEMENT

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

- 1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRBER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
 3. THE HIRBER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COW AND/OR PAI WHERE APPLICABLE.
- 4. 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-TECAL/TOCITY PTE LTD.

RETURN OF VEHICLE, THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN' SINGAPORE OF HIRER / DRIVER "FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO A-Tre-Autoday Pro LID AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOSVER.

DATE IN	TIME IN	LOWER STREET	CHECKED BY	REMARKS	M
					SIGNATURE OF HIRER/DRIVER