

## 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	13/07/2020 15:32
Date Of Accident	11/07/2020 23:20
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2946Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WENG FANG
NRIC No	SXXXX602A
Email Address	WENGFANG0223@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91006750
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	P10147108R01
Cover Note Number	27/03/2020 TO 26/03/2021

### Driver

Name of Driver	WENG FANG
NRIC No	SXXXX602A
Date Of Birth	28/03/1981
Occupation	INDOOR
Date Of Driving Pass	06/09/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91006750
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	WENGFANG0223@GMAIL.COM

Address	APT BLK 93A TELOK BLANGAH STREET 31 #08-155
Postcode	101093
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 - 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?	YES
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: : LIAU CHEE WEI 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	SLN605P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	WENG FANG
Approximate Age	
Injuries Sustain	PAIN IN EARDRUM, THROAT & RIGHT HAND SIDE OF SHOULDER AREA
Injured person in which vehicle?	SLM2946Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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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.

Budget  
Direct  
Vehicle  
SLM 29464

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

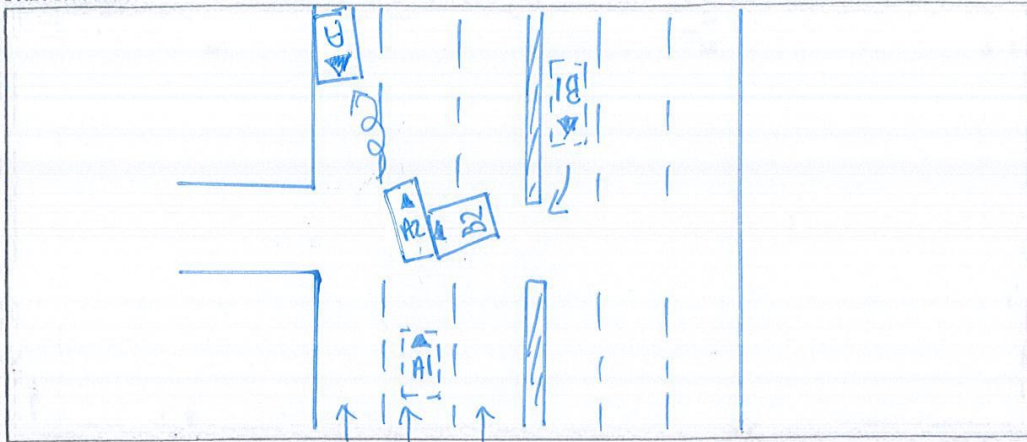
Date of accident: 11/07/2020 Time: 23 : 20 Location: JALAN BUKIT MERAH

My Vehicle A: SLM 2946 Y

Vehicle B: SLN 605 P

Vehicle C:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SLM2946Y was travelling on the stated venue. I was travelling straight in my lane. Traffic was still green in my favour hence I proceed to go straight. Suddenly vehicle 'B' from the opposite lane turn towards my direction, upon seeing I swerve to the left to avoid however the vehicle still collided against my vehicle right. Upon impact, my vehicle spin 180° and went forward, my front right rims were damaged too.

☐ 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 : Team AutoPro Pte. Ltd.

Email address : Teamautopl@gmail.com

& myself : WENG FANG

Email address : WENGFANG0223@GMAIL.COM

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.

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.:

GIARAC SketchPlanForm\_V3

AH LIM MOTOR COMPANY

It pays to choose

**Budget  
Direct**  
insurance

**Certificate of Insurance**

 Comprehensive Car Policy  
 Policy Number: P10147108R01

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 P10147108R01 (Comprehensive / Authorised Driver Plan)**

1) Vehicle Registration Number	:	SLM2946Y
Chassis Number	:	-
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	27/03/2020 (00:00)
3) Date / Time of Expiry of Insurance	:	26/03/2021 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Weng Fang
6) Persons or Classes of Persons Entitled to Drive*		
<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 : Weng Fang (28/03/1981)</p> <p>Named Driver(s) / Date of Birth : No driver is named.</p>		
7) Limitation as to use*		
<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) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.</i></p>		
8) Finance Company	:	Oversea-Chinese Banking Corporation 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) 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  
 24/03/2020

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


Simon Birch



Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8171602A**

Name  
**WENG FANG**

Birth Date **28 Mar 1981**  
Issue Date **06 Sep 2012**

002103193K

STRICTLY FOR WORKSHOP USAGE  
USE FOR ACCIDENT REPORTING ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8171602A**

Name  
**WENG FANG**

Place  
**CHINESE**

Date of birth  
**28-03-1981**

Country/Place of birth  
**CHINA**

Sex  
**F**

**S8171602A**

STRICTLY FOR WORKSHOP USAGE  
USE FOR ACCIDENT REPORTING ONLY

YOU ARE LICENCED 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	06 Sep 2012

NP 428A

Licence No: **S8171602A**

STRICTLY FOR WORKSHOP USAGE  
USE FOR ACCIDENT REPORTING ONLY

5608755

NRIC No. **S8171602A**

Date of issue  
**25-05-2016**

APT BLK 93A TELOK BLANGAH STREET 31 #08-155  
SINGAPORE 101093

NRIC No. **S8171602A** Date: **04/06/2018**

STRICTLY FOR WORKSHOP USAGE  
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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8171602A**

Name **WENG FANG**

Birth Date **28 Mar 1981**

Issue Date **06 Sep 2012**

002103193K

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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8171602A**

Name **WENG FANG**

Place **CHINESE**

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Country/Place of birth **CHINA**

Sex **F**

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STRICTLY FOR WORKSHOP USAGE  
USE FOR ACCIDENT REPORTING ONLY



scene



scene





scene



scene





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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