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 14/11/2022 17:19 (SGT) Reported by Date of Accident 13/11/2022 12:35 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS TUAS AFTER EXIT 20A Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SNH3948M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MAYFAIR CAR RENTAL PTE LTD Company Reg No 202234833D Email Address MAYFAIRCARRENTAL@GMAIL.COM Mobile Phone No (Phone) +65-94796833 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number AIS/GOJEK001167

DRIVER

Name of Driver TEO MENG HOCK NRIC No S0037252H Date Of Birth 01/11/1952 Occupation Outdoor

Date Of Driving Pass 06/09/1975 Driving experience 47 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96614991 Alt. Phone Number Email Address MENGHOCK_TEO@YAHOO.COM Address BLK 978C BUANGKOK CRESCENT #15-219 Address complement Postcode 533978 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20221114/7032. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	SKV3996K
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML496K
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TEO MENG HOCK Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH3948M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

BHETCH PLAN

. 6

IMPORTANT NOTICE

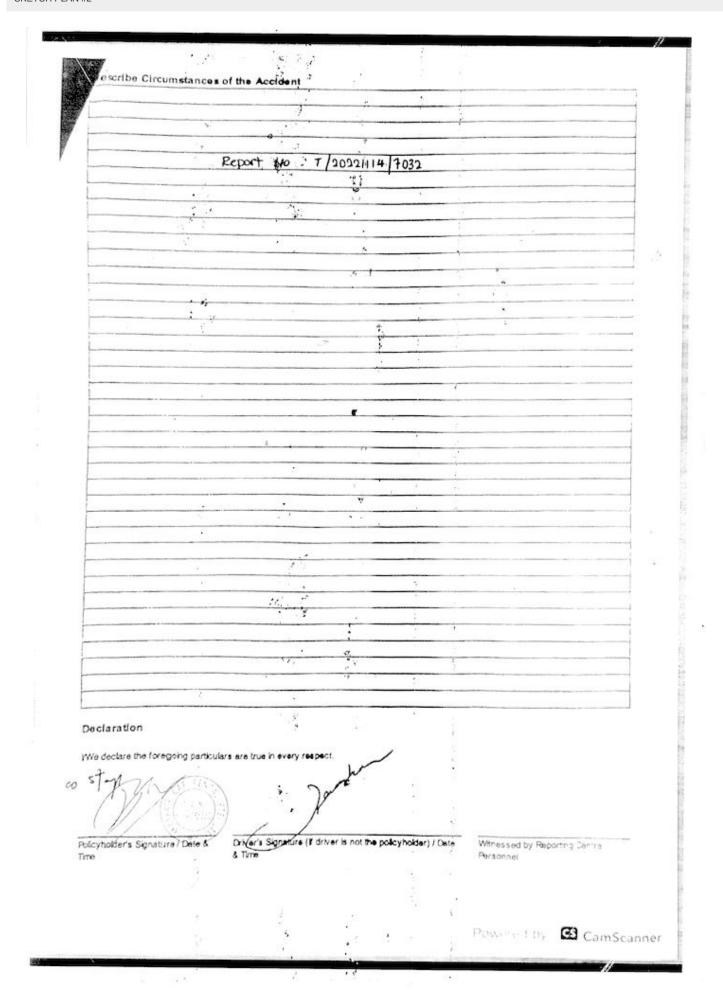
- Pease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Mormation provided must be as truthful and accurate to possible. Any will misrepresentation or withholding of material facts may allow insurance companies to repudiate policy lebity.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy tability on the part of the insurance
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- 8. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association
- of Sogaptire (GIA) for arightning and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the locgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to cooks of the report being made available aforesaid.
- 8. Consent under the Personal Data Profection Act (PDPA)

