SD08236C0006 / Ding Auto Pte Ltd ENTRY DATE & TIME: 12/06/2023 18:02 (SGT) SUBMITTED BY: Nora/Rena VERSION: 1 (12/06/2023 18:02 (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 12/06/2023 18:02 (SGT) Reported by **Actual Driver** Date of Accident 08/06/2023 20:20 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS HEIGHT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK5253Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ABSOLUTE WHEELS LEASING PTE LTD Company Reg No 201606919E Email Address ABSOLUTEWHEELSLEASINGSG@GMAIL.COM Mobile Phone No (Phone) +65-98220611 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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

your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005737350

DRIVER

Name of Driver SYED MUHAMMAD SUFYAN BIN SYED ADNAN NRIC No S8931584J Date Of Birth 16/09/1989 Occupation Outdoor

Date Of Driving Pass 16/02/2019 Driving experience 4 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-88920748 Alt. Phone Number Email Address ABSOLUTEWHEELSLEASINGSG@GMAIL.COM Address 780A WOODLANDS CRESCENT #09-09 Address complement Postcode 731780 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 **FOREIGN VEHICLE 1** Vehicle Registration Number JTT2341 Vehicle Category Motorcycle PASSENGER 1 Name INDA NABILA Gender Female **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 TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTT2341
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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. 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.
- 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 Traffic Police Department 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.
- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

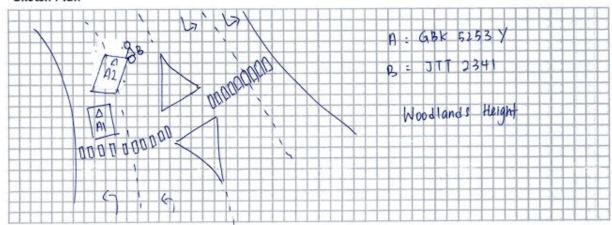
ver's Signature (# driver is no

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

OING

2013117882

Sketch Plan



On the stated date, time and location, I was travelling on my designated lane. I start moving to the second lane, as I could not react in time. As such my vehicle collided onto the front aght parties of the left side motorcyclist.	Describe Circumstances of the Accident																			
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time. As such my vehicle collided onto the front right portion of the																				
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Declaration

We declare the foregoing particulars are true in every respect.

