

## 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 .....	08/11/2024 17:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	02/11/2024 18:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG PUNGGOL WALK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN3041X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HO MENG MEE
NRIC No .....	S7303122B
Email Address .....	HOMENGMEE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98300293
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	IMPREZA 5D 1.6I-S AWD CVT
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1600
Vehicle Fuel .....	Petrol
First Registration Date .....	28/04/2017
Chassis no .....	JF1GT3KC5HG005029
Effective Date/Time of Ownership .....	28/04/2017 09:04 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10873502R01

#### DRIVER

Name of Driver .....	HO MENG MEE
NRIC No .....	S7303122B
Date Of Birth .....	24/01/1973
Occupation .....	Indoor
Driving Pass Date .....	02/01/2002
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	22 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98300293
Alt. Phone Number .....	-
Email Address .....	HOMENGMEE@GMAIL.COM
Address .....	BLK 273 UPPER PAYA LEBAR ROAD - SINGAPORE 534914
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 .....	Collision - Head to Rear
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) .....	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 .....	-

#### PASSENGER 1

Name .....	LIM KAY EN
Gender .....	Male

#### PASSENGER 2

Name .....	LIM JAY EN
Gender .....	Male

#### 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

#### REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMS523D  
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 ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

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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:

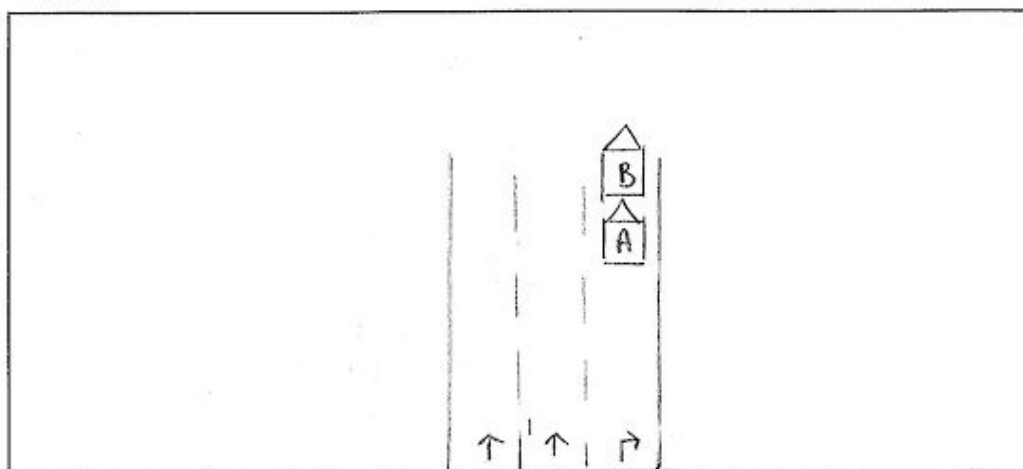
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 08/11/2024  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident		
Date of Accident: 2 Nov 2024	Time: 6.15pm	Location: Along Ronggol walk
My Vehicle A: SLN3041	Vehicle B: SMS523D	Vehicle C:
<p>While turning right along Ronggol walk, it was green light but pick up speed and vehicle B did not turn <del>and</del> I did not manage to brake in time and hence gently collided into vehicle B as we were all going at very slow speed. I left for overseas business trip on 4th Nov early morning and only returned to Ssg on 8th Nov.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only		
Remarks: Please forward a copy of my efile accident Report to:		
My Workshop: _____		
Workshop Email Address: _____		
<input 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		