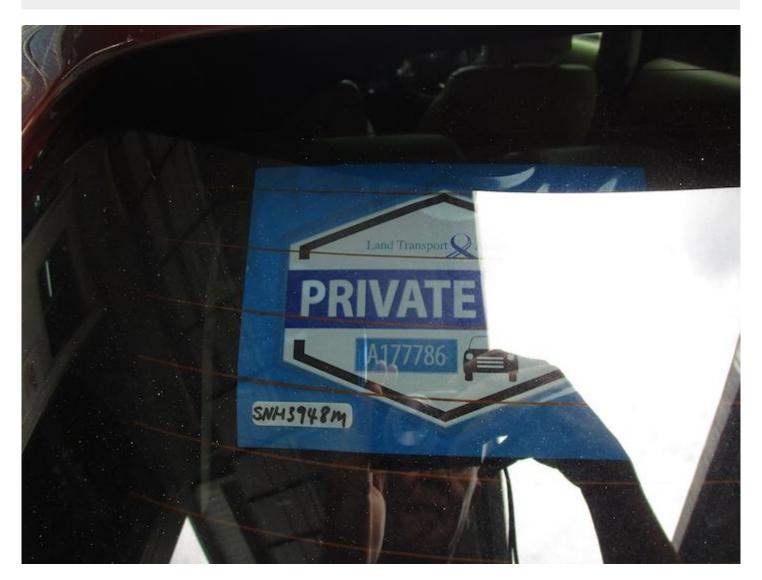
Euroderstand, acknowledge, agree and consent that

- (a) My insurer, my wiorkshop and the General insurance Association of Singapore ("GIA") may are permitted to collect. Use: Insulting 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 "Parsonal Information") and disclose and transfer such Personal information to all insurer(s) w ha have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the insurers' law yers/lew frms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handing agictor 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 enquires by me.
- (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which distributive 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 (colectively the 'Purposes')
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the haurers' law yers/law firms. may/are permitted to protect use, disclose and ix process my Personal Information for one or move of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the haurers and/or G/A to their third party service providers or against (including their law yers faw firms), which may be sted outside of Singapore, for one or more of the above Purposes.

the Signature (I driven a not the policyholder) / Date older's Signature / Dole & Witnessed by Reporting Centre Personnel Sketch Plan Vehicle A: SNH3948M Vehicle B: SKV3996K Which C: SML496K

