SS2X237A000H / SME MOTOR PTE LTD ENTRY DATE & TIME: 10/07/2023 14:42 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (10/07/2023 14:42 (SGT))

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 Submission 10/07/2023 14:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 09/07/2023 22:50 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ9048Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MAGUIRE JIAN ZHAO EN NRIC No S7309314G Email Address MAGUIRE@ALUCASEVENTS.COM Mobile Phone No (Phone) +65-98768943 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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? Vehicle Category Transmission CC

1497

No - Claiming third party Private car Manual

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10828807R00

DRIVER

Name of Driver MAGUIRE JIAN ZHAO EN NRIC No S7309314G Date Of Birth 21/03/1973 Occupation Indoor

Date Of Driving Pass 08/12/1998 Driving experience 24 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98768943 Alt. Phone Number Email Address MAGUIRE@ALUCASEVENTS.COM Address BLK 482 ADMIRALTY LINK #08-19 Address complement Postcode 750482 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 Chain Collision 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? Yes 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20230709/2010. 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 SLG1008A Vehicle Manufacturer

Accident report SS2X237A000H

Vehicle Model
Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number
 (Phone) +65-82284069

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD4342X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MAGUIRE JIAN ZHAO EN Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SJZ9048Z Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

SKETCH PLAN

IMPORTANT NOTICE

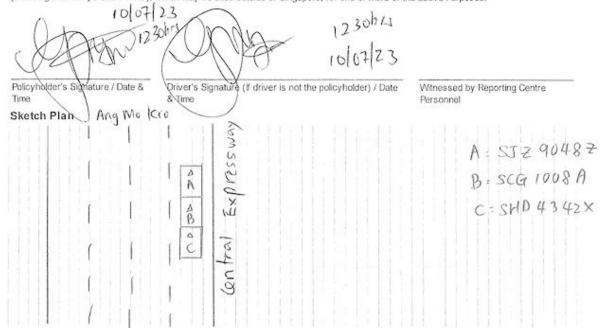
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



	Please	refer	to the	Police	report:	
	- T/2	-2 -2 40	1 2010		1	
	(1)	0230707	1 2010.	-		
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We declare the foregoing particulars are true in every respect.

1230123

Policyholder's Signature-/ Date & Time

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

Witnessed by Reporting Centre

Personnel



















Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20230709/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2023 03:32			Vide Report No.:	Station Diary No.: 33		
Informa	nt's Partic	ulars	Daniel A Chile			
Name of Informant:			Address:			
MAGUIRE JIAN ZHAO EN			APT BLK 482 ADMIRALTY LINK #08-19 SINGAPORE 750482			
ID Type / ID No.:			Contact No.:			
NRIC NO / S7309314G			Home/Office: Mobile: 98768943			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth:			Type of Informant:			
Male 50 21/03/1973			Driver			
Race: Chinese		Language:				
Occupation:			Driving Licence Information:			
ARTIST			Class: 3 Date of Expiry:			

Type of Injury Others		Drink Drive: No	Drive: Accident:	
CENTRAL EX	(PRESSWAY	Road Surface:		
Traffic Flow: One Way		Traffic Control: Not Controlled	5 4 7 8	raffic Volume: ight
Type of Collis Moving Vehic	ion: le Against - Parked \	/ehicle		nyone conveyed by mbulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCG1008A	Car	NISSAN	X-TRAIL 2.0 CVT		Seriously Damaged	1
SHD4342X	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)		Seriously Damaged	1
SJZ9048Z	Car	TOYOTA	VIOS E MANUAL	Red	Seriously Damaged	0

Details of Vehicle Insurance		110 2 W	ERENT OF STREET
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:

2 of 4 Report No. T/20230709/2010

Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ9048Z	AUTO & GENERAL INSURANCE (SINGAPORE) PTE, LIMITED	P10828807R00	03/01/2023	02/01/2024

	n Involved						
Any Pedestrian Ir			177		_		
No. of Pedestrian	s Injured: NIL		Use of P	edestrian	Cross	ing: NA	
Driver	tanks and the						
Name	MATHUR TARUN R		ID No.		S6866771B		
Related Vehicle	SCG1008A (Car)			Contact No.		82284069	
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL		
No. of Days gran	ed Medical Leave	NIL		ee of Injury NIL		M10	
Driver		1 1 1 1 1 1					
Name	TEO HANG SIANG			ID No.		S1415109E	
Related Vehicle	SHD4342X (Car)		Contact No.		98733313		
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge NIL				
No. of Days grant	ed Medical Leave	NIL	Degree of Injury NIL				
Driver			B B TH	- 111119		6 3 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name	MAGUIRE JIAN ZH	AO EN	oddinge i fabou	ID No.		S7309314G	
Related Vehicle	SJZ9048Z (Car)		Contact No.		98768943		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis		NIL		
	No. of Days granted Medical Leave NIL			Degree of Injury Serious			



T/20230709/2010

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 3 of 4 Report No. T/20230709/2010

Tel No: 1800-343 8999

Brief Details.

On 07/07/2023 at 2250hrs, I was driving along Central Expressway in my car, SJZ9048Z. As there was a car in front of me that had braked, I slowed down and came to a stop behind the car. As I was about to move off, I suddenly felt two impacts from behind me and I then got out of the car. I discovered that a taxi car, SHD4342X, had hit the car behind me, SCG1008A, and in turn had hit me. We then exchanged particulars and contact numbers with each other and left. No police attended to us, no ambulance. At the time of the accident, I did not feel any pain.

CONTINUATION OF REPORT

When I left the accident, I felt pain in the back of my neck and the entire back of my shoulder and I went to Mount Alvernia Hospital to see a doctor. I was then given 5 days MC by the doctor from 08/07/2023 to 12/07/2023.

The damages done to my car is rear bumper open and went up, and my right rear light glass has been cracked.

I would also like to state that my new address is at Blk 410A Fernvale Road #05-11.





CONTINUATION OF REPORT

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Signature of Officer Recording The Report:

SGT 2 GAVIN YEO JUN YANG

Signature Of Interpreter:

Officer In Charge Of Case:

Contact No.: 65476204

SR STAFF SGT LEE GUANG HUI

Not applicable

TP / AEIT /

4 of 4 Report No. T/20230709/2010

Tel No: 1800-343 8999

Signature Of Informant:

Date/Time:
09/07/2023 03:32

Classification Of Case:

NP168

It pays to choose

Budget Direct

Certificate of Insurance

Comprehensive Car Policy Policy Number: P10828807R00

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 P10828807R00 (Comprehensive / Named Driver Plan)

1)	Vehicle Registration Number Chassis Number	SJZ9048Z
2)	Effective Date / Time of Commencement of Insurance for the Purpose of the Act	03/01/2023 (00:00)
3)	Date / Time of Expiry of Insurance	02/01/2024 (23:59)
4)	Excess (i) Policy (ii) Windscreen	5\$ 600.00 5\$ 100.00
5)	Policyholder	MAGUIRE JIAN ZHAO EN
	Persons or Classes of Persons Entitled to	

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 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 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 MAGUIRE JIAN ZHAO EN(21/03/1973)

Named Driver(s) / Date of Birth None

7) Limitation as to use*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carnage 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

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 21/02/2023

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

Simon Birch

enRX

Chief Executive Officer

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