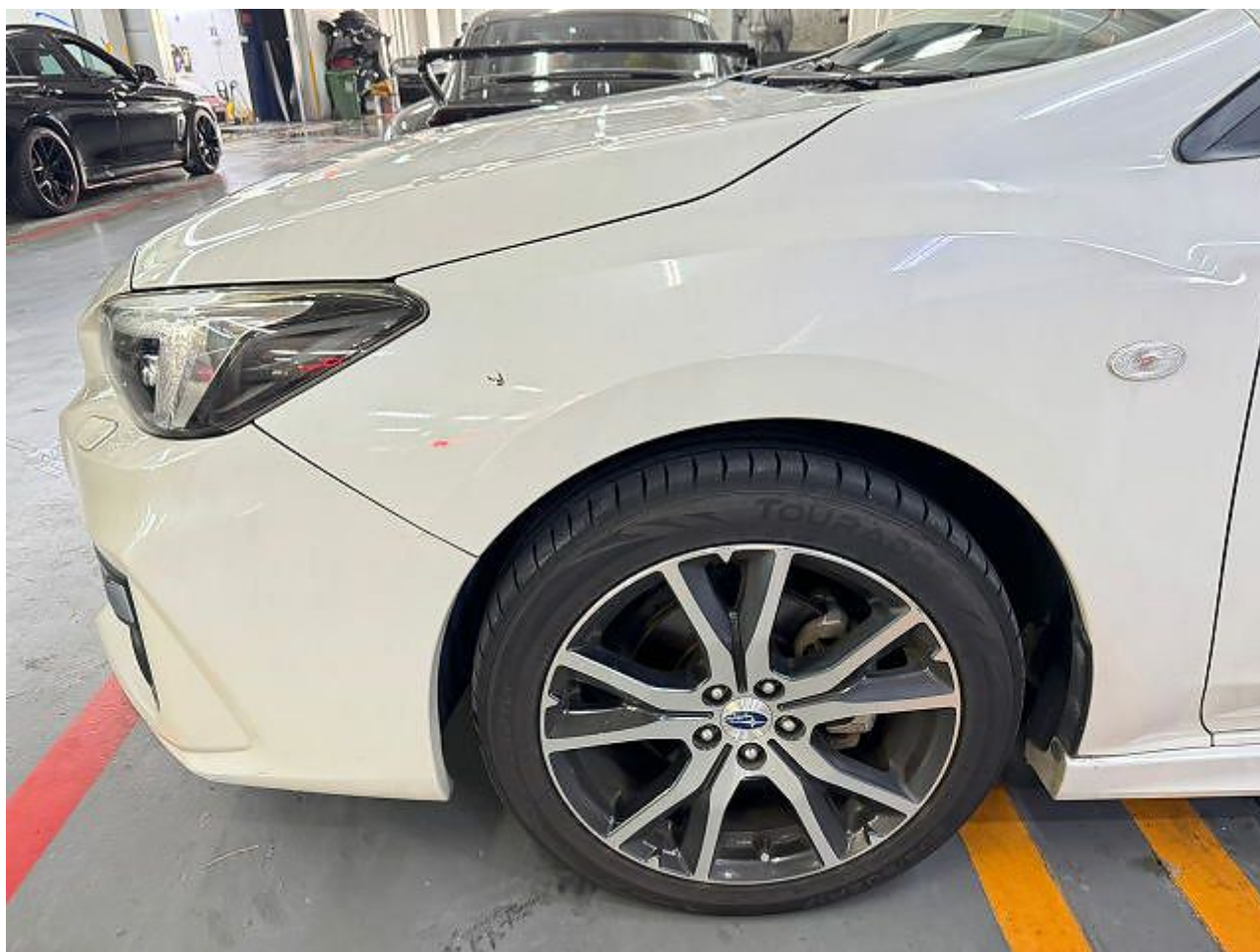
## Declaration

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

 8/11/24  
 Policyholder's Signature / Date & Time

 8/11/24 ✓  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 08/11/2024  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)







