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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	22/01/2020 13:23
Date Of Accident	21/01/2020 15:50
Exact Location Of Accident	MEDIACORP NEW CAMPUS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA6972U
Insured/Policyholder	
Name Of Registered Owner	ANDREW CHEN ZHIWEN
NRIC No	SXXXX096A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816873
Alternative Phone No	OFFICE-91816873
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ASX-2.0 (A)
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	P10146917R00
Cover Note Number	
Dulyan	

Driver

Name of Driver

CHENG LEE MEE

NRIC No

SXXXX972H

Date Of Birth

20/07/1972

Occupation

INDOOR

Date Of Driving Pass

12/12/1998

Driving Experience 21 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-81633820

Fax Number

Contact Number

EMail Address CHENGLEEMEE@HOTMAIL.COM

Address BLK 60 TOH TUCK ROAD #03-04

Postcode 596723

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHEN YUN XIN, ALIZ

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name CLEMENTI N.P.C

Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT FOR ACCIDENT DETAILS.

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 Witness 1

Name MS JIANG Phone Number 91897757

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7320U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

ETCHPLAN Mediacorp New Campus, 1	STORS THE, STREETS 504
B	
A	
A- SKA 6972U	
B- SHC 73204	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to Poince Report:	
T/00000122/2047	
1 20200122 3047	
	- 475
Police Report:	
For Passenger from SHC 7320U	
D/20200121 /0062	
AIO Fauzy 67740000	
Clementi Bolice Station.	
CLARATION	
le declare the foregoing particulars are true in every respect.	
Catholder Signature	Barada C
icyholder's Signature e & Time: 22/24 / 2020 (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
1:14 pm Date & Time: >> Jan 2030	NRIC/FIN No.:

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.
- 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.
- 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:
 - 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)

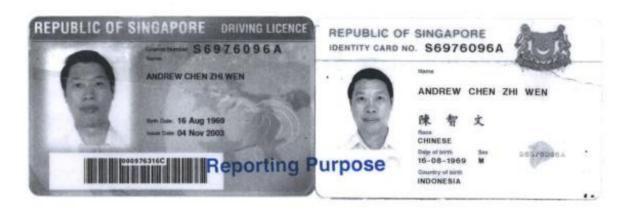
Date & Time: 21 4n 2020

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GARME SectionPlanForm 3/3

Owner's Identification Card





Driver's Identification Card







Certificate of Insurance

Comprehensive Car Policy Policy Number: P10146917R00

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 P10146917R00 (Comprehensive / Named Driver Plan / Any Workshop)

1) Vehicle Registration Number

Chassis Number

JMFXTGA2WHZ001721

2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

06/03/2019 (00:00)

3) Date / Time of Expiry of Insurance

05/03/2020 (23:59)

S\$ 600.00

(i) Policy (ii) Windscreen

S\$ 100.00

5) Policyholder

Chen Andrew Zhi Wen

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

Chen Andrew Zhi Wen (16/08/1969)

Named Driver(s) / Date of Birth

Cheng Lee Mee (20/07/1972)

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.

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 12/03/2019

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

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201625103G), trading as Budget Direct Insurance 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

POLICE REPORT





Date of Expiry:

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

1 of 3 Report No. T/20200122/2047

Date/Time Report Made: 22/01/2020 11:38		fade:	Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars				
Name of Informant: CHENG LEE MEE			Address: 60 TOH TUCK ROAD #03-04 SINGAPORE 596723			
ID Type / ID No.: NRIC NO / S7273972H		72H	Contact No.: Home/Office:	Mobile: 81633820		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Female 47 20/07/1972		Date of Birth: 20/07/1972	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na English			
Occupation: Housewife			Driving Licence Informatio Class:	n: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/01/2020 15:50	Type of Location Straight Road
Weather:	N ROAD	MediaCorp New Cam Road Surface: Dry	pus Drop Off Point Drive	eway Road Speed Limit:
Clear				
Clear Traffic Flow: One Way	20.114	Traffic Control: Not Controlled		raffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7320U	Car					0
SKA6972U	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3 Report No. T/20200122/2047

CONTINUATION OF REPORT

P. P. Carlon	Experience in the		ALEXA PART	100		
Name	Unknown			ID No.		NIL
Related Vehicle	SHC7320U (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL	25			Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	ischarge NIL			
No. of Days granted Medical Leave NIL		NIL		Degree of Injury NIL		meaning a through an invalin
Driver				10000		
Name	CHENG LEE MEE			ID No	-	S7273972H
Related Vehicle	SKA6972U (Car)			Conta	ct No.	81633820
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL		NIL	Degree o	Degree of Injury NIL		

Brief Details.

On the 21 Jan 2020 at about 1551 hrs, I was driving my vehicle SKA 6972 U along 1 Stars Ave at the MediaCorp Building Drop Off driveway when I saw a yellow Citi-Cab Taxi number SHC 7320 U stopping in front along the side of the driveway. I slowed down my vehicle and stop behind the taxi. I then overtook the taxi on the right. As I was driving past the taxi, there was a passenger opened up the rear right door and hit on the left side of my vehicle. There was some damages on my rear left door. I stopped in front of the taxi and approached the passenger to claim for the damages but she refused. The taxi where she was from earlier just drove off without stopping. Nobody was injured. I am lodging this report for insurance claim purposes.

POLICE REPORT





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

3 of 3

Report No. T/20200122/2047

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / SI MOHAMAD ISMADI BIN MOK'IN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 11:38
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	
Authentication Stamp NP168	SIGNAPURE 81 97251















