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	27/06/2020 10:12
Date Of Accident	26/06/2020 13:30
Exact Location Of Accident	GLENDALE PARK ENTRANCE ALONG HILLVIEWE AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB252L
Insured/Policyholder	
Name Of Registered Owner	CHEE KOK LEONG
NRIC No	SXXXX461E
Email Address	CHEEKL68@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97441078
Alternative Phone No	OTHERS-97441078
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT AWD SR
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 P10149215R01

Cover Note Number

Driver

Name of Driver TANG YEN TING
NRIC No SXXXX479B
Date Of Birth 17/07/1975
Occupation INDOOR
Date Of Driving Pass 22/04/2006

Driving Experience 14 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90903624

Fax Number

Contact Number

EMail Address TANGYENTING@GMAIL.COM

21 HILLVIEW AVENUE #04-12 Address

Postcode

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 **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** DRY Road Surface

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

NO

KINDLY REFER TO SKETCH PLAN.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ67G

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver MOK KIM TIANG SXXXX703E NRIC/Passport Number **Contact Number** 91634546

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - 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:

27/6/2000

Reporting Centre Personnell's Signature
Name:

NRIC/FIN No

GIARMC SketchPlanForm_V3

SKETCH PLAN	Hillview Aven	lul
Road Carreline	Glendale Park	The commercial the commercial substitution of the commercial s
	Just House	the dalle time.
DESCRIBE CIRCUMSTANCES OF THE ACC		
	100m d 1.30pm,	I was driving
home to Glendale Pr	ulc along the 1	tillview Avenue,
The Commercial velice	e (GB7676) 1100	
and turning into	the entrance of	Gendale Parks entrance
I was wortho at	the begind at	the conter line
	enus with a sc.	The Ceration like
the commercial ve	34	te distance from). My vehicle was stationing
		7. The Vertical Volls Statisting
	mercial velocie (GBI 676) Surdenly
reversed to pard	my car. Despi	
Cyptimised to the state	the commerci.	I vehicle (GBJ 67G)
Side of my car	e chatched has a	my car (to right)
STORE OF MY COS	is sketchedaboye.	
	1	7,
Important:		- Reporting Only
You have been advised by the workshop that claim against your own policy (OD CLAIM). THE	in the event that you wish to	- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stimulated time from		- Claim TP
from the day of the occurrence.		- Claim OD/ TP at other workshop
DECLARATION		1
I/WF declare the foregoing newticular	•	

foregoing particulars are true in every respect.

Policyholder's signature Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature Name: Jackson 700.

Nric/Fin No.



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10149215R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10149215R01 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

SLB252L

Chassis Number

·

2) Effective Date / Time of Commencement

24/03/2020 (00:00)

of Insurance for the Purpose of the Act

23/03/2021 (23:59)

4) Excess (i) Policy

S\$ 600.00

(ii) Windscreen

3) Date / Time of Expiry of Insurance

S\$ 100.00

5) Policyholder

Chee Kok Leona

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

Chee Kok Leong (13/08/1968)

Named Driver(s) / Date of Birth

TANG YEN TING (17/07/1975)

7) Limitation as to use*

Use only for social, domestic and pleasure purposes and for the occasional business purposes of the drivers listed above. 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) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

8) Finance Company

HL Bank

 $\rm I$ / 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) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 12/03/2020

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

Identification Card Pg. 1



S6875461E (PINK IC) \$10.00

NRIG NO:
CHEE KOK LEONG

NAME

CHUA BEE CHOO

CHUA BE





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7580479B



Country of birth

CHINESE Date of birth 17-07-1975

TANG YEN TING

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

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Apr 2006
of the driver; and other motor vehicles =< 2500kg

FOR ACCIDENT CL USE ONLY

21 HILLVIEW AVENUE #04-12 SINGAPORE 669556



































