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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	25/10/2018 12:06		
Date Of Accident	25/10/2018 08:20		
Exact Location Of Accident	ALONG KJE TWDS PIE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLD3036P		
Insured/Policyholder			
Name Of Registered Owner	LOOI KIAN MUN		
NRIC No	S8311587D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-91814506		
Alternative Phone No	OFFICE-91814506		
Vehicle Particulars			
Manufacturer	HONDA		
Model	VEZEL		
Exact Purpose for which vehicle was being used at time of accident			
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	P10069312R00		
Cover Note Number			
Driver			
Name of Driver	NAR HUISHAN		
NRIC No	S8518093B		

Name of Driver

NAR HUISHAN

NRIC No

S8518093B

Date Of Birth

24/06/1985

Occupation

INDOOR

Date Of Driving Pass

10/05/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96187610

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 451B SENGKANG WEST WAY #08-375

Postcode 792451

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

. ,

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 25/10/2018 AT 8.20AM, I WAS DRIVING MY VEHICLE A ALONG KJE TOWARDS PIE. VEHICLE C SLOW DOWN, I FOLLOWED SUIT. SUDDENLY, VEHICLE B HIT ONTO MY REAR PORTION AND CAUSED MY CAR TO PUSH FORWARD AND HIT ONTO VEHICLE C. THERE WERE 3 CARS INVOLVED IN THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH TP WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA8071Y

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLQ7695S

VEHICLE C

PRIVATE CAR

Sketch Plan Pg. 1

SKETCH PLAN

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- 7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

Policyholder's Signature
Date & Time:

| Driver's Signature | Reporting Centre Personnel's Signature | Name:

NRIC/FIN No.:

GIARMC SketchPlanForm, V:

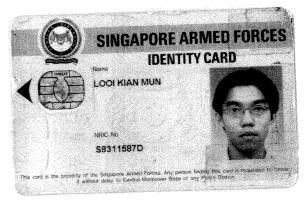
Sketch Plan #2 Pg. 1

SKETCH PLAN		
	A - SLD $B - PA807$ $A - SLQ 76$	13
DESCRIBE CIRCUMSTANCES O	THE ACCIDENT	
on 25/10/18 at	8. roam, I was driving my vehicle	A
along kSE to	woods PIE, vehicle a Slow dow,	1
ferrow suit, s	addenly vehicle B hit on my new	<u> </u>
portion and c	cure my cer to push furniard and	l hit
on vehicle	: . Yhere were 3 cers involved	in
an amident.		
DEGLARATION:		
DECLARATION I/We declare the foregoing particular	ars are true in every respect.	
do-	has	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signatu Name: NRIC/FIN No.:	ure

GIARIVIC SketchPlantorm V3

Sketch Plan #3 Pg. 1

Owner





Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8518093B



Name

NAR HUISHAN

蓝慧

CHINESE
Date of birth Sex
24-06-1985 F
Country of birth

SINGAPORE

9**851809**38





URIC No. S8518093B

Date of issue 09-10-2006

APT BLK 451B SENGKANG WEST WAY #08 - 375 SINGAPORE 792451

NRIC No: \$8518093B

Date: 20/02/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

ass 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 10 May 2006

NP 428A

Licence No: \$8518093B



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10069312R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) (Republic of Singapore), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1996 Edition (Republic of Singapore), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10069312R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

3) Date / Time of Expiry of Insurance

SLD3036P

Chassis Number

2) Effective Date / Time of Commencement :

13/06/2018 (00:00)

of Insurance for the Purpose of the Act

12/06/2019 (23:59)

4) Excess (i) Policy

S\$ 600,00

(ii) Windscreen

S\$ 100.00

5) Policyholder

: Looi Kian Mun

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 and its registration 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

Looi Kian Mun (15/04/1983)

Named Driver(s) / Date of Birth

: Nar Huishan (24/06/1985)

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 carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

8) Finance Company

United Overseas Bank Limited

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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 07/06/2018

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

Simon Birch

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

^{*} Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