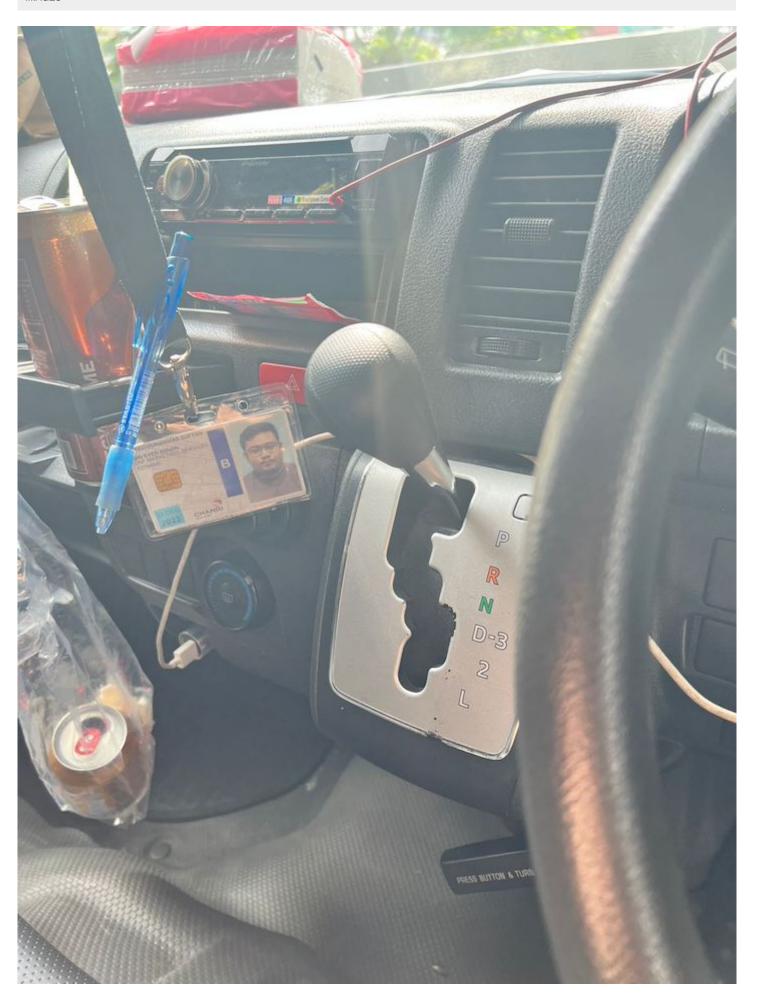
Reg. No. 201606919E

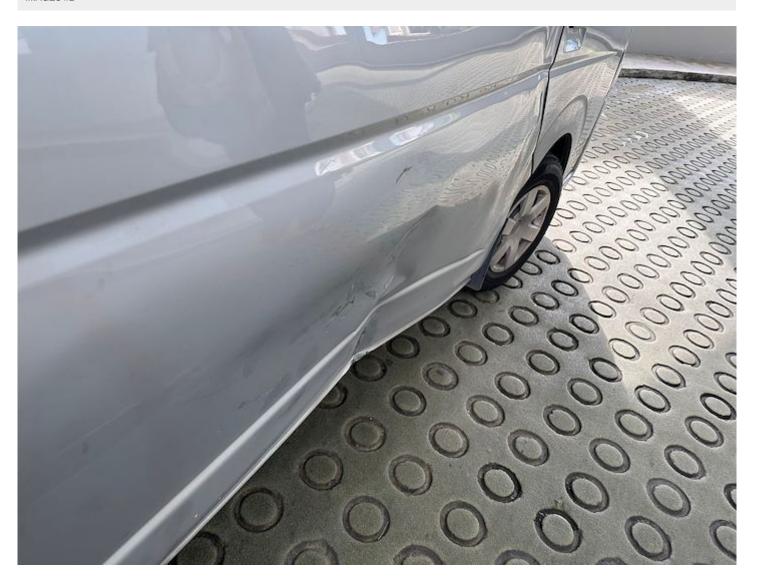
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

2013117882

Personnel

























Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOND TRANSPORT ACT 1997 (MALAYSIA)
MOTION VEHICLES CHIND PARTY MIKES AND COMPENSATION OF MALAYSIA)
MOTION VEHICLES (THIND PARTY MIKES AND COMPENSATION) ACT (CAP-189 OF THE REVISED EDITION) (MEPUBLIC OF SINGAPORE)
MOTION VEHICLES (THIND PARTY MIKES AND COMPENSATION) RULES 1994 (MEPUBLIC OF SINGAPORE)
ADTION VEHICLES (THIND PARTY MIKES AND COMPENSATION) RULES 1994
OR ANY AMENDMENT, ACT OR ACT E PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2005737350

Date of Issue

: 04 May 2023

Coverage

: COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP

Policyholder Finance Company : ABSOLUTE WHEELS LEASING PTE. LTD. : TAI THONG LEE TRADING (PRIVATE) LIMITED

Period of Insurance

: 05 May 2023 To 04 May 2024 (both dates inclusive)

Registration Number Chassis Number of Vehicle : GBK5253Y : JTFHT02PX09990419

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 pensor 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 rection of any exactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cop 276) (Republic of Singapore) and such registration has not been concelled at the time of accident loss or domage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (a) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
- Limitation rendered inoperative by Section 8 of Mator Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Triansport Act, 1987 (Molaysia), 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.
- (c) 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).

04 May 2023

"Hicham Raissi

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Excess

Intermediary Code : 0000356 GENRIVER FINANCIAL PTE LTD

: Section 1: Own Damage

Section 1: Windscreen Section 2: Liabilities To Third Parties

Comprehensive - Exclusive Workshop Per Policy Schedule

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2,000:00 100,00 1,500.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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