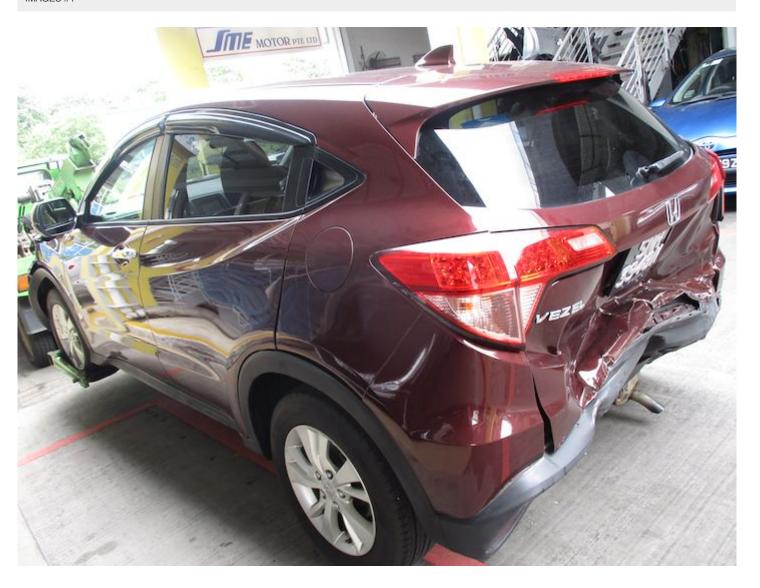
Powered by G CamScanner



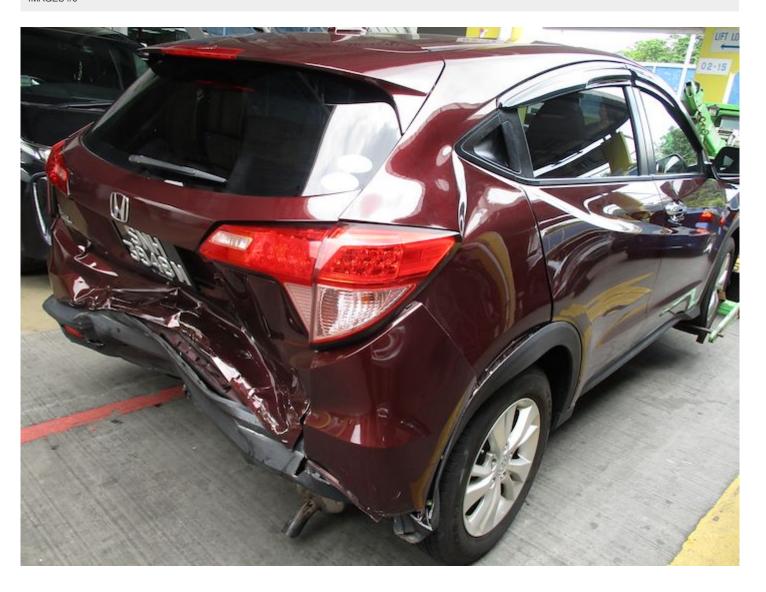


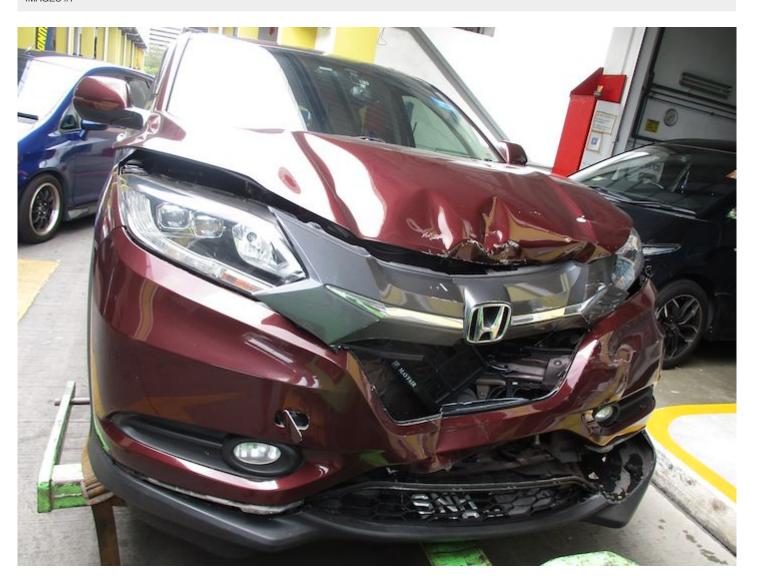


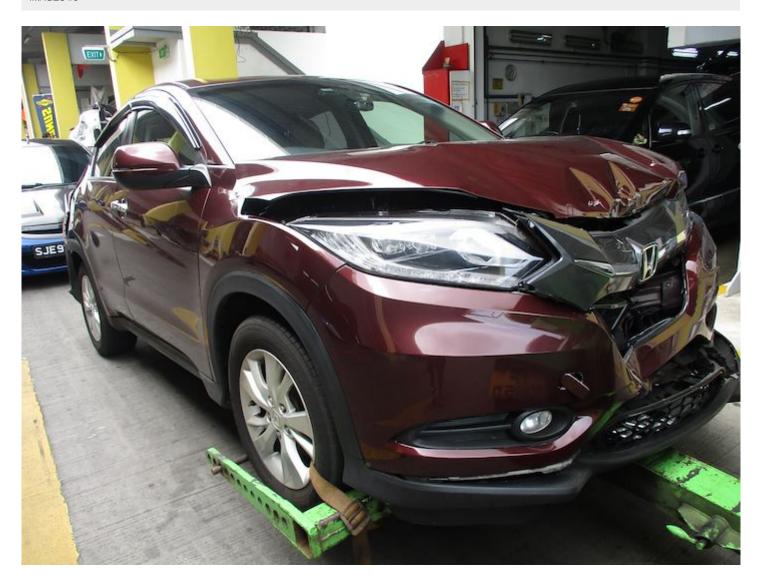


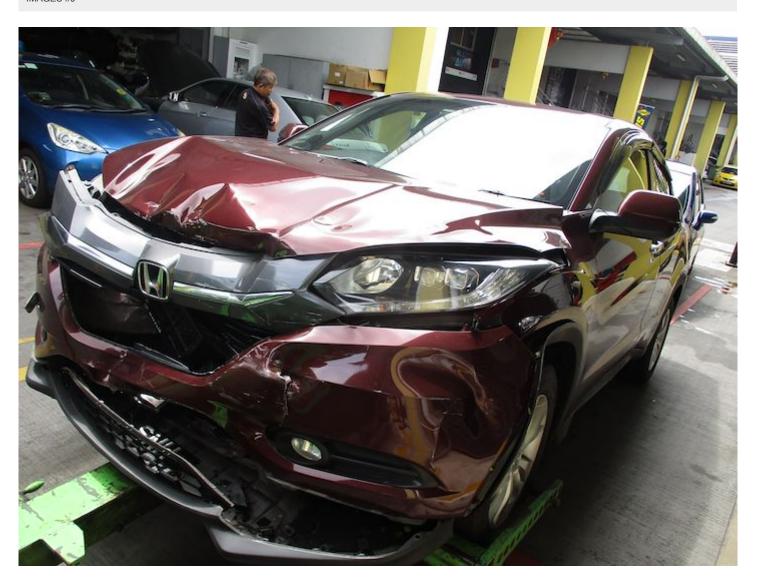
















1 of 3

Report No. T/20221114/7032

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT	OF A TRAFFI	C ACCIDENT			
Date/Time Report Made: 14/11/2022 12:25		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		Social Electrical American American	
I lame of Informant: TEO MENG HOCK			Address: 978C BUANGKOK CRESCE	NT #15-219 SINGAPORE 533978	
ID Type / ID No.: NRIC NO / S0037252H		52H	Contact No.: Home/Office:	Mobile: 96614991	
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: menghock_teo@yahoo.com		
Sex: Male	Age: 70	Date of Birth: 01/11/1952	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Attended by Police		Date/Time of Accident: 13/11/2022 12:35	Type of Location: Straight Road
Location: JALAN SEJA	RAH			
