| NATIONAL Assessment Centre                   | Services (wef          | [ 184,09]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  | ÷ *                     |                                          |                            |
|----------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|------------------------------------------|----------------------------|
| Date in: # 04/07/2023                        | Jeb description        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date & Time Compl                                | eted                    | Done by                                  | ·                          |
| Ref No: NA   HP23006739 / d4                 | SAS e-filing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
| Veh No: 8LS 2191 B                           | E-mail (within 8hrs.   | AIC 2hrs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                         |                                          |                            |
| D.O.A: 02/07/2023 16:35                      | i-Motor Claim F        | orm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                                          |                            |
|                                              | i-Motor W/O (W         | ithin: OD 2hrs, T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P 4hrs)                                          |                         |                                          |                            |
| OD / TP / Reporting Only                     | i-Photo Uploade        | d !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                                          |                            |
| TD                                           | Assessment/Surve       | y Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                         |                                          |                            |
| TP Insurer:                                  | Ass't Report by F:     | ax / Hand to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Owner/Wksp                                       |                         |                                          |                            |
| Preferred Wksp / INC Assign Wksp / QW; (     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tel:                                             | Fax:                    | 3)                                       |                            |
| TP Particulars: Veh No: 39                   | L7986M                 | . INC (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )/Non-INC (                                      | )                       |                                          |                            |
| Owner / Driver: (                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tel:                                             | 100000                  | )                                        |                            |
| Policy No: ( ) Perio                         | od: (                  | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cover Type: (                                    |                         | )                                        |                            |
| Confirmed by: (                              |                        | ate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Time:                                            |                         | )                                        |                            |
|                                              | ote-Est. Status (WO    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | %; P: 21-79%. I                                  | ·: 80-100%]             |                                          |                            |
|                                              |                        | /NO( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                         |                                          |                            |
| Excess: (\$ ) Loading: \$1,000               | 0 ( ) / \$2,000 (      | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                         |                                          |                            |
| General Remarks:-                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         | No. 1                                    |                            |
| ( ) Walk-In Customer: Customer's inform      | nation strictly Confid | lential & Stri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ctly NO refer of re                              | pairer.                 | -                                        |                            |
| ( ) Total Loss Case : to e-mail Insurer      | URGENTLY.              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1/                                               |                         |                                          |                            |
| Drive-In ( )/ Powed-In ( ); Invoice:         | YES ( ) / NO           | ( ); To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | wing Co: (                                       |                         |                                          | )                          |
| Remarks: (INC horline: 6788 6616)            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date&Time Comp                                   | letad :                 | Done l                                   | οÿ                         |
|                                              | ourtesy Car ( )        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
| 2) QC Check / Post Repair Inspection         | ( )                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
| 3) Upload Resurvey Photo [Repair Cost > \$30 | 000] ( )               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
| Injury:                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
|                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         | 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - , /// <sub>1</sub> , , , |
| Date/Time Actions                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         | <u>BCPATAPY</u>                          |                            |
|                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
|                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                      |                         |                                          |                            |
|                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         | 1 p 1                                    |                            |
|                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         |                                          |                            |
| NIN 22 8 2 0 1 6                             |                        | Invoice Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | paration Checklis                                | it                      | Anıt (\$)                                | Amt                        |
| NA 2302016                                   | 138                    | ) AR : Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                         | lst Bill                                 | Add                        |
| Claimant's Particulars:-                     | 2                      | DA : Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Assessment (\$100);                              | INC (\$80)<br>\$40/\$45 |                                          |                            |
| Driver/Owner:                                |                        | ) TF : Towing F<br>) FT : Follow-T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hrough Survey                                    | \$120                   |                                          |                            |
| Contact No:                                  | 15                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | hrough Survey (Resurve<br>gainst INC Only (wef ) |                         |                                          |                            |
| Damaged Portion:                             |                        | ) TR: Re-inspe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ction .                                          | \$75<br>\$160           |                                          |                            |
| 004 2 01 101 11                              |                        | 7) N1 : Idac DA<br>B) NTUC Additi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | + SMRT Survey onal Services:-                    | . 5100                  |                                          |                            |
| QC Checked by (Engr-In-Charge):              |                        | OD* *NS: Courtesy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Car / Tpt Allowance                              | \$5                     |                                          |                            |
|                                              |                        | *N6: Repair C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Co-ordination                                    | \$10                    |                                          |                            |
| Auditors! Comments::                         | -                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nair Inspection<br>Heet Excess Coordination      | \$25<br>on \$5          |                                          |                            |
| Cat. 1:                                      |                        | AND THE RESIDENCE OF THE PARTY | (Non INC) against INC                            |                         |                                          | <u></u>                    |
| Cat. 2/3:                                    |                        | Invoice dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fe                                               | e Charged .             |                                          |                            |
|                                              | 1                      | Invoice dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fe                                               | e Charged               | THE PARTY                                | ē.                         |



