

## 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             | 18/05/2019 11:35     |
| Date Of Accident           | 17/05/2019 18:20     |
| Exact Location Of Accident | 996 UPP SERANGOON RD |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX6533X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHUA TEE MONG        |
| NRIC No                     | S7018272F            |
| Email Address               | YGEOKCHE@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-96214742 |
| Alternative Phone No        | OFFICE-NOPHONE       |

### Vehicle Particulars

|  |                  |
|--|------------------|
| Manufacturer   | HONDA            |
| Model  | SHUTTLE 1.5G CVT |
| 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          | COMPREHENSIVE                                      |
| Fleet Policy              | NO   |
| Policy Number             | P10149191R00                                       |
| Cover Note Number         | 03/04/2019 TO 02/04/2020                           |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YEO GEOK CHENG        |
| NRIC No              | S7314750F             |
| Date Of Birth        | 22/04/1973            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 17/09/2001            |
| Driving Experience   | 17 YEARS AND 8 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-96214742  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | YGEOKCHE@GMAIL.COM    |

|   |                |
|---|----------------|
| Address   | 14 VALLEY ROAD |
| Postcode  | 534468         |
| 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 - HEAD TO REAR |
| 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)   | 1   |

#### 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?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | PA7632K            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | MYINT THET TUN     |
| NRIC/Passport Number                | G3199364X          |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

SKETCH PLAN

Budget Direct  
Vehicle: SLX  
6533 X

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. 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 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.

  
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

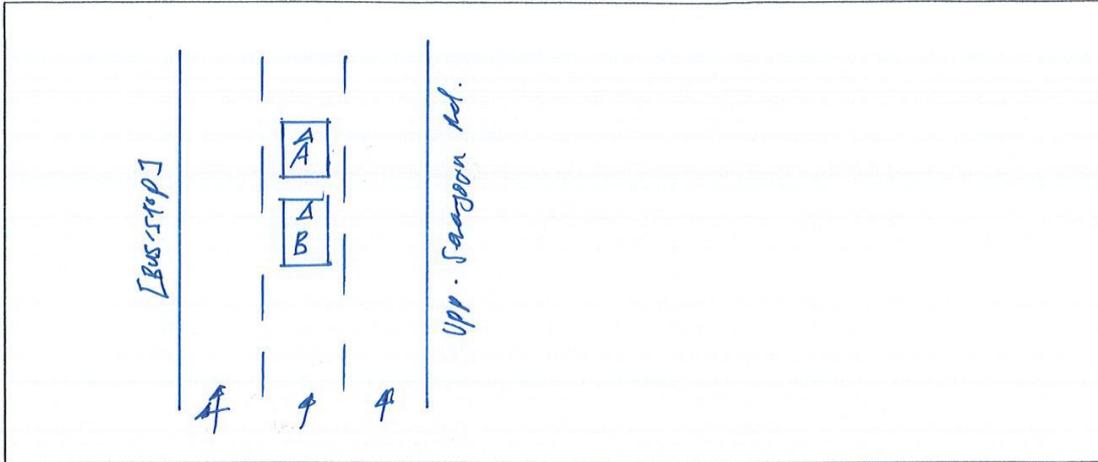
  
 \_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Marta  
 NRIC/FIN No.: 18105119

Sketch Plan Pg. 2

Date of accident: 17/05/2019 Time: 1820hrs Location: 996 hpp Serangoon Rd  
 My Vehicle A: SLX6533X Vehicle B: PA7632K Vehicle C: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was  
 travelling straight on the stated venue. As front vehicle  
 braked, I followed suit. Suddenly, vehicle B hit onto  
 my vehicle rear portion.

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 : MBM Wheelpower  
 Email address : cassandra.chun@mbmwheelpower.com.sg  
 & myself :  
 Email address :

Note : Please take note that your insurer have 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.

  
 Policyholder's Signature  
 Date & Time:

Vehicle: -  
 SLX6533X  
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: Mu Li  
 NRIC/FIN No.: 18708719  
  
 AH LIM MOTOR COMPANY



## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10149191R00

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 P10149191R00 (Comprehensive / Named Driver Plan / Any Workshop)**

- |   |   |                    |
|---|---|--------------------|
| <b>1) Vehicle Registration Number</b>   | : | SLX6533X           |
| <b>Chassis Number</b>   | : | GK81200929         |
| <b>2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b> | : | 03/04/2019 (00:00) |
| <b>3) Date / Time of Expiry of Insurance</b>  | : | 02/04/2020 (23:59) |
| <b>4) Excess (i) Policy</b>   | : | S\$ 300.00         |
| <b>(ii) Windscreen</b>  | : | S\$ 100.00         |
| <b>5) Policyholder</b>  | : | Chua Tee Mong      |

**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 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 : Yeo Geok Cheng (22/04/1973)

Named Driver(s) / Date of Birth : Chua Tee Mong (09/06/1970)

**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.

\* 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.

