SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthing and accurate as possible. Any white misteries entailor of withouting of material facts may allow insurance companies to reputial 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 28/10/2024 16:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/10/2024 17:15 (SGT) Exact Location of Accident Jln. Ahmad Ibrahim, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY7306L

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner **BJORN NG JUN HAO** NRIC No S9616501C Email Address BJORN-96@HOTMAIL.COM Mobile Phone No (Phone) +65-97104922 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Wish 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1800 Vehicle Fuel First Regisration Date Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10733284R02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	BJORN NG JUN HAO S9616501C 12/05/1996 Indoor 19/11/2014 3 Valid 9 YEARS AND 11 MONTHS Male (Phone) +65-97104922 - BJORN-96@HOTMAIL.COM BLK 127 PASIR RIS GROVE #01-06 - 518178 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
OTHER INCOMMANDIN	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20241026/7074.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3094C
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	BJORN NG JUN HAO Male
Phone No	=
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	-
Injured person in which vehicle?	SMY7306L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as trustiful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repud ate 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)

Lunderstand, 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/aw firms, the Monetary Authority of Singapore and any refevant 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 administency, 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' (awyers/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.

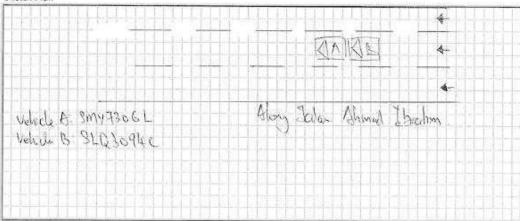
Policyholder's Signature / Date & Time

Order's Signature of diverte not the extincted

Oriver's Signature (if driver is not the policyholder) / Date Witner

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



7

Describe Circumstance of the Accident	
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Declaration

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

Policyheider's Signature / Date & Time

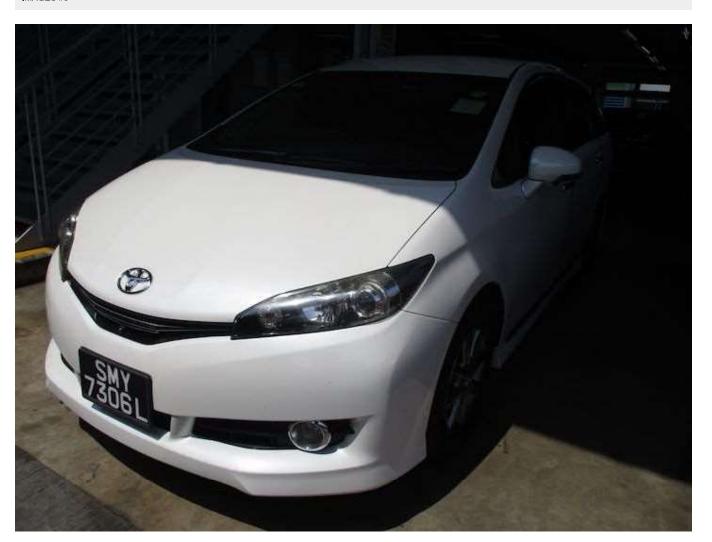
Devers Signature (# driver is not the policyholder) / Date & Time

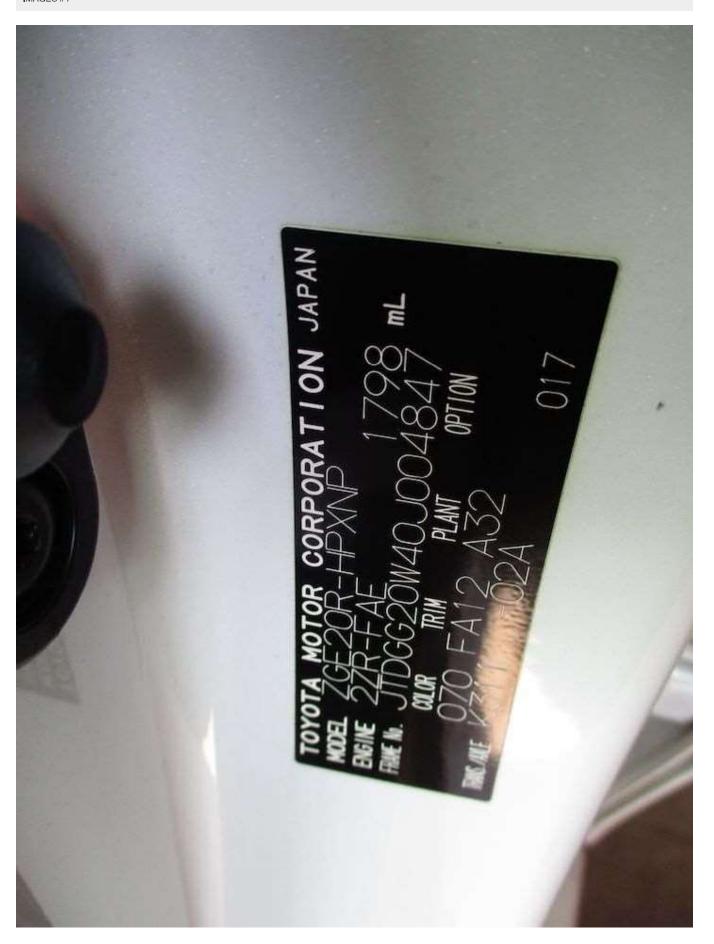
Witnessed by Reporting Centre Personnel (Name as in NBICAD card)

2



















1 of 3

Report No. T/20241026/7074

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 17:27	Vide Report No.:

