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 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.

- 4. The issue and acceptance of this is form by instrained 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 18/11/2024 13:20 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 16/11/2024 19:18 (SGT) Exact Location of Accident 17 Petir Rd, Singapore 678278 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SLN8251Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN WEE KEONG, ALVIN NRIC No S8710316A Email Address ATANWK87@LIVE.COM.SG Mobile Phone No (Phone) +65-96342554 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model CERATO K3 1.6A SUNROOF 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 1591 Vehicle Fuel Petrol First Regisration Date 19/05/2017

Chassis no KNAFZ411MH5720503 Effective Date/Time of Ownership 19/05/2017 08:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10561282R03

DRIVER

Name of Driver TAN WEE KEONG, ALVIN NRIC No S8710316A Date Of Birth 26/04/1987 Occupation Indoor Driving Pass Date 14/10/2009 Driving License Pass Class Driving License Validity Valid Driving experience 15 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96342554 Alt. Phone Number Email Address ATANWK87@LIVE.COM.SG Address BLK 430A YISHUN AVENUE 11 11-378 SINGAPORE 761430 Address complement Postcode Is the driver the policyholder? 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 **JESLYN** Gender Female PASSENGER 2 Name **ESTELA** Gender Female PASSENGER 3 Name **EXAVIER** 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

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?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SLC8004D -
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.
- 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.
- 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:

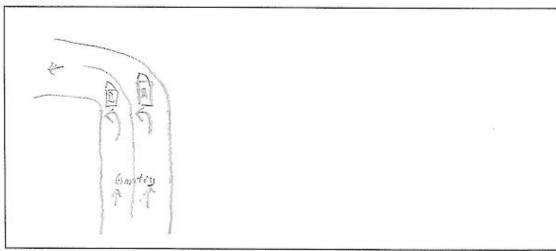
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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 Sentro Resonnel (Name as in NRIC/ID card) V d

Sketch Plan



escribe Circumstance of the Accident		
	Time : 1819 Hr Location :	W.11:
Jate of Accident : 19 10 10 24	Time : Location :	HILLIAN MAIL
Ny Vehicle A : A C/6 & 531 &	Vehicle B : ≤LC 8004D Vehic	lle C :
I was entering Hillson	Mall to the basement carpork	and was effective
	is there are 2 garden. I took.	
	s rece de 2 garren 2 100g	THE GIGHT GARTIN 11
the print the day	sight 'left turn' lane to m	erge into single
orne TI THIS POINT 1	my visual show I am orly	he seast of second
	rated in attempt to overtake	while In idving a
all turn, hence co	tusting a stille swipe	
Claim OD/TP at Ah Lim Moto	or Claim OU/TP at other workshop	Reporting Only
temarks : Please forward a copy of r	my efile accident Report to :	
My Workshop :	1100	
Workshop Email Address :		
Note : Please take note that y	our insurer have a 14 days timeframe for you to sub-	mit own damage claim under your own
	h your own insurer for more information	
Declaration I/We declare the foregoing particulars ar	re true in every respect.	
Special Section of		
12		COMO N
A		
11		(ZV)
	Actual Driver's Signature (if driver is not the policyholder)	