- |                           |   |                           |
|---------------------------|---|---------------------------|
| <b>8) Finance Company</b> | : | Maybank Singapore 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  
20/03/2019

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

Simon Birch

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7314750F



Name  
YEO GEOK CHENG  
(YANG YUZHEN)  
杨育贞

Race  
CHINESE

Date of Birth  
22-04-1973

Sex  
F

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7314750F

Name  
YEO GEOK CHENG  
(YANG YUZHEN)

Birth Date: 22 Apr 1973  
Issue Date: 03 Mar 2012



2757468



NRIC No. S7314750F



Blood Group  
AB-

Date of issue  
13-12-1995

14 VALLEY ROAD  
SINGAPORE 534468  
NRIC No: S7314750F

Date 30/09/2018

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

|  | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 17 Sep 2001    |

NP 428A



scene



scene



Accident Photo



Accident Photo



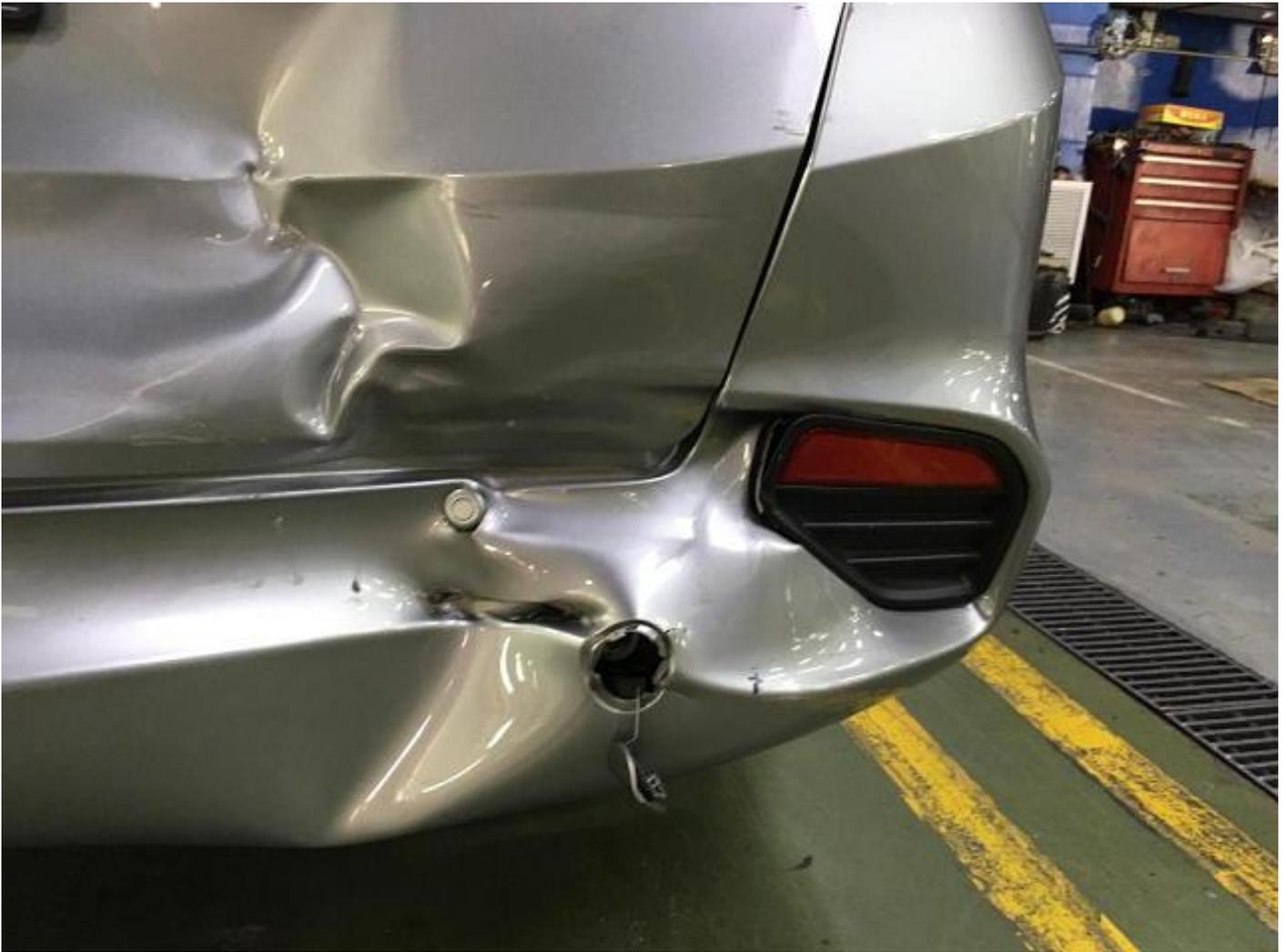
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

