SC1N234K0005 / City Auto Pte Ltd ENTRY DATE & TIME: 20/04/2023 17:06 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (20/04/2023 17:06 (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.

- 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 20/04/2023 17:06 (SGT) Reported by **Actual Driver** Date of Accident 18/04/2023 22:55 (SGT) Exact Location of Accident Singapore Additional Location Information SEMBAWANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

2000

Vehicle Registration Number SJM9163S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner OMEGA RENTALS PTE LTD Company Reg No 201603967W Email Address FUSIONCARRENTALS@GMAIL.COM Mobile Phone No (Phone) +65-93622243 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Stream 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

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5128240009

DRIVER

CC

Name of Driver MUHAMMAD SHANURIZAL BIN MOHD NIZAR NRIC No S8200062C Date Of Birth 01/01/1982 Occupation Outdoor

Date Of Driving Pass 04/04/2003 Driving experience 20 YEARS Gender Male Mobile Number (Phone) +65-93622243 Alt. Phone Number Email Address BOMBASTICZ77@GMAIL.COM Address BLK 514 WEST COAST ROAD #03-505 Address complement Postcode 120514 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 Collision - Head to Rear 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? 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? No 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? Yes Police Station Name Hong Kah North Neighbourhood Police Post Police Station Phone No (Phone) +65-18005679999 Alt. Police Station Phone No (Fax) +65-65652508 Police Station Address Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHED POLICE REPORT ATTACHMENT(S) 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 **SLK2521A**

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must 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>.
- 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.
- 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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575843 Tel: 6453 1235 Fax: 6453 7944 (Claims Section)

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Gia Registration No:201003007

Omego Rentels PTE LTD Registration No:201600007W

		Sembawang Road
	SJM 41635	
	177	
- 2-1-	SL K2521 A	
	T(252) A	
SCRIBE CIRCUMSTANCES O		
Police F	report attach	
101100 1	grow one or	
	/	
NOTE:	PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 C	DAYS TIME FRAME FOR YOU TO SUBMIT AN
10000150		
10000150	PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 C AGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH	
- OWN DAM		
OWN DAM	AGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH	
OWN DAM.	AGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH	ECK YOUR POLICY FOR MORE INFORMATION.
OWN DAM.	AGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH	D/TP at other workshop () Reporting Only
OWN DAM.	AGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH	D/TP at other workshop () Reporting Only CITY AUTO PTE LTD
OWN DAM.	AGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH	D/TP at other workshop () Reporting Only CITY AUTO PTE LTD Blk 8 Sin Ming Road
OWN DAM.	() Claim Third Party () Claim Of	CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est
OWN DAM.	() Claim Third Party () Claim Of priver's Signature	CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est
OWN DAM.	() Claim Third Party () Claim Of	CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est





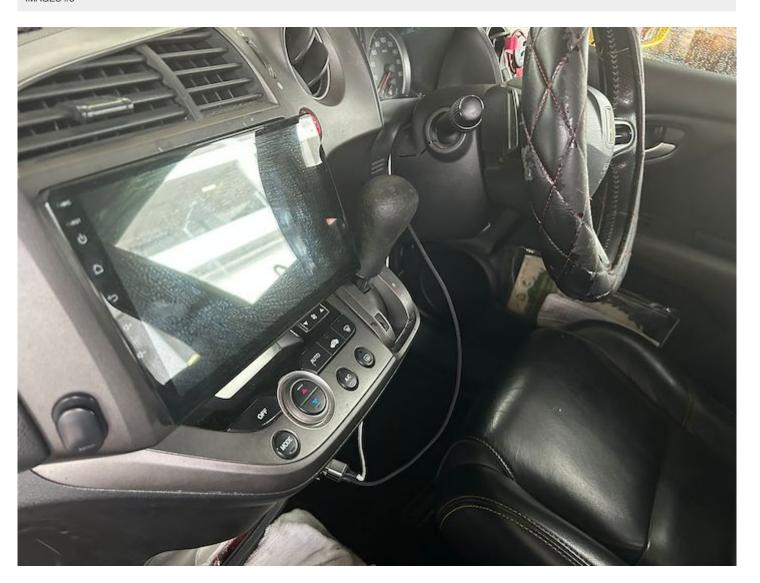


















Date of Expiry:

1 of 3 Report No. T/20230419/2111

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Occupation:

BUILDING INSPECTOR

Date/Time Report Made: Station Diary No.: Vide Report No.: 19/04/2023 16:50 39 Informant's Particulars Name of Informant: Address: MUHAMMAD SHANURIZAL BIN APT BLK 514 WEST COAST ROAD #03-505 SINGAPORE MOHD NIZAR 120514 ID Type / ID No.: Contact No.: NRIC NO / S8200062C Home/Office: Mobile: 93622243 Nationality: Email: SINGAPORE CITIZEN bombasticz77@gmail.com Sex: Age: Date of Birth: Type of Informant: Male 41 01/01/1982 Driver Race: Language: Malay

Driving Licence Information:

Class: 2B,3

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2023 22:55	Type of Location: Filter Lane
Location: SEMBAWAN Weather: Clear	G ROAD	Road Surface: Wet	•	
Traffic Flow:	raffic Flow: Traffic Co		1 2 2 2	affic Volume: oderate
Type of Collis Between Mov	sion: ring Vehicles - Head	To Rear		yone conveyed by abulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM9163S	Car	HONDA	STREAM 1.8 RSZ A	Yellow		0
SLK2521A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White		0

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





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

2 of 3 Report No. T/20230419/2111

CONTINUATION OF REPORT

Driver						
Name	MUHAMMAD SHA NIZAR	NURIZAL E	BIN MOHD	ID No		S8200062C
Related Vehicle	SJM9163S (Car)			Conta	ct No.	93622243
Hospital/Clinic	KANG AN CLINIC PTE LTD		Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	19/04/2023	ELT COL	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree		Slight	SEMERAL STATE OF THE

Brief Details.

On the above mentioned date, time and place, I met into an accident. I was driving from Sembawang Road towards Gambas Ave. I was at the filter lane and came into a complete stop as there was oncoming traffics. As I was at the filter lane, a vehicle bearing the plate number of SLK2521A, hit the rear of my vehicle. There were no police or ambulance attended to us. I then exchanged particulars with the driver.

On the 19/04/2023, I felt a slight pain on my back and met a doctor. I was diagnosed with a slight sprain on my back and on my neck and given 3 days of medical leave.

Details of the driver:

Khaw Hock Kheng, S7571507B, H/p: 88212097



Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999



3 of 3 Report No. T/20230419/2111

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
SC MOHAMED DANISH ADLY
BIN ABDUL RAZAK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Date/Time:
19/04/2023 16:50

Classification Of Case:





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5128240009 Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJM9163S Chassis Number : RN61083278

2. Name of Policyholder : OMEGA RENTALS PTE. LTD.

3. Effective Date of Insurance : 16 Jun 2022 : 19 Jul 2023 4. Expiry Date of Insurance

5. 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. 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 28 Oct 2022 13:13 hrs

For INCOME INSURANCE LIMITED

Chief Executive