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 Submission 07/09/2022 17:15 (SGT) Reported by Driver Date of Accident 07/09/2022 09:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG 5 SIMS AVE AT JUNCTION OUTSIDE KALLANG MRT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP9794U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **AUTO TECH PTE LTD** Company Reg No 201011059Z Email Address KH@CRAFTLEASING.COM Mobile Phone No (Phone) +65-62502766 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto

CC 1600

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001336010

DRIVER

Name of Driver LIM YONG BOON NRIC No S7529991E Date Of Birth 13/09/1975 Occupation Outdoor

Date Of Driving Pass	25/06/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82881520
Alt. Phone Number	(1 Holle) 103-02001320
Email Address	limyongboon1975@gmail.com
Address	37 CAMBRIDGE ROAD #04-145 S210037
Address complement	37 CAMIDRIDGE ROAD #04-145 52 10037
Postcode	-
Is the driver the policyholder?	- N-
	No Library
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	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
Toda Gariago	ыу
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	NI ₂
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2 Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No Yes
Number of Passengers (Including Driver)	Yes 3
Has the driver been approached by unknown person(s)	3
soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	
Original language used in the statement	
PASSENGER 1	
Name	GRAB PASSENGER
Gender	Male
PASSENGER 2	
PASSENGER 2	
Name	GRAB PASSENGER
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
DEEED DOLLOE DEDORT ATTACHED	
REFER POLICE REPORT ATTACHED	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3653B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	LIM YONG BOON Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER DETAILS IN POLICE REPORT
Injured person in which vehicle?	SMP9794U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 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' 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
- (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.

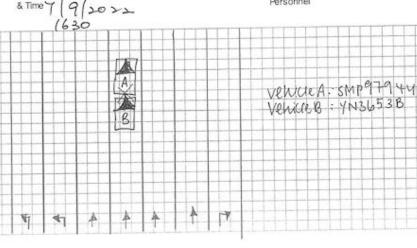


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





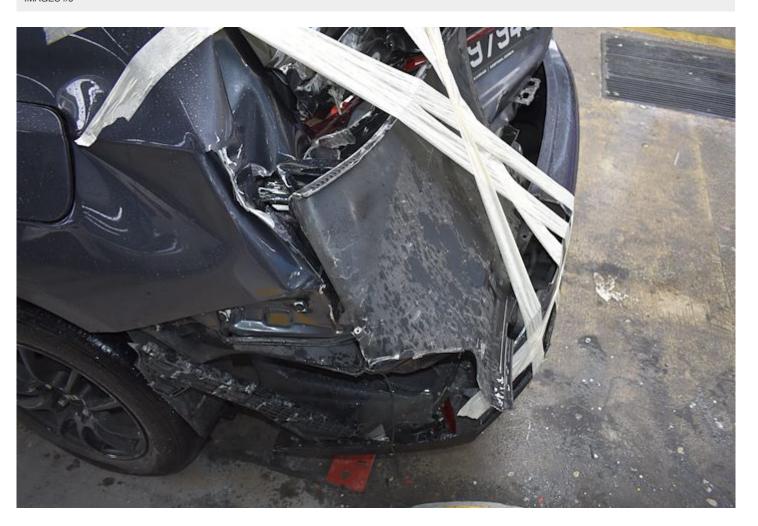
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eclaration /e declare the foregoing particul	lars are true in every respect.	(of)
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icyholder's Signature / Date & ne	Driver's Signature (If driver is not the policyholder) / Date & Time 7 (9 (2072	Witnessed by Reporting Centre Personnel
	1630	

