

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 withholding 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

| | |
|---------------------------------|----------------------------|
| Date of Submission | 20/06/2023 10:12 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 19/06/2023 12:30 (SGT) |
| Exact Location of Accident | Near 112 Katong, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLP8713K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | MK CARS LEASING PTE LTD |
| Company Reg No | 202242908Z |
| Email Address | MKCARSLEASING@GMAIL.COM |
| Mobile Phone No | (Phone) +65-82230806 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Nissan |
| Model | Qashqai |
| 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 your vehicle? | No - Reporting only |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1200 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2005979282 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | YEO TIONG LEN |
| NRIC No | S7248395B |
| Date Of Birth | 19/12/1972 |
| Occupation | Outdoor |

| | |
|--|---------------------------------------|
| Date Of Driving Pass | 03/01/1991 |
| Driving experience | 32 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96311888 |
| Alt. Phone Number | - |
| Email Address | MKCARSLEASING@GMAIL.COM |
| Address | 321A ANCHORVALE DRIVE #11-08 S 541321 |
| Address complement | - |
| Postcode | - |
| 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 | Collided into Motorcyclist |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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) | 1 |
| 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 | Tampines Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005871999 |
| Alt. Police Station Phone No | (Fax) +65-65871699 |
| Police Station Address | 6 Tampines Ave 4 Singapore 529682 |
| Was notice of intended Prosecution given? | No |
| 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBR9730Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | LEE CHIN HSI |
| Contact Number | (Phone) +65-83023270 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.



Policyholder's Signature / Date & Time

[Signature]

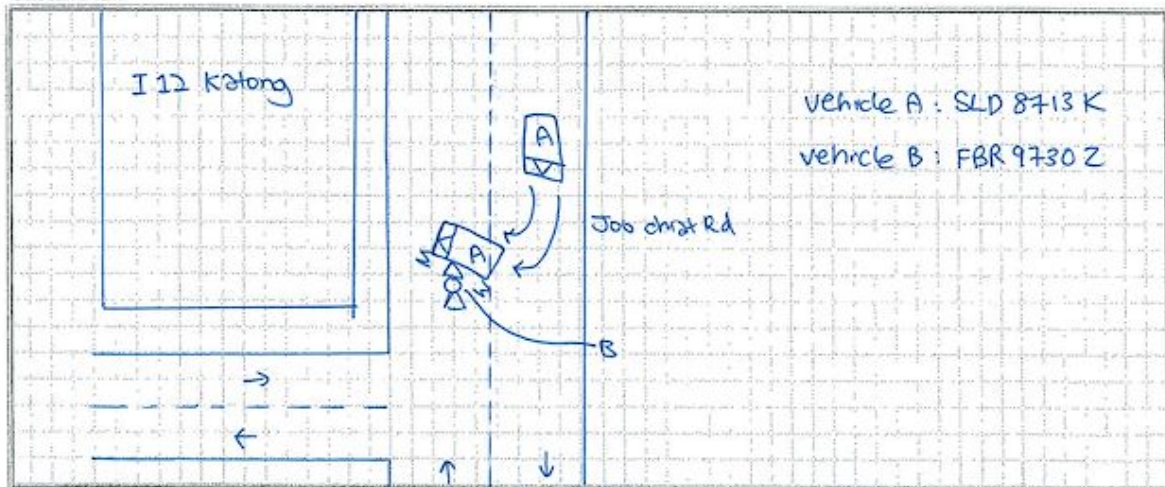
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature]