Station Diary No.:

20/10/20	24 11.21					
Informan	t's Particular	9				
Name of Informant: BJORN NG JUN HAO			Address: 127 PASIR RIS GROVE #	#01-06 SINGAPORE 518178		
ID Type / ID No.: NRIC NO / S9816501C		Contact No.: Home/Office:	Mobile: 97104922			
Nationality: SINGAPORE CITIZEN		Email: BJORN-96@HOTMAIL.C	OM			
Sex: Male	Age: 28	Date of Birth: 12/05/1996	Type of Informant: Driver			
Race: Chinese		Language: English				
Occupation: Technical/Engineering services manager (excluding transport)		Driving Licence Informatio Class: 3	Date of Expiry:			

General Information	of the Accident		100				
Type of Accident:	Injury Others	Drink D	Drink Drive: Date/Time of Ac No 25/10/2024 17:1		0.00000	Type of Location: Straight Road	
Location: JALAN AHMAD IB Weather: Clear	RAHIM	Road Surface: Dry					
[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		Traffic Control: Controlled by Ot			000070000	Traffic Volume: Heavy	
Type of Callision; Between Moving V	ehicles - Head T	o Rear		200 (200 (200 (200 (200 (200 (200 (200		one conveyed by ulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLQ3094C	Car	THOM:	inious	COID	Slightly	0
SMY7306L	Transporter Motor car	TOYOTA	WISH 1.8	White	Damaged	n
SW173UOL	wotor car	IOYOTA	CVT	vvnite	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SMY7306L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10733284R02	19/02/2024	18/02/2025	



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



2 of 3

Report No. T/20241026/7074

CONTINUATION OF REPORT

Details of Person					
Any Pedestrian In	volved: No				
No. of Pedestrian	s Injured: NIL	Use of Pec	lestrian.	Crossin	g: NA
Driver					
Name	BJORN NG JUN HAO		ID No	4	S9616501C
Related Vehicle	SMY7306L (Motor car)		Conta	ct No.	97104922
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	26/10/2024	Date Disch	narge	26/10	1 //2024
No. of Days granted Medical Leave (MC) 05			Degree of Injury Sligh		

Brief Details.

It was heavy traffic, I was following the front vehicle slowing down according to traffic. Out of sudden SLQ3094C did not slow down and follow traffic, rather accelerate and ram hard to the rear of my vehicle. My vehicle suffered damages and I suffered injury.



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



3 of 3 Report No. T/20241026/7074

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2024 17:27
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case:
NP168	



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai	; TRAFIK ISKANDAR PUTERI	Pegawai Penyiasat	: R207135

Daerah ISKANDAR PUTERI

Kontinjen : JOHOR

No. Repot TRAFIK IPUTERI/015918/24

 Tarikh
 : 25/10/2024

 Waktu
 : 1855 PM

 Bahasa Diterima
 : B. Malaysia

Butir-butir Penerima Repot :

Nama MUHAMMAD FAISAL BIN No. Badan : R225590 Pangkat : KONST/P

SHAHRUN

Butir-butir Jurubahasa (Jika Ada) :

Nama :-- No. K/P (Baru) :-- No. Polis/Tentera :--

No. Pasport :-- Bahasa Asal :--

Alamat :---

Butir-butir Pengadu:

Nama : BJORN NG JUN HAO

 No. K/P (Baru)
 - No. Polis/Tentera
 - No. Pasport
 K4073820H

 No. Sijil Beranak
 - Jantina
 Lelaki
 Tarikh Lahir
 12/05/1996

 Umur
 28 Tahun 5 Bulan
 Keturunan
 Cina
 Warganegara
 SINGAPORE

Pekerjaan : OPERATION MANAGER

Alamat Tinggal 126 PASIR RIS GROVE, #01-07, 518178 SINGAPURA

Alamat IbuBapa .--

No. Tel (Rumah) :-- No. Tel (Pejabat) :-- No. Tel (Bimbit) : 80355966

Emel :---

Pengadu Menyatakan :

On 25/10/2024 at about 1719hrs I was driving car registration number SMY7306L heading from Singapore go to Johor Bahru. Upon reaching KM2.1 Lebuhraya Linkedua i was going straight at the middle lane while got traffic jam, suddenly from the rear came a car registration number SLQ3094C breaking into my back car. In the incident I have injured at my back neck. While my vehicle was damaged in the rear bumper/bonet and other damage is uncertain. This is my report.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada)

Tandatangan Penanma Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R225590 | 25/10/2024 07:20:41 PM

It pays to choose



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10733284R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Notor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10733284R02 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number Chassis Number

JTDGG20W401004847

 Effective Date / Time of Commencement of Insurance for the Purpose of the Act 19/02/2024 (00:00)

3) Date / Time of Expiry of Insurance

18/02/2025 (23:59)

4) Excess (i) Policy

S\$ 600.00 S\$ 100.00

(ii) Windscreen

5) Policyholder

Bjorn Ng Jun Hao

5) Persons or Classes of Persons Entitled to Drive*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

: Bjorn Ng Jun Hao(12/05/1996)

Named Driver(s) / Date of Birth

No driver is named.

7) Limitation as to use*

Use only for social, domestic and pleasure purposes and for the occasional business purposes of the drivers listed above. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Umitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

8) Finance Company

: Hong Leong Finance Limited

1 / 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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Ameridment, Act or Acts passed in substitution thereof.

Issued in Singapore on 01/12/2023

Auto & General Insurance (Singapore) Pte. Limited

Trading as Budget Direct Insurance

Simon Birch

Chief Executive Officer

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