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 18/11/2024 17:03 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/11/2024 09:20 (SGT) Exact Location of Accident Tampines St 62, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Opel

Vehicle Registration Number SMM5516Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FLEAT LEASING PTE LTD Company Reg No 202409375W Email Address ALVINSOONWJ@GMAIL.COM Mobile Phone No (Phone) +65-87525191 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Astra Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1598 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5145801097

DRIVER

Name of Driver ALVIN SOON WEI JIAN NRIC No S9426455C Date Of Birth 23/07/1994 Occupation Outdoor Driving Pass Date 17/11/2020 Driving License Pass Class Driving License Validity Valid Driving experience 4 YEARS Gender Male Mobile Number (Phone) +65-87525191 Alt. Phone Number Email Address ALVINSOONWJ@GMAIL.COM Address 185 BOON LAY AVE #09-158 Address complement Postcode 640185 Is the driver the policyholder? If No, Relationship of the Driver with the Insured OWNER OF COMPANY 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 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? 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 ALVIN CHENG YANG Gender Male PASSENGER 2 Name MARK LIEW JUN XIAN Gender Male PASSENGER 3 Name MUHD FAIZAL TANG XIANWEI Gender Male 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

ON 18/11/24 AT ABOUT 920HRS, I WAS TRAVELLING ALONG TAMPINES ST 62, UPON REACHING THE JUNCTION AND ABOUT TO TURN TO MY LEFT, I SLOW DOWN. ABOUT MOVING SLOW, ALL OF A SUDDEN, I FELT AN IMPACT FROM THE REAR, I STOP AND REALISED A VEHICLE SLK3107G HAD HIT ONTO MY REAR. THAT'S ALL

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 SLK3107G 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)

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender | ALVIN SOON WEI JIAN Male |
|-----------------------------------------------------|-----------------------------|
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMM5516Z |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |
| | |

INJURED 2

| Name of injured person Gender Phone No Address Address Complement | ALVIN CHENG YANG Male - - |
|-------------------------------------------------------------------|------------------------------------|
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMM5516Z |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| MARK LIEW JUN XIAN Male |
|----------------------------|
| - |
| - |
| - |
| - |
| - |
| - |
| |

| Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | SMM5516Z - No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| INJURED 4 | |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | MUHD FAIZAL TANG XIANWEI Male SMM5516Z - No |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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>.
- 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)

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' 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.



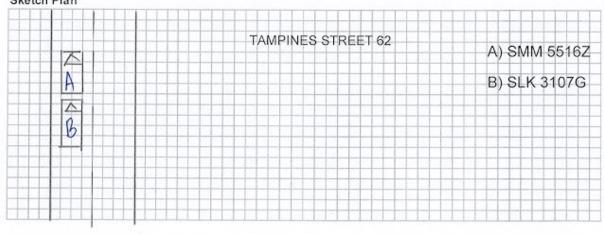
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

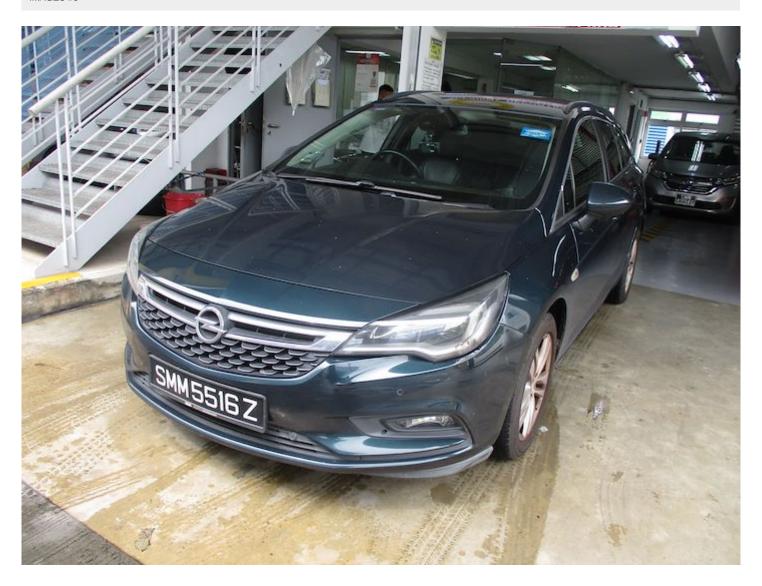
Sketch Plan



| On 18.11.2024 at al | bout 0920hrs, I was travelling along Tampines | Street 62. Upon reaching the |
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| | , and a second s | out of the post readining the |
| unction and about to tur | n to my left, I slow down. About moving slow, | all of a guiddon I falt an impact |
| anotion and about to tun | Tto my lett, I slow down. About moving slow, | all of a sudden i left an impact |
| from the rear Laten and | realized a vahisla OLK 24270 b. 4151 | |
| rom the rear. I stop and | realised a vehicle SLK 3107G had hit onto my | y rear. That's all |
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| eclaration | | |
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| e declare the foregoing particular | s are true in every respect | |
| 223000 the reregoing particular | o die des il every respect. | |
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| The state of the s | Vr | |
| iouhaldada Classica (D. 1. | Date of the control o | |
| icyholder's Signature / Date & ne | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre |





















Certificate of Insurance

Cover : drivo CLASSIC

: W0VBD8EG0K8031311

: FLEAT LEASINGG PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5145801097

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. 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.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SMM5516Z

: 23 May 2024

: 22 May 2025

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

| EXCESS (SECTION 1) | : S\$2,000 |
|----------------------------------------|------------|
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : JCWC CRE |

JCWC CREDIT (S) PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: JCWC AUTOMOBILE PTE. LTD. (00000573827)

Date of Issue

: 23 May 2024 15:05 hrs

For INCOME INSURANCE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--------------------------------------------------|---------------------------------------|
| Owner ID Type: | Company |
| Owner ID: Vehicle Details | 375W |
| Vehicle No.: | SMM5516Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date; | 11 Jan 2025 |
| Vehicle Make: | OPEL |
| Vehicle Model: | ASTRA ST 1.6 TURBO DIESEL (A) |
| Primary Colour: | Green |
| Manufacturing Year: | 2019 |
| Engine No.: | A2183359JR5X0194 |
| Chassis No,: | W0VBD8EG0K8031311 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$21,704.00 |
| Original Registration Date: | 02 Jul 2019 |
| irst Registration Date: | 02 Jul 2019 |
| ransfer Count: | 1 |
| Actual ARF Paid: ntended PARF Rebate Details | \$22,386.00 |
| ARF Eligibility: | Yes |
| ARF Eligibility Expiry Date: | 01 Jul 2029 |
| ARF Rebate Amount: ntended COE Rebate Details | \$15,670.00 |
| OE Expiry Date: | 01 Jul 2029 |
| OE Category: | B - Car above 1600cc or 97kW (130bhp) |
| OE Period(Years): | 10 |
| QP Paid: | \$43,102.00 |
| OE Rebate Amount: | \$19,275.00 |
| otal Rebate Amount: Message | \$34,945.00 |

The information contained herein is correct as at 18 Nov 2024

ОК