

## 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	12/02/2020 16:16
Date Of Accident	06/02/2020 09:30
Exact Location Of Accident	ALOLNG ECP > JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7350P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG CHONG
NRIC No	S2504516E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97313818
Alternative Phone No	OFFICE-97313818

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	P10014346R02
Cover Note Number	

### Driver

Name of Driver	LEONG CHONG
NRIC No	S2504516E
Date Of Birth	16/08/1959
Occupation	INDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97313818
Fax Number	
Contact Number	OFFICE-97313818
EEmail Address	NOEMAIL

Address	BLK 511 JURONG WEST ST 2 #10-53
Postcode	640511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : CHAN AH ENG GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 2 GENDER: : FEMALE

### 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	SHC7706R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HENG LEE
NRIC/Passport Number	S1453755D
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.

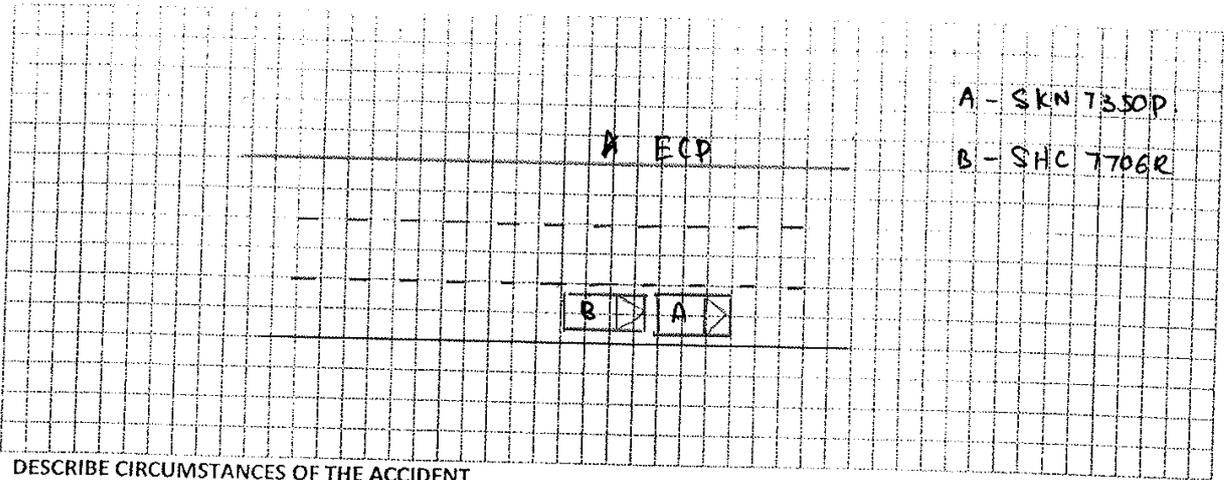
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along ECP towards Tunong. When I was travel along vehicle in front of me applied brake to slow down and I also applied brake and slow down. But suddenly vehicle B hit me from behind. My rear bumper damage cause by this accident. No persons was injured in this accident.

I was not aware to make a accident report. Police ask to settle by own. So I was make a late report. We try to private settle but the 3rd party not agree to settle.

*[Handwritten signature]*

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- |   |                                  |
|---|----------------------------------|
|   | - Reporting Only                 |
|   | - Claim OD                       |
| ✓ | - Claim TP                       |
|   | - Claim OD/ TP at other workshop |

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

*[Handwritten signature]*

Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)  
Date & Time

*[Handwritten signature]*  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



**Certificate of Insurance**

Comprehensive Car Policy  
Policy Number: P10014346R02

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 P10014346R02 (Comprehensive / Authorised Driver Plan)**

<b>1) Vehicle Registration Number</b>	:	SKN7350P
<b>Chassis Number</b>	:	KMHDH41CMEU207825
<b>2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	15/07/2019 (00:00)
<b>3) Date / Time of Expiry of Insurance</b>	:	14/07/2020 (23:59)
<b>4) Excess (i) Policy</b>	:	S\$ 0.00
<b>(ii) Windscreen</b>	:	S\$ 100.00
<b>5) Policyholder</b>	:	Leong Chong
<b>6) Persons or Classes of Persons Entitled to Drive*</b>	<p>Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.</p> <p>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.</p> <p>Main Driver / Date of Birth : Leong Chong (16/08/1959)</p> <p>Named Driver(s) / Date of Birth : Chan Ah Eng (14/05/1960)</p>	
<b>7) Limitation as to use*</b>	<p>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.</p> <p><i>* 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.</i></p>	
<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  
18/06/2019

