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.

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 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 24/03/2023 15:17 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/03/2023 18:29 (SGT) Exact Location of Accident Singapore Additional Location Information KPE (TUNNEL) EXIT PIE/TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU8304G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **FULCO LEASING PTE LTD** Company Reg No 201021308G Email Address JOHNSON.POON@FULCOLEASING.COM.SG Mobile Phone No (Phone) +65-98387928 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Outlander 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004008877

DRIVER

Name of Driver PARTHEEBAN VIGNESH Passport No/FIN F1979795M Date Of Birth 23/05/1988 Occupation Indoor

Date Of Driving Pass 27/12/2013 Driving experience 9 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98809838 Alt. Phone Number Email Address VIGNESHPARTHEEBAN@GMAIL.COM Address BLK 853 JURONG WEST ST 81 #06-333 Address complement Postcode 640853 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 Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH PLAN REPAIR AT OWNER'S WORKSHOP ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNA2955K Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	ONG KENG GUAN BRYAN
Contact Number	(Phone) +65-91151646
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 Vehicle Manufacturer Vehicle Model	SLM5154X -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LU YANG
Contact Number	(Phone) +65-97937085
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

- Hease report <u>correctly</u> the details of the accident to speed up the claims process.
- 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>.
- 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. 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 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 Sketch Plan

A: SMU 83046

B: SNA 2955K

C: SLM 5154 X

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

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scribe Circun	nstances of the Accident
T	was waiting at KPE (PIF TUAS) Exit as the exit
was ja	Ma.,
1,5	uddenly the car behind me hit my car was queing (posty Stationary due to heave
- which	was queing (party Stationary due to heave
traffic	at east
111	de exchanged drivers particular and take
Physios	le exchanged drivers particular and take, informed my learing company and left the
Q.	have shared all the site photos and
accide	at video to leavine company.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 24.03.23

Witnessed by Reporting Centre Personnel













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 THEREOF

Certificate Number

: SP2004008877

Date of Issue

: 30 December 2022

Coverage

COMPREHENSIVE -PREFERRED WORKSHOP

Policyholder

FULCO LEASING PTE. LTD.

Finance Company

Period of Insurance

Registration Number

01 January 2023 To 31 December 2023 (both dates inclusive) SMU8304G

Chassis Number of Vehicle

GF7W0700666

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 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.

Limitation as to Use^:

- (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
- 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:

- (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.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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).

30 December 2022

Issue Date

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

Intermediary Code

: 0000365 LIEW OOI LIN MAY

Excess

: Section 1: Own Damage Section 1: Windscreen

Section 2: Liabilities to Third Parties

\$2 S\$ 5\$ 1.500.00 100.00

0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Rocid #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg