

## 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 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 Report	07/01/2019 13:04
Date Of Accident	06/01/2019 09:40
Exact Location Of Accident	CARPARK TPTP3- LORONG 4 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR6811X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG KEK NGUANG
NRIC No	S0199248A
Email Address	CKNHENRY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96562002
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6-ALTIS
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
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	THIRD PARTY
Fleet Policy	NO
Policy Number	P10037608R00
Cover Note Number	02/02/2018 TO 01/02/2019

### Driver

Name of Driver	ANGELA LEONG CHOY FONG
NRIC No	S0159232G
Date Of Birth	01/07/1952
Occupation	INDOOR
Date Of Driving Pass	08/03/1983
Driving Experience	35 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96562002
Fax Number	
Contact Number	
EMail Address	CKNHENRY@YAHOO.COM.SG

Address	APT BLK 107 JLN RAJAH #11-108
Postcode	320107
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : AUGUSTINE JOSEPH CHENG MIN KE GENDER: : MALE

#### 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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC4126K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO RECK BAN
NRIC/Passport Number	S0844489G
Contact Number	94888885-OWNER
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Budget Direct

SFR 6811X

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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.

Policyholder's Signature

Date &amp; Time: 7/1/19

9.40 am

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time: 7/1/19

9.40 am

Reporting Centre Personnel's Signature

Name:

Mali

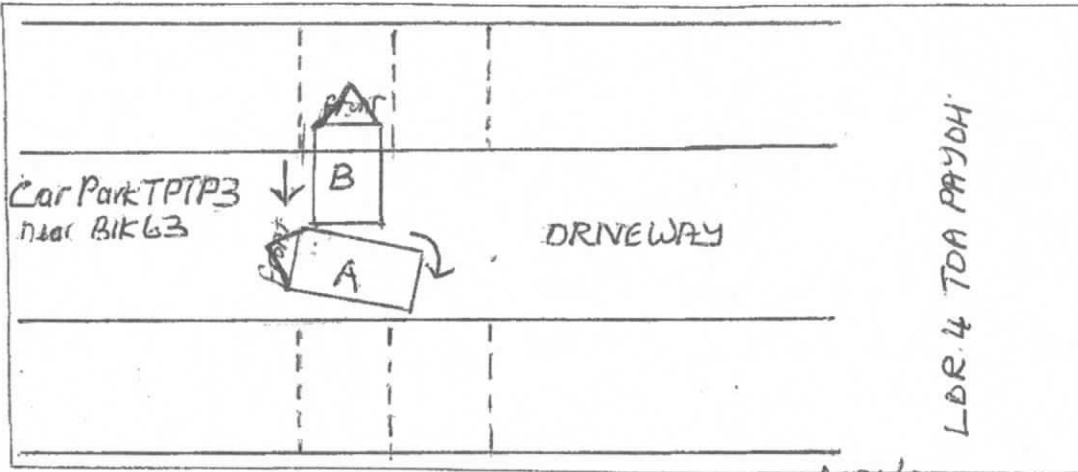
NRIC/FIN No.:

7/1/19



# Sketch Plan Pg. 2

Date of accident: 6 Jan 2019 Time: 8:40am Location: Car Park TPTP3 at Lor 4 T. Payoh  
 My Vehicle A: Toyota SFR 6811X Vehicle B: Peugeot SJC 4126K Vehicle C: —  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT nb: Name of driver: Angela Leong Chay Fung

On Sunday 6th Jan 2019 at approximately 9:40am  
 I was driving Silver Toyota Corolla Altis SFR 6811X.  
 When I was reversing to park into lot, the black  
 Peugeot car SJC 4126K, opposite to my intended lot,  
 reversed out of his parked lot and collided onto the  
 side of my front right fender and bumper.  
 Damage to Peugeot (car B): corner of rear left  
 back fender and bumper.  
 Damage to my car (Toyota) (car A): Side of front  
 right fender and bumper.  
 Nobody is injured in above accident.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address: cknhenry@yahoo.com.sg (car owner/policy holder  
 & myself  
 Email address: Cheng Kik Ngwang)

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under  
 you own policy. Kindly check with your own insurer for more information.

## DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle: SFR 6811X

Policyholder's Signature

Date & Time: 7/1/19  
9:40am

Driver's Signature

(If driver is not the policyholder)  
 Date & Time: 7/1/19  
9:40am

Reporting Centre Personnel's Signature

Name: Hea  
 NRIC/FIN No.: 71/19  
 AH LIM MOTOR COMPANY

