SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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	17/07/2020 13:49
Date Of Accident	16/07/2020 15:20
Exact Location Of Accident	CGH MEDICAL CTR BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EY5885P
Insured/Policyholder	
Name Of Registered Owner	TEH CHEE SHENG WILSON
NRIC No	SXXXX766A
Email Address	MSMA.OSSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98234535
Alternative Phone No	OTHERS-98234535
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3-1.6 SUNROOF (A)
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	P10271265R00
Cover Note Number	30/11/2019 - 29/11/2020
Driver	
Name of Driver	TEH CHEE SHENG WILSON
NRIC No	SXXXX766A
Date Of Birth	16/03/1980
Occupation	INDOOR
Date Of Driving Pass	04/11/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98234535
Fax Number	

OTHERS-98234535

MSMA.OSSG@GMAIL.COM

432B YISHUN AVE 1 Address

#07-535

Postcode 762432

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 SDD7100E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 28

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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 Central Personnel's Signature Name:

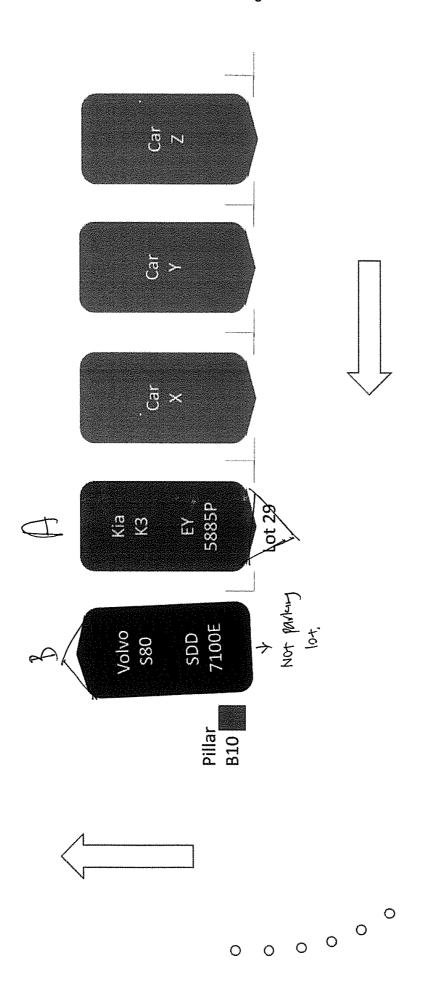
NRIC/FIN No.:

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Date of accident:	16/7/20	Time: 15W	Location:	COH Medical	Cor Basement Cl
My Vehicle A:	EYSBBSP	Vehicle B:	500 71 00E	Vehicle C:	
SKETCH PLAN					
	Refer	to the a	ttached	copy.	
DESCRIBE CIRCUMST	ANCES OF THE AG	CCIDENT		4.4	

Refer	to the p	olice regard	P. Charles		
		· · · · · · · · · · · · · · · · · · ·	THE RESERVE THE PROPERTY OF TH		
Claim OD/TP a Remarks: Please for My workshop: Email address: & myself: Email address:		•	TP at other work	sshop	ng Only
you own policy. Kir	note that your insi ndly check with yo	urer have 14 days ti our own insurer for	meframe for you to more information.	o submit own damage	claim under
DECLARATION I/We declare the foregoi	ng particulars are tru	ue in every respect.		* AH LIA	
4 Ulil				NA NA	
Policyholder's Signature Date & Time:	(If di	er's Signature river is not the policyho & Time:	lder)	Reporting Centre Personne Name:	el's Signature

AH LIM MOTOR COMPANY







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200717/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2020 02:12		ade:	Vide Report No.:	Station Diary No.:		
Informant'	s Particu	lars				
Name of Informant: TEH CHEE SHENG, WILSON			Address: APT BLK 432B YISHUN AVE 1 #07-535 SINGAPORE 762432			
ID Type / ID No.: NRIC NO / S8007766A		5A	Contact No.: Home/Office:	Mobile: 98234535		
Nationality: SINGAPOR	RE CITIZE	N	Email: msma.ossg@gmail.com	The state of the s		
Sex: Male	Age: 40	Date of Birth: 16/03/1980	Type of Informant: Vehicle Owner	The state of the s		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Project Officer			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/07/2020 15:20	Type of Location Car Park
Location:		1.	<u> </u>	
SIMEI STREI	≣T 3			
Weather:		Road Surface:	Ro	ad Speed Limit:
		l Di y		
Traffic Flow: One Way		Traffic Control:	Tra	affic Volume:

Details of V	ehicle Invo	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
EY5885P	Car	KIA	Cerato Forte K3	Red	Slightly Damaged	0
SDD7100E	Car	VOLVO	S80	Black		0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EY5885P	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10271265R00	30/11/2019	29/11/2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200717/7000

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of			Use of Per	Pedestrian Crossing: NA		
Vehicle Owner			l			<u></u>
Name	TEH CHEE SHENG, WILSON			ID No	•	S8007766A
Related Vehicle	NIL			Conta	ct No.	98234535
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	narge	NIL	
No. of Days granted Medical Leave NIL Degree of Injury NIL						

Brief Details.