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report <u>correctly</u> 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**

Date of Submission 04/07/2023 18:25 (SGT) Reported by **Actual Driver** Date of Accident 02/07/2023 16:35 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS EXIT 11, LANE 1 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLS2191B

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DREAM LEASING PTE. LTD. Company Reg No 2XXXXX953H Email Address dreamcarrentalsg@gmail.com Mobile Phone No (Phone) +65-81288789 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Kia Model Forte Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1591

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V11018/VPZ/R00

#### DRIVER

Name of Driver KHAIRUL ASRI BIN ABDUL RAUF NRIC No SXXXX626G Date Of Birth 03/02/1994 Indoor

| Date Of Driving Pass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18/04/2022                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Driving experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 YEAR AND 3 MONTHS           |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                          |
| Mobile Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Phone) +65-90056771          |
| Alt. Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ( none) to decert .           |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dreamcarrentalsg@gmail.com    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APT BLK 5 CHANGI VILLAGE ROAD |
| Address complement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | # 04-2005                     |
| Address complement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |
| Postcode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 500005                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Collision - Head to Rear      |
| Type of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |
| Weather Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clear                         |
| Road Surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dry                           |
| OTHER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |
| NOTE THE REPORT OF THE PARTY OF | N                             |
| Was any foreign vehicle involved in the accident?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No                            |
| Number of vehicles involved in the accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                             |
| Was anybody injured in the Accident?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                           |
| Was any injured conveyed to hospital by ambulance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                           |
| Was any other vehicle or property damaged?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                           |
| Number of Passengers (Including Driver)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3                             |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
| Original language used in the statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
| PASSENGER 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ABDUL RAUF BIN KASNAWI        |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| PASSENGER 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Female                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |
| Police Station Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No.                           |
| Was notice of intended Prosecution given?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No                            |
| If yes, against whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                             |
| CIRCUMSTANCES OF ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |
| PLEASE REFER TO THE ATTACHED POLICE REPORT - T/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20230703/7035                 |
| ATTACHMENT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |
| Are accident photos available for attachment? Was there any video captured by Car Camera?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes<br>Yes                    |
| was there any video captured by Car Camera?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
| Accident report SN092374000A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page 2 of 2                   |
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## DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number             | SGL7986M                |
|-----------------------------------------|-------------------------|
| Vehicle Manufacturer                    | Volkswagen              |
| Vehicle Model                           | Jetta                   |
| Vehicle Variant                         | -                       |
| Vehicle Colour                          |                         |
| Vehicle Category                        | Private car             |
| Name of Driver                          | CHEN QIURONG            |
| NRIC No                                 | SXXXX740H               |
| Contact Number                          | (Phone) +65-91298293    |
| Address                                 | (1 110110) 103-31238293 |
| Address complement                      |                         |
| Postcode                                | -                       |
| Insurance Company Name                  |                         |
| Nature Of Damage                        |                         |
| Details of property damaged in accident | -                       |
| No Of December (Including Drive)        | 5                       |
| No. Of Passenger (including Driver)     | -                       |

## INJURED PERSONS DETAILS

#### INJURED 1

| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | KHAIRUL ASRI BIN ABDUL RAUF Male (Phone) +65-90056771 APT BLK 5 CHANGI VILLAGE ROAD # 04-2005 500005 - SLIGHTLY INJURED SLS2191B - Yes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | ABDUL RAUF BIN KASNAWI Male SLIGHTLY INJURED SLS2191B - Yes                                                                            |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | DARA BTE SALLEH Female SLIGHTLY INJURED SLS2191B - Yes                                                                                 |

### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report correctly 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance 4
- 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
- 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.
- 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
- investigating the accident and / or my claims; (ii)
- carrying out and / or dealing with my instructions or responding to any enquiries by me;
- administrating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could (iv) involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops / mail packages); and / or
- complying with applicable law in administering, processing, handling and / or dealing with my claims. (Collectively the (v) "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.