Weather: Clear		Road Surface: Wet	F	Road Speed Limit:
		STATE OF STA		Road Speed Limit: Fraffic Volume: Moderate

Vehicle No.	Гуре	Make	Model	Color	Conditio	No of
SKV3996K	Car	BMW	640I GRAN COUPE 4DR SR LED DSC NAV HUD	Black		0
SML496K	Car	KIA	CERATO 1.6(A) EX	Black		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221114/7032

CONTINUATION OF REPORT

Vehicle No.	Typo	Make	Model	Colon	Odist-	N
A CHILCIE, 140	Type	Make	Model	Color	Conditio	No of
SNH3948M	Car	HONDA	VEZEL 1.5X CVT	Maroon	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SNH3948M	ALLIANZ INSURANCE SINGAPORE PTE, LTD.	GOJEK001167	09/11/2022	08/11/2023	

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	ESSENCE III	Use of Per	destrian Cro	ossing: NA
Driver					
Name	TEO MENG HOCK			ID No.	S0037252H
Related Vehicle	SNH3948M (Car)			Contact N	o. 96614991
Hospital/Clinic	MEDICA CLINIC			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/11/2022	-va promone	Date	14	/11/2022
No. of Days gran	ted Medical Leave	05	Degree of	Sli	ght

Brief Details.

On 13/11/222 at about 1235hrs, I was driving my vehicle (SNH3948M) along PIE(TUAS) after Adams Road Exit (EXIT 20A) on lane 2. I spotted a chain collision ahead of me and proceeded to slow down and stop. Suddenly, vehicle (SKV3996K) collided into the rear of my vehicle causing my vehicle to collide into the rear of vehicle (SML496K).





1/20221114/7032

Report No. T/20221114/7032

3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

-			
Charle	took.	Dian	
OKE	CH	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: 14/11/2022 12:25
Officer in Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note No	A199GOJEK001167
Insured	MayFair Car Rental Pte. Ltd.
Used only for	Leasing / PHV Use
Make & Model of Vehicle	HONDA VEZEL 1.5X CVT
Engine Capacity	1496сс
Engine Number	L13B3521312 9
Chassis Number	RU11021298
Registration Number	5NH3948M
Coverage	Comprehensive
Estimated Value	Market Value at time of loss
Excess	Section 1: \$2,000 Section 2/\$1,500
Period of Insurance	09 Nov 2022 to 08 Nov 2023
Hire Purchase	Maybank Singapore Limited
Issued By	Mandy Elaw on 8 November 2022

We hereby certify that this Cover Note is issued in accordance with the provisions of MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD THANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed For and On Behalf Of Allianz Insurance Singapore Pte. Ltd.

Duray

Authorised Signatory

Allianz Insurance Singapore Pte. Ltd. Turk 7016-00-02. P.
79 Balenson Read. #03-01 | Singapore 068897. https://doi.org/10.100/10.100/



Reg No. 202234833D

(Blling address) No.61 Ubi Ave 2 Automobile Megamart #05-11 S(408898) (Showroom) No.61 Ubi Ave 2 Automobile Megamart #05-11/14/16 S(408898))

This is a Rental Agreement made between us, MAYFAIR CAR RENTAL PTE LTD UEN No. 202234833D (hereinafter referred to as the "Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at No.61 Ubi Ave 2 Automobile Megamart #05-16 S(408898) AND YOU, the person(s) identified as the "Hirer" below (which shall include your successors-in-title and assigns): -

NAME OF HIRER / DRIVER : TEO MENG HOCK

NRIC/PASSPORT/UEN NO. : S0037252H DATE OF BIRTH : 01-NOV-1952

ADDRESS : 978C BUANGKOK CRESCENT, NIL, SINGAPORE 533978

TELEPHONE : 96614991

ADDITIONAL DRIVER (IF ANY)

NAME OF DRIVER : NRIC/PASSPORT NO. : DATE OF BIRTH : ADDRESS : TELEPHONE :

*Any change in the above particulars of the Hirer/Driver shall be notified to the Company prior to the change thereof.

DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO.

:SNH3948M

MAKE/MODEL

: HONDA VEZEL 1.5X CVT

COLOUR

:Red

ENGINE NO.

:L15B3521312

CHASSIS NO.

:RU11021298

**Remark : Hirer agreed to allow this rental company to keep a photocopy of his NRIC and Driving License

Rental Tenure and Charges:

Commencing End Date/Time: 09-FEB-2023
Collision Damage Waiver: \$15.00
Additional Driver : \$
Total Payment Summary : \$470.00

PAYNOW UEN – 202234833D BANK TRANSFER -Bank – Maybank Singapore Limited Acc No. – 04151086044 Payable to – Mayfair Car Rental Pte. Ltd.

^{*}Insurance Excess amount must be paid in full before the customer is able to do an accident report.

1 ³¹ Party Excess: \$ 1000.00	3 rd Party Excess: \$ 500.00	Collision with Foreign Vehicles Excess - \$ 4000

Name/Signature of Hirer

Name/Signature of Authorized Person

^{***} Things to take note

^{*}Deposit will only be refunded to customer by cheque within 10 working days upon returning of vehicle.