Location: CGH medical centre basement 1 carpark lot 29

Date: Thu 16 Jul 2020 Time parked: 1340hrs Time discovered: 1520hrs Alleged vehicle: SDD 7100E

I was visiting CGH medical centre for my appointment and parked my vehicle (reversed parked) at medical centre B1 carpark lot 29 (near to pillar B10). I noted a black Volvo S80 bearing registration plate SDD 7100E parked head-in into a space (not a lot) beside my vehicle. The said vehicle was parked slightly slanted. I happened to take a picture of both of our vehicles before I left for appointment.

Upon returning to my vehicle around 1520hrs, I noted that the said vehicle was no longer around. This was when I discovered that my vehicle's front right bumper has several fresh scratches. There was some black paint residue left behind. Due to the collision, some of my vehicle's paint was also removed.

With this, I reported the incident to CGH security supervisor Mr Hermin Bin Arifin at 1530hrs. He mentioned that it would be recorded down in their diary.

I have picture of the said vehicle parked beside my vehicle before I left for appointment.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200717/7000

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able to provide sketch pla	an

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2020 02:12
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp	



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10271265R00

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 P10271265R00 (Comprehensive / Named Driver Plan / Any Workshop)

1) Vehicle Registration Number

EY5885P

Chassis Number

2) Effective Date / Time of Commencement :

of Insurance for the Purpose of the Act

30/11/2019 (00:00)

3) Date / Time of Expiry of Insurance

29/11/2020 (23:59)

(i) Policy 4) Excess (ii) Windscreen

S\$ 0.00

S\$ 100.00

5) Policyholder

Teh Chee Sheng Wilson

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

Teh Chee Sheng Wilson (16/03/1980)

Named Driver(s) / Date of Birth

Chua Meng Li (23/02/1982)

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) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under

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) 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 21/11/2019

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

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



Policy Schedule

Comprehensive Car Policy Policy Number: P10271265R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number Policy Start Date

P10271265R00 30/11/2019 (00:00)

Policy Issued On

21/11/2019

Policy End Date

29/11/2020 (23:59)

Cover

Type of Cover Optional Cover(s) Comprehensive / Named Driver Plan / Any Workshop

Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

S\$ 0.00

Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen

Named Driver below 25 years old

S\$ 100.00

Named Driver with less than 2 years' valid driving licence

S\$ 500.00 S\$ 500.00

Premiums Gross Premium

7% GST Total Premium Payable S\$ 622.05 S\$ 43.55

S\$ 665.60

Policyholder

Name

Teh Chee Sheng Wilson

Address Email Address

432B Yishun Avenue 1 #07-535 Vista Spring @ Yishun Singapore 762432

marcgiggs11@gmail.com

Mobile Number 98585189

Main Driver

Name

Teh Chee Sheng Wilson

Date of Birth

16/03/1980 Male / Married

Gender / Marital Status Occupation

Admin: (Civil Servant/ Private sector)

Certificate of Merit

Licence Held For

More than 5 years No. of Claims/Accidents (Last 3 Yrs) O At-Fault and O Not At-Fault

Vehicle Insured

Vehicle Registration Number

EY5885P

Chassis Number Make & Model

Vehicle Colour Year of First Registration Kia Forte K3 1,6 Red 2017

Sum Insured

Market Value

Off-Peak Car NCD

No 50%

Vehicle Usage

Private and Commuting

Modifications Declared None

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

Driver(s) Chua Meng Li Date of Birth 23/02/1982

Licence Held For More than 5 years No. of Claims/Accidents (Last 3 Years)

At-Fault Not At-Fault

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



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8007766A





TEH CHEE SHENG, WILSON (ZHENG QISHENG, WILSON)

郑 启 生

CHINESE Date of birth Sc 16-03-1980 M

Country of birth

SINGAPORE

58007766A

STRICTLY FOR WORKSHOP USAGE

USE FOR ACCIDENT REPORTING ONLY

> P/C NO Many. No vides. Opax.

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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

04 Nov 2003



RIC No. S8007766A

Date of issue 41 20-11-2010

APT BLK 432B YISHUN AVE 1 #07-535 SINGAPORE 762432

NRIC No: \$8007766A

Date: 17/08/2014

NP 428A

Licence No: \$8007766A

STRICTLY FOR WORKSHOP USAGE

USE FOR ACCIDENT REPORTING ONLY