EASING Co.Reg.No Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 3/07/123

Witnessed by Reporting Centre

03/07/23 Personnel 1533 oward axit Ill take PIE towards FXI EUNOS

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Please Ofthe Accident  Please Ofter to the Police Report No: Tion 2 a 202 /202 E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time 03/07/1013

Driver's Signature (If driver is not the policyholder) / Date & Time 03/07/1015

Witnessed by Reporting Centre Personnel





T/20230703/7035

1 of 4

Report No. T/20230703/7035

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

| REPORT OF | TRAFFIC | ACCIDENT |
|-----------|---------|----------|
|-----------|---------|----------|

| Date/Time Report Made: 03/07/2023 14:28  |                 |                           | Vide Report No.: Station Diary No.: G/20230702/0167 |                          |  |  |  |
|------------------------------------------|-----------------|---------------------------|-----------------------------------------------------|--------------------------|--|--|--|
| Informan                                 | t's Particu     | ilars                     |                                                     |                          |  |  |  |
| Name of                                  | Informant:      | ABDUL RAUF                | Address:<br>5 CHANGI VILLAGE ROAD #6                | 04-2005 SINGAPORE 500005 |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S9403626G |                 |                           | Contact No.:<br>Home/Office:                        | Mobile: 90056771         |  |  |  |
| Nationalit<br>SINGAP(                    | y:<br>ORE CITIZ | EN                        | Email:<br>KHAIRUL.ASRII.IS@GMAIL.C                  | COM                      |  |  |  |
| Sex:<br>Male                             | Age:            | Date of Birth: 03/02/1994 | Type of Informant:<br>Driver                        |                          |  |  |  |
| Race:<br>Malay                           |                 |                           | Language: English                                   |                          |  |  |  |
| Occupation: Electronics engineer         |                 | r                         | Driving Licence Information:<br>Class:              | Date of Expiry:          |  |  |  |

| General Inform           | mation of the Accident             |                       | The British Samuel Mark St. Vo. 31 F. St. Vo. | Tune of Location                     |
|--------------------------|------------------------------------|-----------------------|-----------------------------------------------|--------------------------------------|
| Type of Accident:        | Non-Injury<br>Attended by Police   | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>02/07/2023 17:45 | Type of Location high way            |
| Location:                |                                    |                       |                                               |                                      |
| PIE Exit 11, L           | _ane 1                             |                       |                                               |                                      |
| Weather:                 |                                    | Road Surface:         |                                               |                                      |
| Clear                    |                                    | Dry Traffic Control:  |                                               | Traffic Volume:                      |
| Traffic Flow:<br>One Way |                                    | Traine Control        |                                               | Moderate                             |
| Type of Collis           | sion:<br>ving Vehicles - Head To R | ear                   |                                               | Anyone conveyed by ambulance:<br>Yes |

| Vehicle No. | Туре | Make           | Model | Color  | Conditio            | No of |
|-------------|------|----------------|-------|--------|---------------------|-------|
| SGL7986M    | Car  | VOLKSWAGO<br>N | Jetta | Silver | Slightly<br>Damaged | 0     |
| SLS2191B    | Car  | KIA            | K3    | White  | Slightly<br>Damaged | 2     |





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

2 of 4 Report No. T/20230703/7035

## CONTINUATION OF REPORT

| Vehicle No. | Insurance Company |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | La production of the |
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| SGL7986M    | nil               | Insurance No           | Effective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Expiry Date          |
|             |                   | nil                    | COUNTY OF THE PERSON NAMED IN COUNTY | Lybiry Date          |
| SLS2191B    | Liberty Insurance |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|             | - activitisarance | SD22V11018/VPZ/<br>R00 | 03/08/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02/08/2023           |

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| Passenger            | Wald Market State of the State |                         | Us    | e of   | Pedestria                      | an Cro | ssing: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| o. of Days grante    | ed Medical Leave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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T/20230703/7035