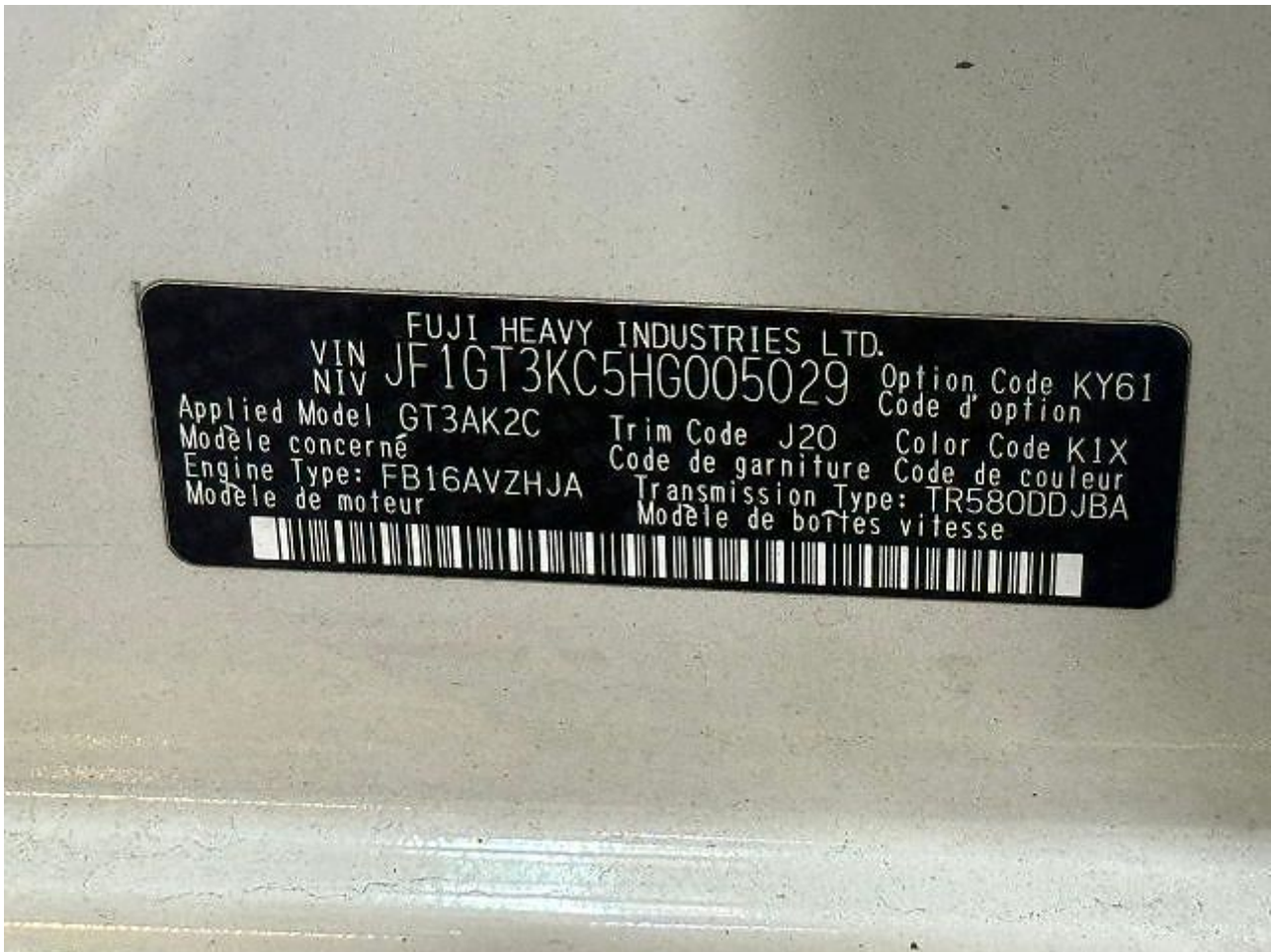




































08/11/2024, 17:10

(11) WhatsApp

**Budget  
Direct  
insurance**

Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10873502R01

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor 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 P10873502R01 (Comprehensive / Named Driver Plan)**

1) Vehicle Registration Number	:	SLN3041X
Chassis Number	:	3F1GT3KC5HG005029
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	28/04/2024 (00:00)
3) Date / Time of Expiry of Insurance	:	27/04/2025 (23:59)
4) Excess (i) Policy	:	S\$ 0.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	HO MENG MEE
6) 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 an 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 1961 of Singapore and its registration under the said 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	:	Ho Meng Mee(24/01/1973)
Named Driver(s) / Date of Birth	:	Lim Kwee Leong (23/04/1972) Lim Kwee Eng (28/09/1957) Ho Meng Chee (18/09/1967)
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.		
* Limitations 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	:	NA

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

Issued in Singapore on  
13/04/2024

**Auto & General Insurance (Singapore) Pte. Limited**  
Trading as Budget Direct Insurance



**Simon Birch**  
Chief Executive Officer