Sketch Plan



Describe Circumstance of the Accident

As per Police Report

Report No: T/20230619/2075

Declaration

I/we AS sign the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Chan Mui Ni

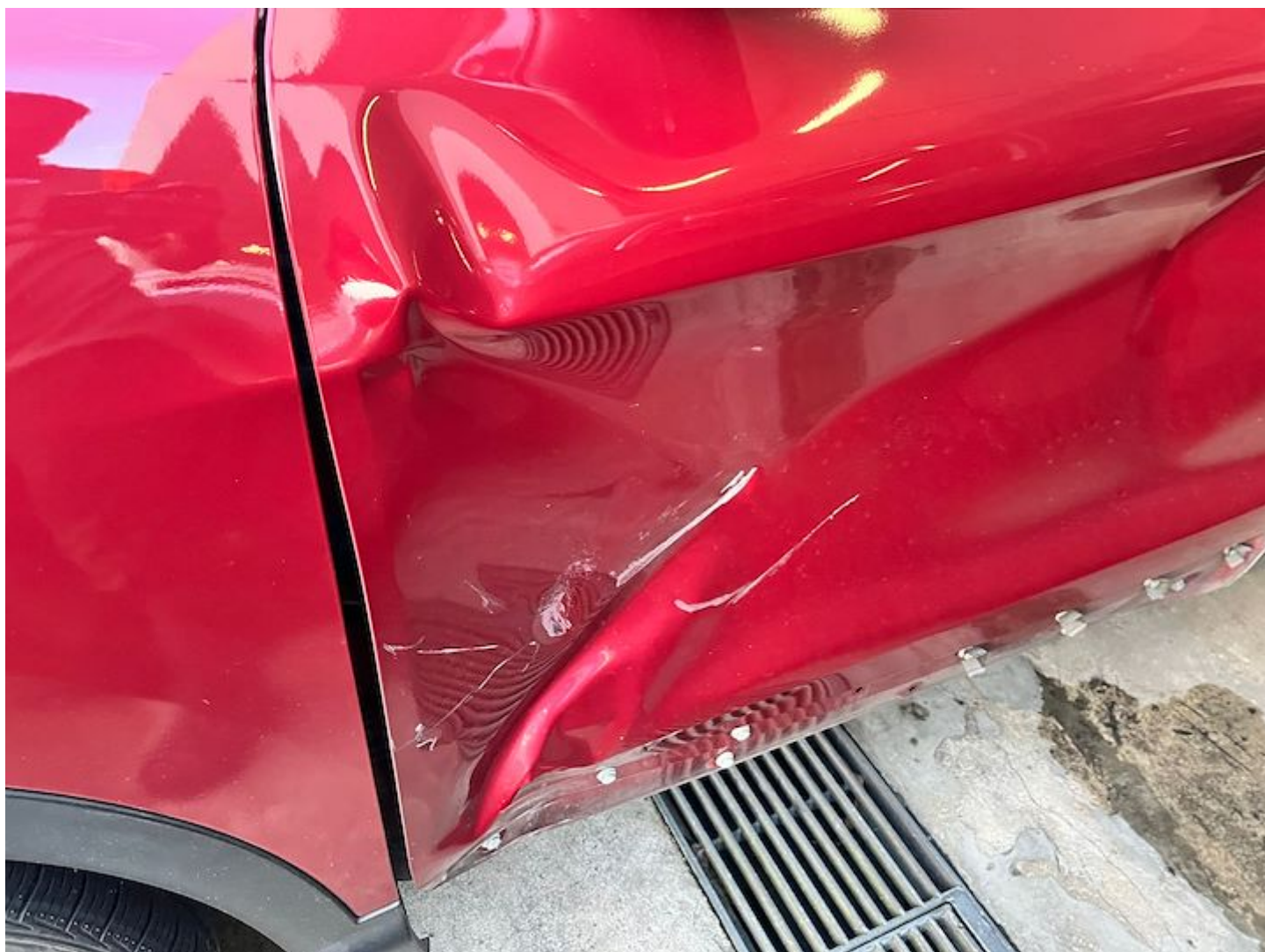
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

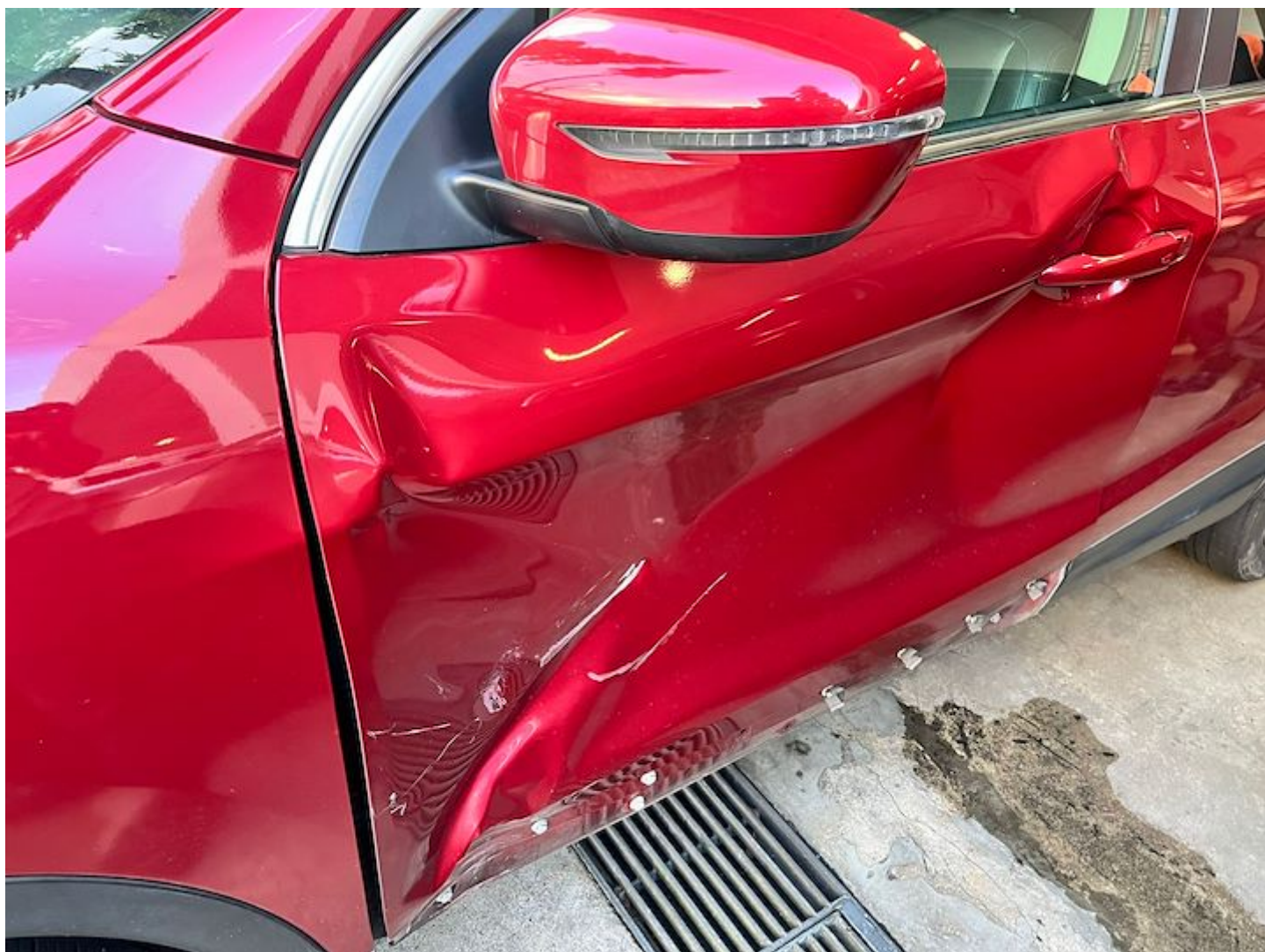


















**SINGAPORE
POLICE FORCE**



T/20230619/2075

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230619/2075

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 19/06/2023 17:00 | | Vide Report No.: G/20230619/0090 | | Station Diary No.: 95 |
| Informant's Particulars | | | | |
| Name of Informant: YEO TIONG LEN | | Address: APT BLK 321A ANCHORVALE DRIVE #11-08 SINGAPORE 541321 | | |
| ID Type / ID No.: NRIC NO / S7248395B | | Contact No.: Home/Office: Mobile: 96361888 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 50 | Date of Birth: 19/12/1972 | Type of Informant: Driver | |
| Race: Chinese | | Language: Chinese | | |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------------------|-----------------------|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 19/06/2023 12:30 | Type of Location: |
| Location: JOO CHIAT ROAD | | | | |
| Weather: Sunny | | Road Surface: Dry | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|---------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBR9730Z | Car | YAMAHA | | Blue | | 0 |
| SLD8713K | Car | NISSAN | Qashqai | Red | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20230619/2075

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20230619/2075

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------|------------------|--|-----------------------------------|
| Name | Lee Chin Hsi | | ID No. | S8585609Z |
| Related Vehicle | FBR9730Z (Car) | | Contact No. | 83023270 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |
| Driver | | | | |
| Name | YEO TIONG LEN | | ID No. | S7248395B |
| Related Vehicle | SLD8713K (Car) | | Contact No. | 96361888 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |

Brief Details.

On 19/06/2023, at about 12:30pm, I was driving along Joo Chiat Road before East Coast Road on a two way road, during which I had made a U-turn along Joo Chiat Road. While making the u-turn after the road has cleared, a motorcycle (FBR9730Z) had collided onto the front left passenger door and fell onto the ground. We had exchanged particulars and he was making several calls to his friends. Only after about two hours, after his friends had came down to assist him, he had then called for traffic police and ambulance despite I want to help him to call for ambulance. There is front and rear in-car camera recording in my car which the SD card was taken by traffic police already. The case is classified under Traffic Police IO Burhan (Tel: 65476214). Ambulance had conveyed the motorcyclist to hospital. The damages on my car were dent on the left front passenger door.



**SINGAPORE
POLICE FORCE**



T/20230619/2075

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20230619/2075

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
STAFF SGT CHAN DE MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Signature Of Informant:

Date/Time:
19/06/2023 17:00

Classification Of Case:

NP168



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 : SP2005979282
 Date of Issue : 22 May 2023
 Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
 Policyholder : MK CARS LEASING PTE. LTD.
 Finance Company : MONEymax LEASING PTE LTD
 Period of Insurance : 17 May 2023 To 16 May 2024 (both dates inclusive)
 Registration Number : SLD8713K
 Chassis Number of Vehicle : SJNFEAJ11U1677872

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 hired.
 * 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.
 (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).

22 May 2023

Issue Date


Hicham Raissi

Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

| | | | |
|-------------------|--|----|----------|
| Intermediary Code | : 0000156 GENRIVER FINANCIAL PTE LTD | | |
| Excess | : Section 1: Own Damage | SS | 2,000.00 |
| | Section 1: Windscreen | SS | 100.00 |
| | Section 2: Liabilities To Third Parties | SS | 1,500.00 |
| | Comprehensive - Exclusive Workshop Per Policy Schedule | | |

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

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