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230703/7035

### CONTINUATION OF REPORT

| Passenger        |                   | Section 1995 Constitution | and analysis of the second | Carrier and S.                      | right.    | A COMPANIE PROPERTY OF THE PARTY OF A |
|------------------|-------------------|---------------------------|----------------------------|-------------------------------------|-----------|---------------------------------------|
| Name             | ABDUL RAUF BIN F  | CASNAWI                   |                            | ID No                               | •         | S1691666H                             |
| Related Vehicle  | SLS2191B (Car)    |                           |                            | Conta                               | ct No.    | NIL                                   |
| Hospital/Clinic  | NIL               |                           |                            | Class<br>Drivin<br>Licent<br>Expiry | g<br>ce & | Class: NIL<br>Date of Expiry: NIL     |
| Date             | NIL               |                           | Date                       |                                     | NIL       |                                       |
| No. of Days gran | ted Medical Leave | NIL                       | Degree of                  |                                     | NIL       |                                       |

## Brief Details.

I was driving at 90km/h on the 1st lane. The cars in front of me made a sudden jam brake. I managed to brake in time but the car behind me hit my car. After the collision, my dad and my mum was admitted to the hospital. My car belongs to a rental company SLS2191B. Incident happened at lamp post number LP437/36



Station Of Origin:
Solice
Avenue 3 SINGAPORE 408865
65470000



T/20230703/7035

4 of 4 Report No. T/20230703/7035

CONTINUATION OF REPORT

| re Of Officer Recording The Report: | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| re Of Interpreter:<br>licable       | Date/Time: 03/07/2023 14:28                                                                                                         |
| In Charge Of Case:                  | Classification Of Case:                                                                                                             |



# SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

| SSS 7120022 'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SARMANI                                                                                                                                                                                                   |
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| (Recipient's Name, Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ontact No. / NRIC or Passport No. / Rank and No.)                                                                                                                                                         |
| of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                           |
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| hereby acknowledge receipt of the below menti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oned items of:                                                                                                                                                                                            |
| 1 L SO CALD: SAN DISK. 32. HIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | H Endukancie                                                                                                                                                                                              |
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| (Name, NRIC<br>of 5 CHANGY VIUNGE # CU - SO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or Passport No. / Rank and No.)  SS SS00005 . HP: 9005 677 /.                                                                                                                                             |
| (Name, NRIC)  S CHANGI VIUNGE # 04 - 200  (Address /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or Passport No. / Rank and No.) S · SS0000S · ** **P · 900S 677 /. Police Station / NPC / NPP)                                                                                                            |
| (Name, NRIC)  (Name, NRIC)  (Address / 2003)  (Address / 2003)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or Passport No. / Rank and No.) OS・SSOCOOS ・ 代P:900S 677 /. Police Station / NPC / NPP) しつもられた。                                                                                                           |
| (Name, NRIC)  5 CHANGI VIUNGE # 04 - 20  (Address /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or Passport No. / Rank and No.) S · SS0000S · ** **P · 900S 677 /. Police Station / NPC / NPP)                                                                                                            |
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| (Name, NRIC)  of SCHANCY WUNGE # CU - Soc (Address / Date)  (Date)  (Name, NRIC)  (Address / Address / Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or Passport No. / Rank and No.) OS・SSOOOS 、 ** ** ** ** ** ** ** ** ** ** ** ** *                                                                                                                         |
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| (Name, NRIC of SCHANCA NUMBER # CH - 30)  (Address / Address / Add | Police Station / NPC / NPP)  (Time)  Received by:  Signature  7,20022                                                                                                                                     |
| (Name, NRIC of SCHANCA NUMBER # CU - SOC (Address / Date)  Witnessed by / * Handed over by:  (Signature)  (Name, NRIC or Passport No. / Rank and No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Police Station / NPC / NPP)  (Time)  Received by:  Signature  7,20022                                                                                                                                     |
| (Name, NRIC of SCHANCY NUNGE # C4 - 30)  (Address / Address / Addr | Police Station / NPC / NPP)  (Time)  Received by:  Signature  7120022                                                                                                                                     |
| (Name, NRIC of SCHANCY NUNGE # C4 - 30)  (Address / Address / Addr | Social No. / Rank and No.) Social Schools (In Price 2005 677).  Police Station / NPC / NPP) (1445th).  (Time)  Received by:  Signature 1120022  (Name, Contact No. / NRIC or Passport No. / Rank and No.) |



