

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of First Submission .....	15/08/2024 15:12 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/08/2024 07:00 (SGT)
Exact Location of Accident .....	120 Ang Mo Kio Ave 3, Block 120, Singapore 560120
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNK3677D
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHAN TZUN WENG
Passport No/FIN .....	GXXXX943X
Email Address .....	WENGSTERZS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91199313
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	B.M.W.
Model .....	216I ACTIVE TOURER
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 .....	1499
Vehicle Fuel .....	Petrol
First Registration Date .....	27/01/2021
Chassis no .....	WBA2X920107H34174
Effective Date/Time of Ownership .....	28/04/2023 06:04 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10896970R01

#### DRIVER

Name of Driver .....	CHAN TZUN WENG
Passport No/FIN .....	GXXXX943X
Date Of Birth .....	08/08/1979
Occupation .....	Indoor
Driving Pass Date .....	29/06/2019
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91199313
Alt. Phone Number .....	-
Email Address .....	WENGSTERZS@GMAIL.COM
Address .....	BLK 120 ANG MO KIO AVENUE 3 07-1833 SINGAPORE 560120
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ2646Y
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD RIDZWAN BIN AHMAD
NRIC No .....	SXXXX214Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

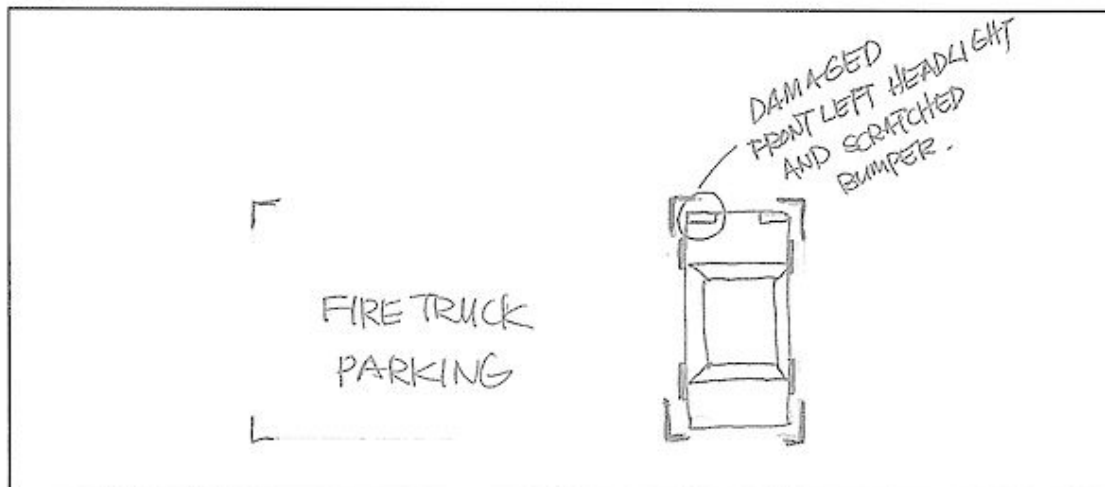
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC)


Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : 15/8/2024	Time : 7AM	Location : BLK120, AMK AVE3, 560120
My Vehicle A : SNK3677D	Vehicle B : GBJ2646Y	Vehicle C : —
<p>ON AUG 15<sup>th</sup> AS I PREPARED TO DRIVE TO WORK AROUND 7AM, I WAS SURPRISED TO FIND A NOTE ON MY WINDSHIELD. THE MESSAGE WAS BRIEF STATED RIDZWAN HIT MY CAR AND PLEASE CALL HIM.</p> <p>AS I INSPECTED MY CAR, I SAW A BADLY DAMAGED LEFT SIDE FRONT HEADLIGHT AND THE BUMPER WAS SCRATCHED TOO.</p> <p>WHEN I CALLED THE DRIVER WHO HIT MY CAR, HE MENTIONED THAT HE HIT MY CAR BY REVERSING HIS VAN. AND HE WILL TAKE RESPONSIBLE FOR THAT.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop : _____		
Workshop Email Address : _____		
<input checked="" type="checkbox"/> Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

## Declaration

I/We declare the foregoing particulars are true in every respect.

 15/8/2024

Policyholder's Signature / Date &amp; Time

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

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







































8/15/24, 9:40 AM

Gmail - EQDL Acknowledgement Receipt Q001011194



Jonathan Chan <wengsterzs@gmail.com>

## EQDL Acknowledgement Receipt Q001011194

1 message

SPF\_EDDIES\_Acknowledgement <donotreply@mail.postman.gov.sg>  
Reply-To: donotreply@mail.postman.gov.sg  
To: wengsterzs@gmail.com

14 August 2024 at 08:46

Receipt for e-QDL renewal (Q001011194)

Dear CHAN TZUN WENG (FIN: \*\*\*\*\*943X),

1. Your payment for the renewal of the Class 2B,3 Driving Licence was successful.
2. The payment of S\$50.00 was made on 14 August 2024 at 08:35 AM.
3. You may visit our website at <https://go.gov.sg/dlstatus> to check the status of your QDL.
4. You may now drive/ride the vehicle class that you are licensed to operate while pending the receipt of your photocard Driving Licence.

[This is a system generated email. Please do not reply.]



It pays to choose

**Budget  
Direct**  
insurance

## Policy Schedule

 Comprehensive Car Policy  
 Policy Number: P10896970R01

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

### Period of Insurance

Policy Number	: P10896970R01	Policy Issued On	: 16/07/2024
Policy Start Date	: 27/07/2024 (00:00)	Policy End Date	: 26/07/2025 (23:59)

### Cover

Type of Cover	: Comprehensive / Named Driver Plan
Optional Cover(s)	: Please refer to Policy Summary for any optional cover(s) selected.

### Excess (All excess amounts are subject to GST, if applicable)

Policy	: S\$ 700.00
--------	--------------

### Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen	: S\$ 100.00
Named Driver below 25 years old	: S\$ 500.00
Named Driver with less than 2 years' valid driving licence	: S\$ 500.00

### Premiums

Gross Premium	: S\$ 838.42
Prevailing GST	: S\$ 75.46
Total Premium Payable	: S\$ 913.88

Auto Renewal	: Yes
--------------	-------

### Policyholder

Name	: CHAN TZUN WENG
Address	: 120 Ang Mo Kio Avenue 3 #07-1833 Singapore S60120
Email Address	: wengsterzs@gmail.com
Mobile Number	: 91199313

### Main Driver

Name	: CHAN TZUN WENG
Date of Birth	: 08/08/1979
Gender / Marital Status	: Male / Married
Occupation	: Others/ Non-Working
Certificate of Merit	: Yes
Licence Held For	: 4 years

### Vehicle Insured

Vehicle Registration Number	: SNK3677D
Chassis Number	: WBA2X920107H34174
Make & Model	: BMW 2 Series Active Tourer 216i
Vehicle Colour	: Grey
Year of First Registration	: 2021
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 30%
Vehicle Usage	: Private and Commuting
Modifications Declared	: None

### Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

### Named Driver(s)

Driver(s)	Date of Birth	Licence Held For
GOH SIEW LENG	04/04/1988	More than 5 years

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 [budgetdirect.com.sg](http://budgetdirect.com.sg)