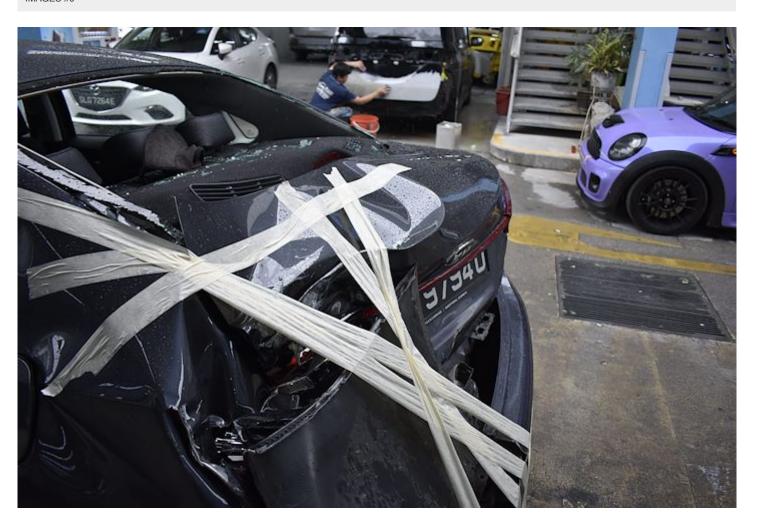




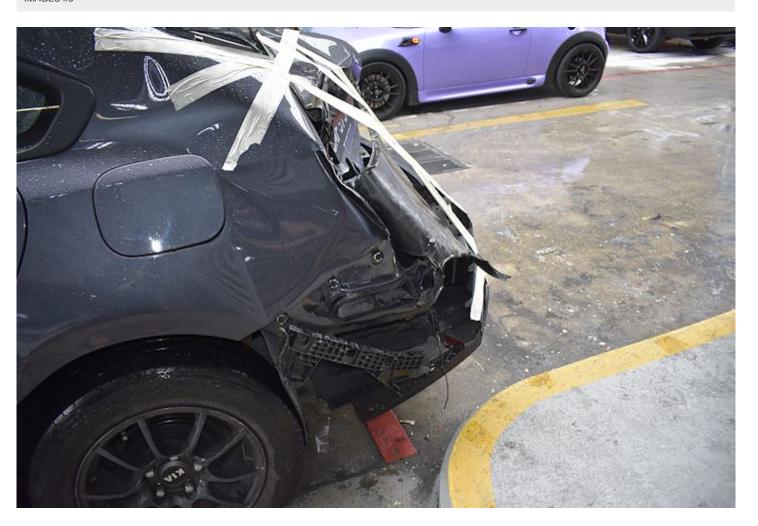


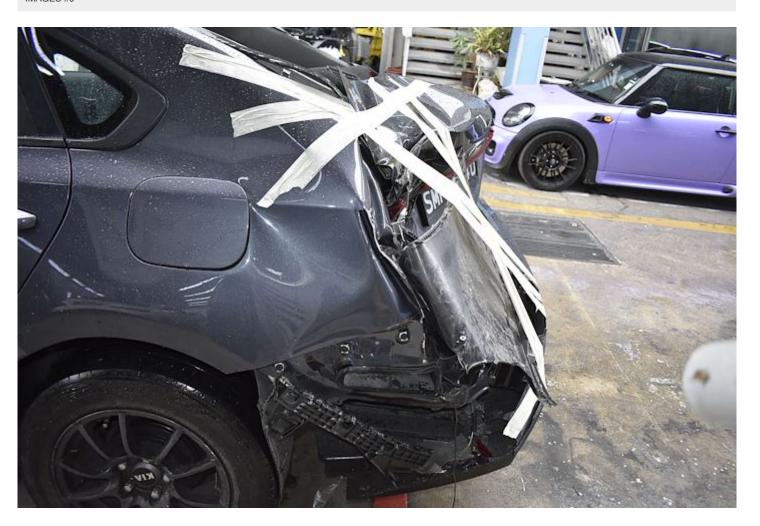


























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220907/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2022 15:44		Vide Report No.:	Station Diary No.:	
Informar	nt's Partic	ulars		
	Informant: G BOON		Address: 37 CAMBRIDGE ROA	D #04-145 SINGAPORE 210037
ID Type / NRIC NC	ID No.: / S75299	91E	Contact No.: Home/Office:	Mobile: 82881520
Nationality: SINGAPORE CITIZEN		Email: LIMYONGBOON1975@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 13/09/1975	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Inform Class: 3	ation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2022 09:50	Type of Location Straight Road
Location: SIMS AVENU Weather:	JE	Road Surface:		Road Speed Limit:
Clear				
		Dry		T # - \ / - \ / - \
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP9794U	Car	713-233-	0.000			0
YN3653B	Lorry					0

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





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 or 3 Report No. T/20220907/7045

CONTINUATION OF REPORT

Driver					
Name	LIM YONG BOON			ID No.	S7529991E
Related Vehicle	SMP9794U (Car)			Contact No	o. 82881520
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/09/2022		Date	07/	09/2022
No. of Days gran	ted Medical Leave	03	Degree o	f Ser	ious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE (SMP 9794 U) WAS STATIONARY ON THE STATED VENUE DUE TO RED TRAFFIC LIGHT. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (YN 3653 B) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCDIENT, I THEN WENT TO CONSULT A DOCTOR AT ALLIANCE CLINIC & PARTNERS PTE LTD AS I FELT PAIN IN MY NECK, BACK AND GIDDINESS. I WAS GRANTED 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220907/7045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2022 15:44
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168





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 1990

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1990

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2001336010

Date of Issue

; 22 March 2022

Coverage

: COMPREHENSIVE - PREFERRED WORKSHOP

Policyholder

: AUTO TECH PTE, LTD.

Finance Company

: MAYBANK SINGAPORE LIMITED

Period of Insurance

: 18 April 2022 To 17 April 2023 (both dates inclusive)

Registration Number

: SMP9794U

Chassis Number of Vehicle

: KNAF1416MK5052280

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 the 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.

- (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
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.
- 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 (ather than for reward) of any one disabled mechanically

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).

22 March 2022

Issue Date

Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000044 ANIKA INSURANCE BROKERS AND CONSULTANTS PTE LTD

Excess

Section 1: Own Damage

SGD

100.00

Section 1: Windscreen Section 2 : Liabilities to Third Parties

SGD

1.800.00

Allianz Insurance Singapore Pte. Ltd. - UEN 201903913C

79 Pabinsan Road #09-01 | Singapore 068897 | Tel. -65 6714 3369 | Website www.allianzisg

* Plus (Dw 4631 day.



164 Stirling Road #05-1218

Singapore 140164

Tel: 6484 4115 Fax: 6468 8156

Email: michael.tan@auto-tech.com.sg

VEHICLE RENTAL AGREEMENT

DESCRIPTION OF VEHICLE ("the vehicle")

Make/ Model: JMP 97 94U KIA (ERATO 1-6A LX Vehicle Registration No.: JMP 97 94U

Chassis/ Engine No.: 64F6 KH 749 37 0

RENTAL PAYMENT DETAILS

1. Commencement Date: 12-03-30-2

2. Period of Hirer: From 12-03-20-2 to 01-10-20-2 ("the Period of Hirer")

3. Daily / Weekly Rental Payment of SGD 5 59 Rev Day ("the Rental") for 2 Months due on the Friday of Each Week (payable in advance) ("Due Date"). Late Payment will be charged at \$50 for each and every payment due.

Contract Date: 12-08-2022

The Hirer shall upon signing The Agreement, pay to the owner a security deposit amount of \$ 500 (hereinafter referred to as "The deposit")

PURPOSE OF RENTING VEHICLE (Please tick the following:)

	Personal Usage	
V	Private Hire Usage	
	Others (Please Specify)	

The Owner's Signature	Date	The Hirer's Signature
	12-08-2022	V