## Dream Car Leasing Pte. Ltd. (Co.Reg. 201420013Z)

155 Kaki Bukit Shun Li Industrial Park S416012 | Tel: +65 6748 9747 Fax: +65 6748 3762 Email: dreamcarrentalsg@gmail.com | Web: www.dreamcarrental.com.sg

AGREEMENT FORM

| Name:<br>Khairul Asri Bin Abdul Rauf     | Nric: 394036266                    |
|------------------------------------------|------------------------------------|
| Mobile: 9005 6771                        | Email: Khainy asrii. 15 @gmail.com |
| Address: 5 Changi Village Road # 04-2005 | S( 300003 )                        |

Hereby declare that I will take over this stated vehicle for the stated period and shall abide to the terms and conditions as listed behind.

| Vehicle No. : | Model: | Color: | From       | Time     | Till       | Time |     |
|---------------|--------|--------|------------|----------|------------|------|-----|
| SLS 2191 B    | 1.6A   | White  | 28/06/2013 | 1755 Hrs | 03/07/2023 | 1539 | Hrs |

- 1. The above vehicle is insured for use on Singapore roads only. As such using of this vehicle outside Singapore territory is strictly prohibited. Whilst the vehicle is in your possession and is driven in or outside of Singapore if applicable, you will be held fully responsible for any, butnot limited to, vehicular accident, damages, loss, fire or theft caused to this vehicle.
- 2. The use of this vehicle during the period from the date of taking over until the termination date of this agreement will be under the full responsibility of the driver.
- 3. ONLY the driver above named / authorized may use the vehicle. In any circumstances another driver apart from the named / authorized driver found using the vehicle, the owner will have the right to repossess the vehicle above and arise while the driver will be held fully responsible for any, but not limited to, vehicular accident, damages, loss, fire or theft caused to this vehicle.
- 4. Hirer shall be solely responsible for and hold Dream Car Leasing Pte. Ltd. fully indemnified against all claims, demands, liabilities, damages, costs of legal proceedings, expenses, fines, penalties imposed on Dream Car Leasing Pte. Ltd. relating to the vehicle, arising from non-compliance or contravention of any law(s) and/or regulation(s), and/or traffic offence(s) committed, during the period when the vehicle is rented out to the Hirer.
- 5. In the event that the vehicle is damaged during the period of rental to the Hirer, the Hirer shall be liable to pay the full costs of repairs and/or rectifications carried out on the vehicle, and the costs for loss of use of the vehicle. In the event that the vehicle is damaged to the extent that it is deems to be a total loss case by Dream Car Leasing Pte. Ltd., the Hirer shall pay to Dream Car Leasing Pte. Ltd. the total loss value of the vehicle, and the costs of obtaining a replacement vehicle. The Hirer shall be liable to pay all towing, storage, and administrative charges in relation to the abovementioned occurrences.
- 6. In the event that there is an accident involving a Third Party vehicle(s) during the period of rental of the vehicle to the Hirer, which results in a Third Party claim(s) and/or the involvement of the motor insurers of the vehicle (regardless of whether there is a payout), the Hirer shall be liable to pay the following excess amounts:
  - \$8,000.00 if the Hirer is still under his/her probation period and/or has less than 2 years' of driving experience and/or not reached years old; or
  - b) \$4,000.00 if the Hirer is above 22 years old, and has at least 2 years' of driving experience.
- 7. In the event that there is any sums due and outstanding to Dream Car Leasing Pte. Ltd. which is not paid to Dream Car Leasing Pte. Ltd. by the due date, the Hirer shall be liable to pay to Dream Car Leasing Pte. Ltd. interests at a rate of 1.00% per month on all sums of monies due and outstanding, in addition to the outstanding sums of monies due and owing to Dream Car Leasing Pte. Ltd.
- 8. At any point of time if the vehicle breakdown due to driver's negligence, flat battery, tire puncture, empty petrol tank, loss of keys, keys locked in car or any other breakdown not due to vehicle maintenance or wear and tear, a nominal fee of \$\$50.00 (from weekdays 12PM to 8PM) and \$\$100.00 (from 8PM to 12PM, Saturday and Sunday, PH 24Hours).
- 9. The maintenance of the vehicle will be borne by the owner. Driver must keep note of the vehicle engine temperature, any overheating due to driver's negligence, repair and any miscellaneous cost shall be borne by the driver. If there is any problem due to wear and tear or vehicle breakdown, the driver is to report to the owner immediately and seek for advice/permission before proceeding to fix the issue.
- 10. If the vehicle stated met with an accident, the driver is to inform the owner immediately. NO repairs are to be done without the owner's approval. If the driver is caught repairing the vehicle at any workshop unauthorized by the owner, the owner reserve the rights to repossess the vehicle with a \$\$3,000.00 compensation.
- 11. Any damage which includes physical damage or any other general damages to the vehicle, payment of repair cost has to be made immediately unless any other alternative arrangements is made.

