

Sheet 21B/1000

Policy No () Period () Cover Type ()
 Insured/Driver ()
 Year of Registration ()
 Load () \$1,000 () \$2,000 ()

Customer Information is fully confidential & strictly NO part of report

~~() Patient Name~~

~~() Total Loss Cause~~ by car-trail insurer URGENTLY,

~~() Towling Co.~~

Driver-In { } / Power-On { } / Power-Off { } / ...

1) Apply for 'Transport Allowance' () / Courtesy Car ()

[illegible]

10/10/10

Handwritten: NA2104563

3) Yellow over black with dusky	136
3) Yellow over black with dusky (Acrid)	136
3) Yellow over black with dusky (Acrid)	136

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QC checked by (English-Chinese):

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10/1/70

(continued)

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 Authorised 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 Submission	30/11/2021 15:40 (SGT)
Date of Accident	27/11/2021 17:17 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TOWARDS SEMBAWANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4068J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEASE2OWN.SG
Company Reg No	5XXXX207C
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-87505399
Alternative Phone No	+65-87505399

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00021762100
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SHABIR BIN TABARE ALAM
NRIC No	SXXXX308H

Date Of Birth	28/02/1985
Occupation	Indoor
Date Of Driving Pass	05/12/2014
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87505399
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	369 SEMBAWANG ROAD #02-08
Address complement	-
Postcode	758382
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BUVANESWARAN GANESAN
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ9760D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	NG WEI SENG (HUANG WEISHENG)
NRIC No	SXXXX389J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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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.
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 processed 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 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/roll 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 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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.



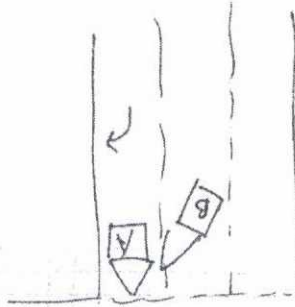
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

UPPER THOMAS ROAD / JOURNEYS SMITHSTON



A - 55X40685
B - G859760D

I was stationary while waiting for the traffic light
to turn right suddenly a van bearing GB5 97685 hit into
my left front corner of my vehicle. no injury in the accident.

Declaration

We declare that the foregoing facts are true in every respect.



gaw 30/11/2027

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 11 / 2021 (dd/mm/yy) Time of Accident: 17 : 17 (24-HR-FORMAT)

Vehicle No.: SJX4068J Vehicle Make & Model: AUDI A4

*Transmission : ☐ Manual ☒ Auto *C.c : 1798

Exact location of Accident: UPPER THOMSON ROAD TOWARDS SEMBAWANG

Policyholder's Name: LEASE2OWN.SG NRIC/FIN/REG No.: 53387207C

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: MOHAMED SHABIR BIN TABARE ALAM NRIC/FIN/REG No.: S8509308H

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 87505399 Company Contact No (If any): _____

Date of birth: 28/02/1985 Driving Pass Date: 05/12/2014

Driver's Address: 369 SEMBAWANG ROAD, #02-08, SINGAPORE (758382)

Insurance Company: CHINA TAIPING

Policy No.: DMPCSNW00021762100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner /Spouse / Children / Friend / Parents / Sibling / Relative Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other CHANGE LANE

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 2

*Passenger Name: BUVANESWARAN GANESAN Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? O Yes / ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: NG WEI SENG (HUANG WEISHENG) S7232389J Vehicle No: GBJ9760D

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

Motor Private Car

\$1,575.01

MX4E

N SN

AN0695A

Cov. Type C

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00021762100

Engine No.: CDH091816

Cha. No.: WAUZZZ8K6AA162702

1. Index Mark and Registration
Number of Vehicle

SJX4068J

AUTOSAFE

2. Name of Policy Holder

LEASE2QOWN.SG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment22/01/2021
(18:19:57)

Named Drivers Ex Sect. I	\$S1,500.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	\$S3,000.00
Ex Sect. I - Age >= 26	\$S500.00
* Age as at date of accident	
EX ON WINDSCREEN	\$S100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.

6. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: RICARDO CARS PTE LTD

* Limitations rendered inoperative by Section 8 of the 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.

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).

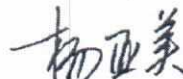
Please see reverse for

**TECK WEI CREDIT PTE LTD**
Co. Reg. No. 200612300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

Issued By:

TECK WEI CREDIT PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory