SD08233A0001-01 / Ding Auto Pte Ltd ENTRY DATE & TIME: 10/03/2023 13:45 (SGT) SUBMITTED BY: Lynn Yap VERSION: 2 (10/03/2023 16:19 (SGT))

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.

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

10/03/2023 13:45 (SGT) Reported by Driver Date of Accident 09/03/2023 17:20 (SGT) Exact Location of Accident Singapore Additional Location Information ECP TOWARDS CHANGI AFTER MARINE PARADE FLYOVER **EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML7608J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BIZTEK LEASING** Company Reg No 5XXXX851B **Email Address** DAV.BIZTEKLEASING@GMAIL.COM Mobile Phone No (Phone) +65-98321500 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private hire Transmission Auto 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SPMF1000000534

DRIVER

Name of Driver **LIM GUANG XIAN** NRIC No SXXXX512Z Date Of Birth 26/10/1981

Occupation Date Of Driving Pass	Outdoor 01/04/2016
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94886857
Alt. Phone Number	-
Email Address	DAV.BIZTEKLEASING@GMAIL.COM
Address	11 KENG CHEOW STREET
Address complement	#03-03
Postcode	059608
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	Diy
OTHER INFORMATION	
Was and foreign architecture to the state of	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	7
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s)	4
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	PASSENGER
Gender	Male
PASSENGER 2	
Name	DACCENCED
Gender	PASSENGER Male
	ividie
PASSENGER 3	
Name	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 Was notice of intended Prosecution given?	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

REFER TO SKETCH PLAN.

CIRCUMSTANCES OF ACCIDENT

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 SKQ6135K 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **SLN2332M** 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SNH1723H 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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLU6457Z

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)	_

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number Vehicle Manufacturer	SMT3228G
Vehicle Model	-
Maria Maria	-
VIII OI	-
	-
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SLX6114Y
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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 <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>.
- 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.
- 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 (POPA)

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.

BIZTEK LEASING

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Persennel (Name as in Nric/ID card)

NG

2013117882

Sketch Plan

EUP Towards Changi Beside Marine Awade Hyaer Exit FG + P FE + O F C A B A

Vehicle 12 - SML 7608 J Vehicle B - SKR 6135K Vehicle C - SLN 2332M Vehicle D - SNH 1723H Vehicle E - SLU 6457Z Vehicle F - SMT 3228G Vehicle G - SLX 61144

Describe C	ircumstance					
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Declaration

IWe declare the foregoing particulars are true in every respect.

BIZTEK LEASING

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





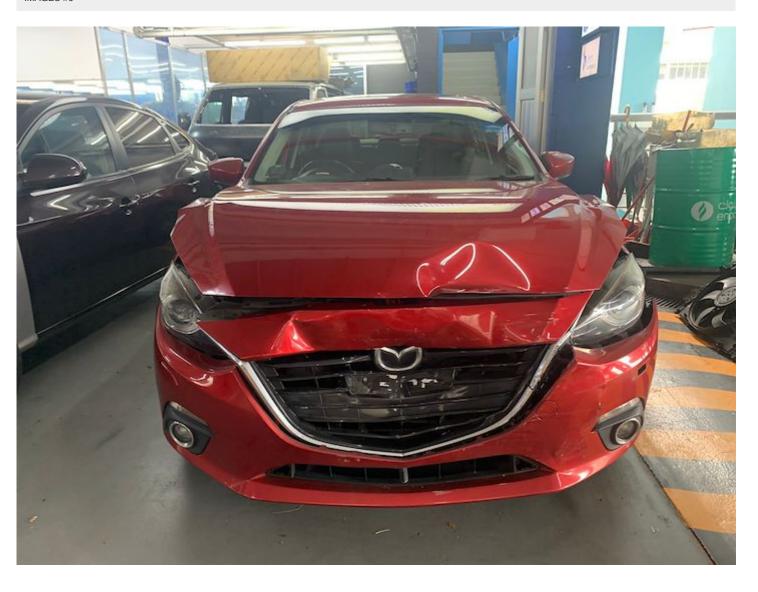
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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230310/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2023 12:37		Nade:	Vide Report No.: E/20230309/0110	Station Diary No.:	
Informa	nt's Partici	ulars			
	Informant: ANGXIAN		Address: 530 BALESTIER ROAD #05	5-01 SINGAPORE 329857	
ID Type / ID No.: NRIC NO / S8132512Z			Contact No.: Home/Office:	Mobile: 94886857	
National SINGAP	ity: ORE CITIZ	EN	Email: OCTRIALIM@OUTLOOK.S	G	
Sex: Age: Date of Birth: Male 41 26/10/1981			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Tada driver			Driving Licence Information: Class:	Date of Expiry:	

Type of Attended by Polic		Drink Drive:	Date/Time of Accident:	Type of Location Straight Road	
Accident: Location:	No 09/03/2023		09/03/2023 17:20		
MARINE CRE	ESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
111201121111111111111111111111111111111		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Moving Vehic	ion: le Against - Others		Anyone conveyed by ambulance:		

Details of V	ehicle Invo	lved			A STATE OF THE PARTY OF THE PAR	CONTRACTOR OF THE
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKQ6135K	Car					0
SLN2332M	Car					0
SLU6457Z	Car					0
SLX6114Y	Car					0





Report No. T/20230310/7026

2 of 3

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

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SML7608J	Car					0
SMT3228G	Car					0
SNH1723H	Car					0

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Per	destrian Cros	ssing: NA
Driver	The state of the s	Harris .			
Name	LIM GUANGXIAN		ID No.	S8132512Z	
Related Vehicle	SML7608J (Car)			Contact No	94886857
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Slig	ht

Brief Details.

On the above stated date and time, I was travelling on lane 1 where there was an accident that happen in front of me. Vehicle SLN2332M hit onto the vehicles in front of him in the exact order of SNH1723H then SLU6457Z to SMT3228G follow by SLX6114Y being the first vehicle of the accident. There was another vehicle in front of me before vehicle SLN2332M, vehicle SKQ6135K, he cannot stop in time and hit onto the front vehicle SLN2332M. After which my vehicle, SML7608J was the last vehicle, i hit onto the vehicle in front of me SKQ 6135K. It was a 7 car chain collision from 1st vehicle SLX6114Y, SMT3228G ,SLU6457Z ,SNH1723H ,SLN2332M ,SKQ6135K, SML7608J .







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230310/7026

CONTINUATION OF REPORT

Sketch Plan

NP168

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: 10/03/2023 12:37
Officer In Charge Of Case: TP / TPIB / Ahmad Syafiq Bin Harris Contact No.: 65476201	Classification Of Case:



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 1960 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREO

Certificate Number : SPMF1000000534 Date of Issue : 20 April 2022

Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder : BIZTEK LEASING Finance Company : LIAN HONG PTE LTD

Period of Insurance : 12 April 2022 To 11 April 2023 (both dates inclusive)

Registration Number : SML7608J

Chassis Number of Vehicle : JM6BM42A8F0143196

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 eractment 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 personto 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 in operative 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:

- (a) 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

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).

20 April 2022

Issue Date

Hicham Raissi **Chief Executive Officer** Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000156 GENRIVER FINANCIAL PTE LTD