| Date of Accident: 2nd July 2023 Accident Time: 1635 (24 -HR-Format)                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accident Place (A) : PIE towards Exit 11, Lane 1 Runos toward than                                                                                         |
| Vehicle Reg. No.(Car Plate No.): SLS 2191B                                                                                                                 |
| Vehicle Make/Model : KTA FORTE K3 1.6A                                                                                                                     |
| Insurance Company : LIBERTY INSURANCE PTE LTDPolicy No SD22 VII 0 18 /VPZ /ROC                                                                             |
| Owner or Company Name/IC No: DREAM LEASING PTE LTD                                                                                                         |
| Owner or company Contract No:Owner's Hp 8 288789 Company Tel                                                                                               |
| DRIVER'S Name / IC No : Khalrul Asri Bin Abdul Rauf IC No: 594036266                                                                                       |
| DRIVER'S Date Of Birth : 3rd Feb 1994 DRIVER'S Licence Pass Date: 18th April 2022                                                                          |
| Relationship of Owner & Driver : Spouse\ Parents\Children \ Sibling \Employee Other HIRER                                                                  |
| DRIVER'S Address: 5 Changi Village Road #04-2005 SG(500005)                                                                                                |
| DRIVER'S Contract No /Alt No :1) 9005 6771 2)                                                                                                              |
| DRIVER'S Occupation INDOOR\OUTDOOR\(e.g. Working inside or outside office)                                                                                 |
| Email Address: Jaamcarrental sq @gmail.com                                                                                                                 |
| Weather & Road Surface : CLEAR & DRY\RAINING & WET \ AFTER RAIN & WET                                                                                      |
| Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance                                                                                    |
| Number of passengers (Including Driver) ( 3 ) Anybody injured in the accident: Ves / NO                                                                    |
| Passenger Name : Khairul Asri , Abdul Kauf , Dara (Male / Female)                                                                                          |
| Was there any video captured by car camera (YES) \ NO  Exact purpose for what vehicle was being used at the time of accident (Private use \ Work Purpose . |
| (B) Other Party Driver's Particulars ( If any ) (C)                                                                                                        |
| Vehicle Reg No: SGL 7986K1 Vehicle Reg No:                                                                                                                 |
| Vehicle Make \ Model: \ULLSWAGRN / JETTA & 1-4 Vehicle Make\Model:                                                                                         |
| Driver Name : Chen Qivron g Driver Name:                                                                                                                   |
| Driver IC No : S9673740+1 Driver IC No:                                                                                                                    |
| Driver's Contract & Add: 9129 8293 Driver's Contract & Add:                                                                                                |





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http://www.libertyinsurance.com.sg

## 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

ROAD TRANSPORT (AMENDMENT) ACT 2019 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959

| Certificate No                                                            | SD22V11018 /VPZ /R00  |
|---------------------------------------------------------------------------|-----------------------|
| Form Date Of Issue                                                        | MZ406C<br>16-AUG-2022 |
| 1.Index Mark and Registration No. of Vehicle:                             | SLS2191B              |
| 2.Chassis number of Vehicle:                                              | KNAFJ411MJ5725525     |
| 3.Name of Policyholder:                                                   | DREAM LEASING PTE LTD |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 03-AUG-2022 00:00 AM  |
| 5.Date of Expiry of Insurance:                                            | 02-AUG-2023 23:59 PM  |
| 6.Persons or Classes of Persons                                           |                       |

entitled to drive\*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### 7. Limitations as to use\*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.

B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

## 8. Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

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.

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

> > Authorised Signature

For Information only:

COVERAGE:

PHV Extension (Geographical Area: Singapore only), Third Party Fire & Theft

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000

FINANCE COMPANY:

TAI THONG LEE TRADING PTE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLVC/-/16-AUG-22

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

16-AUG-22