vJun2022

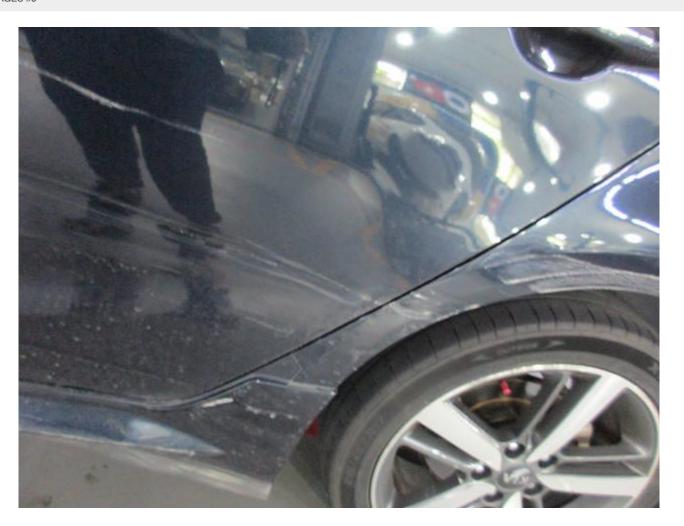
2

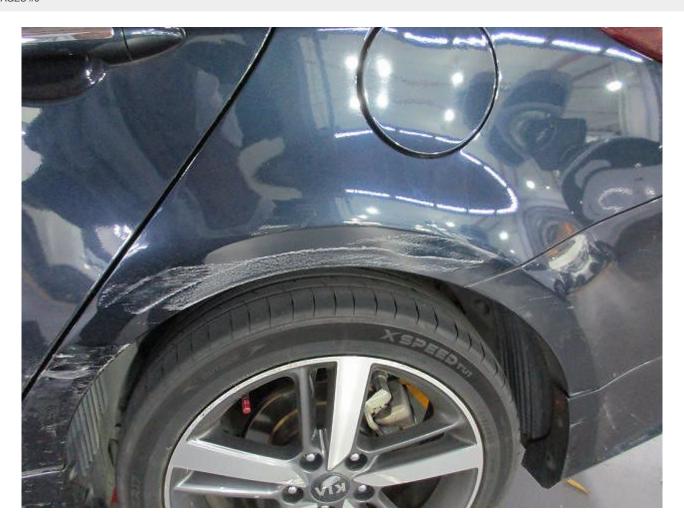






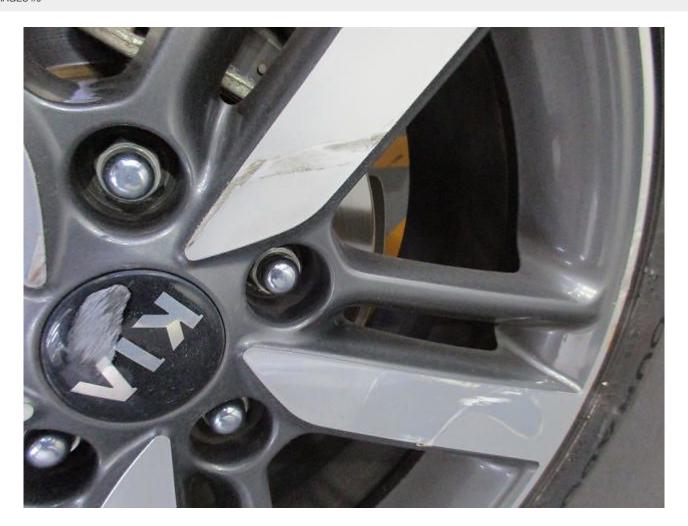


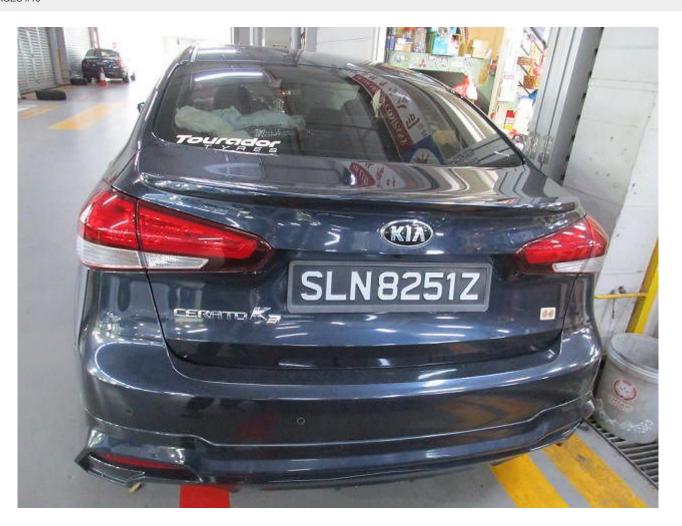


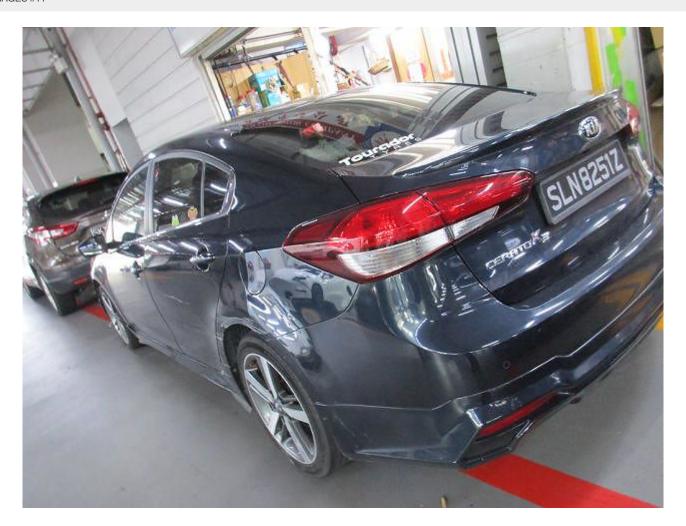














It pays to choose



Policy Schedule

Comprehensive Car Policy Policy Number: P10561282R03

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

P10561282R03

Policy Issued On

27/03/2024

Policy Start Date

: 19/05/2024 (00:00)

Policy End Date

: 18/05/2025 (23:59)

Cover

Type of Cover

Comprehensive / Named Driver Plan

Optional Cover(s) : P

: Please refer to Policy Summary for any optional cover(s) selected.

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

Policy

S\$ 1,500.00

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 Prevalling GST Total Premium Payable S\$ 406.66 S\$ 36.60 S\$ 443.26

Auto Renewal

: No

Policyholder

Name

: Tan Alvin

Address

430A Yishun Avenue 11 #11-378 Orchid Spring @ Yishun Singapore

761430

Email Address

: atanwk87@live.com.sg

Mobile Number

: 96342554

Main Driver

Occupation

Name Date of Birth Gender / Marital Status Tan Alvin 26/04/1987 Male / Married Others/ Non-Working

Certificate of Merit Licence Held For : Yes : More than 5 years

Vehicle Insured

Vehicle Registration Number

: SLN8251Z

Chassis Number Make & Model

Kia Cerato 1.6

Make & Model Vehicle Colour

: Blue : 2017 : Market Value

Year of First Registration Sum Insured Off-Peak Car

: Market : No

NCD

50% Private and Commuting

Vehicle Usage 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) Chong Siew Hui Date of Birth 22/09/1989 Held For 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