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

Simon Birch

Identification Card & DL of Owner Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S2504516E



LEONG CHONG

梁忠

Race  
CHINESE

Date of birth  
16-08-1959

Country of origin  
MALAYSIA

Sex  
M

FOR ACCIDENT CLAIM  
USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of LEONG CHONG

License Number: S2504516E  
Name: LEONG CHONG

Birth Date: 16 Aug 1959  
Issue Date: 14 Apr 2011

001955287J



NRIC No. S2504516E



Date of issue  
09-06-2018

Address  
APT BLK 511 JURONG WEST STREET 52  
#10-58  
SINGAPORE 640511

FOR ACCIDENT CLAIM  
USE ONLY

5955289

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 29 Nov 1982
- Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg 23 Jun 1997
- \*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

NP 428A



Licence No. S2504516E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



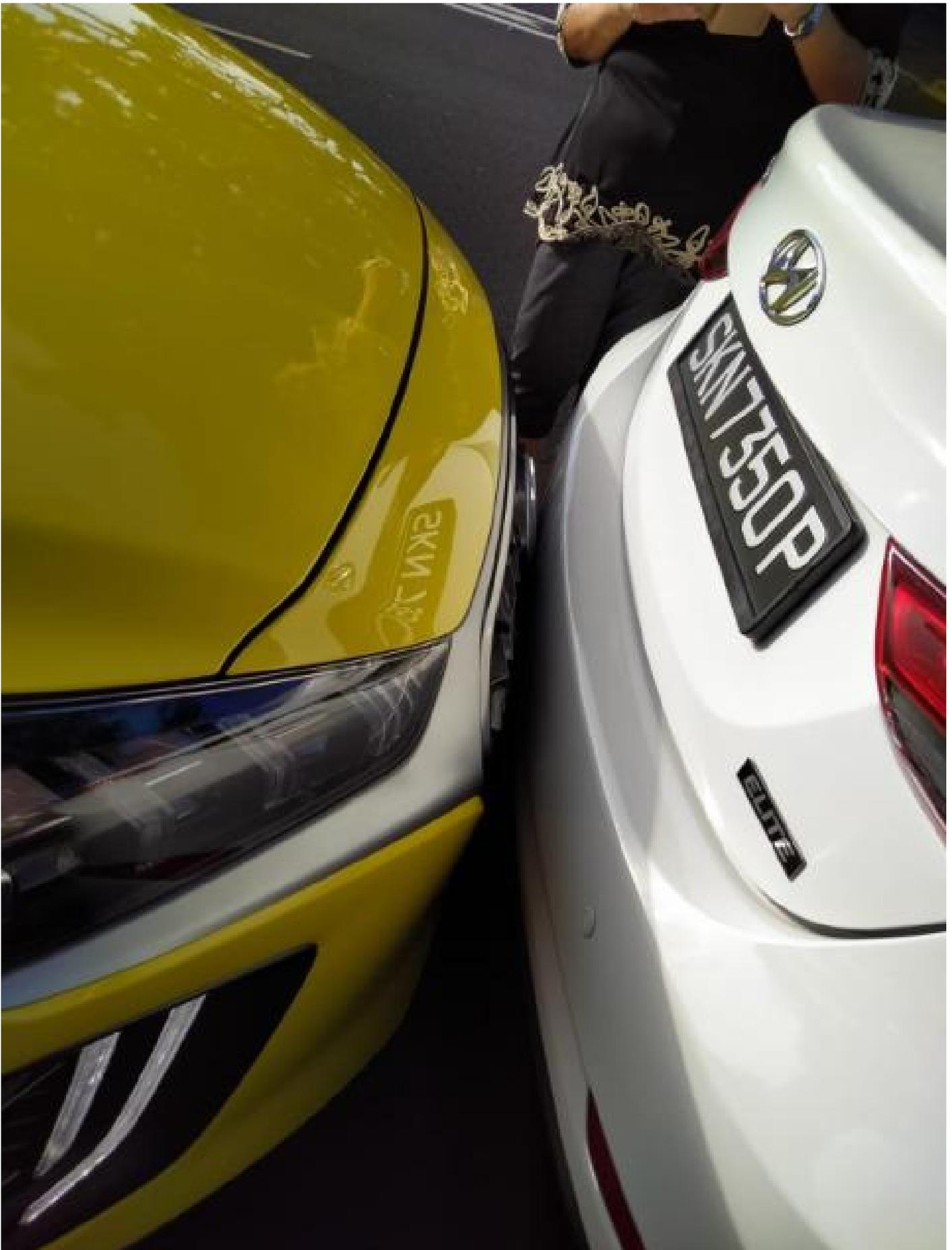
**Accident Photo**



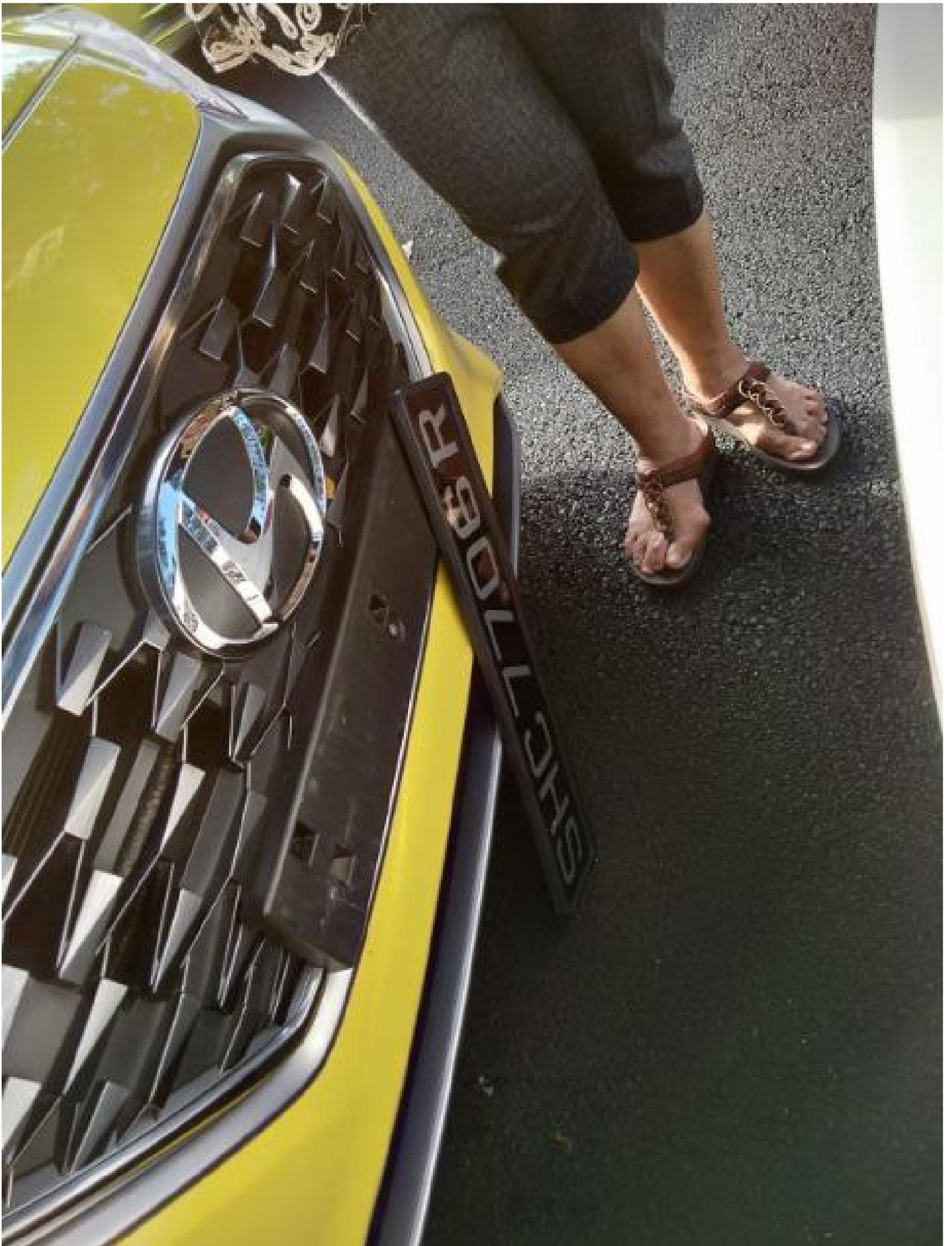
Accident Photo



Accident Photo



Accident Photo



Accident Photo

