

## 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	18/08/2020 11:14
Date Of Accident	17/08/2020 14:20
Exact Location Of Accident	JLN BAHAR / NANYANG AVE JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN385L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG LENG PENG
NRIC No	SXXXX091G
Email Address	SDF4000U@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90012551
Alternative Phone No	OTHERS-90012551

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (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	P10256795R00
Cover Note Number	26/09/2019 - 22/10/2020

### Driver

Name of Driver	CHANG LENG PENG
NRIC No	SXXXX091G
Date Of Birth	19/12/1970
Occupation	INDOOR
Date Of Driving Pass	07/10/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90012551
Fax Number	
Contact Number	OTHERS-90012551
EEmail Address	SDF4000U@YAHOO.COM.SG

Address	221 HOUGANG ST 21 #04-68
Postcode	530221
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?	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)	1

#### 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 THE SKETCH PLAN BY DRIVER

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4972C
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	CHANG LENG PENG
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Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SMN385L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

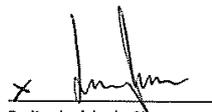
### SKETCH PLAN

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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:
  - (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.:



# Budget Direct insurance

## Policy Schedule

Comprehensive Car Policy  
Policy Number: P10256795R00

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 : P10256795R00 Policy Issued On : 25/09/2019  
Policy Start Date : 26/09/2019 (00:00) Policy End Date : 22/10/2020 (23:59)

### Cover

Type of Cover : Comprehensive / Authorised Driver Plan  
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

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

Policy : S\$ 600.00

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

Windscreen : S\$ 100.00  
Named Driver below 25 years old : S\$ 500.00  
Named Driver with less than 2 years' valid driving licence : S\$ 500.00  
Unnamed Driver 25 years and above : S\$ 500.00  
Unnamed Driver with 2 or more years' valid driving licence : S\$ 500.00  
Unnamed Driver below 25 years old : S\$ 1,500.00  
Unnamed Driver with less than 2 years' valid driving licence : S\$ 1,500.00

### Premiums

Gross Premium : S\$ 536.87  
7% GST : S\$ 37.59  
Total Premium Payable : S\$ 574.46

### Policyholder

Name : Chang Leng Peng  
Address : 363 Hougang Avenue 5 #14-292 Singapore 530363  
Email Address : sdf4000u@yahoo.com.sg  
Mobile Number : 90012551

### Main Driver

Name : Chang Leng Peng  
Date of Birth : 19/12/1970  
Gender / Marital Status : Male / Married  
Occupation : Management: (Civil Servant/ Private sector)  
Certificate of Merit : Yes  
Licence Held For : More than 5 years  
No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

### Vehicle Insured

Vehicle Registration Number : SMN385L  
Chassis Number : RU11101002  
Make & Model : Honda Vezel 1.5  
Vehicle Colour : White  
Year of First Registration : 2015  
Sum Insured : Market Value  
Off-Peak Car : No  
NCD : 50%  
Vehicle Usage : Private and Commuting  
Modifications Declared : None

### Driver Plan

Authorised Driver Plan. Household members of the Main Driver not named in the policy will not be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

### Named Driver(s)

Driver(s)	Date of Birth	Licence Held For	No. of Claims/Accidents (Last 3 Years)	
			At-Fault	Not At-Fault
Fok Suet Cheng Joycelyn	18/07/1972	More than 5 years	0	0

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7045091G



Name  
CHANG LENG PENG

曾凌平

Race  
CHINESE

Date of Birth 19-12-1970 Sex M

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE - DRIVING LICENCE

Licence Number S7045091G

Name  
CHANG LENG PENG

Birth Date 19 Dec 1970  
Issue Date 23 Mar 2004



001170794C



STRICTLY  
FOR WORKSHOP USE

USE FOR ACCIDENT  
REPORTING ONLY

90012557

plc

Wing-neck + low  
walk.

Camera.

pay.

sdf 4000 u @ Yahoo.com.sg.

2459096



NRIC No. S7045091G



Blood Group O+ Date of issue 07-10-1994

Address  
APT BLK 221 HOUGANG STREET 21 #04-88  
SINGAPORE 530221

NRIC No. S7045091G Date: 04/04/2016

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

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Mar 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Oct 1995

NP 428A

Licence No: S7045091G



STRICTLY  
FOR WORKSHOP USE

USE FOR ACCIDENT  
REPORTING ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



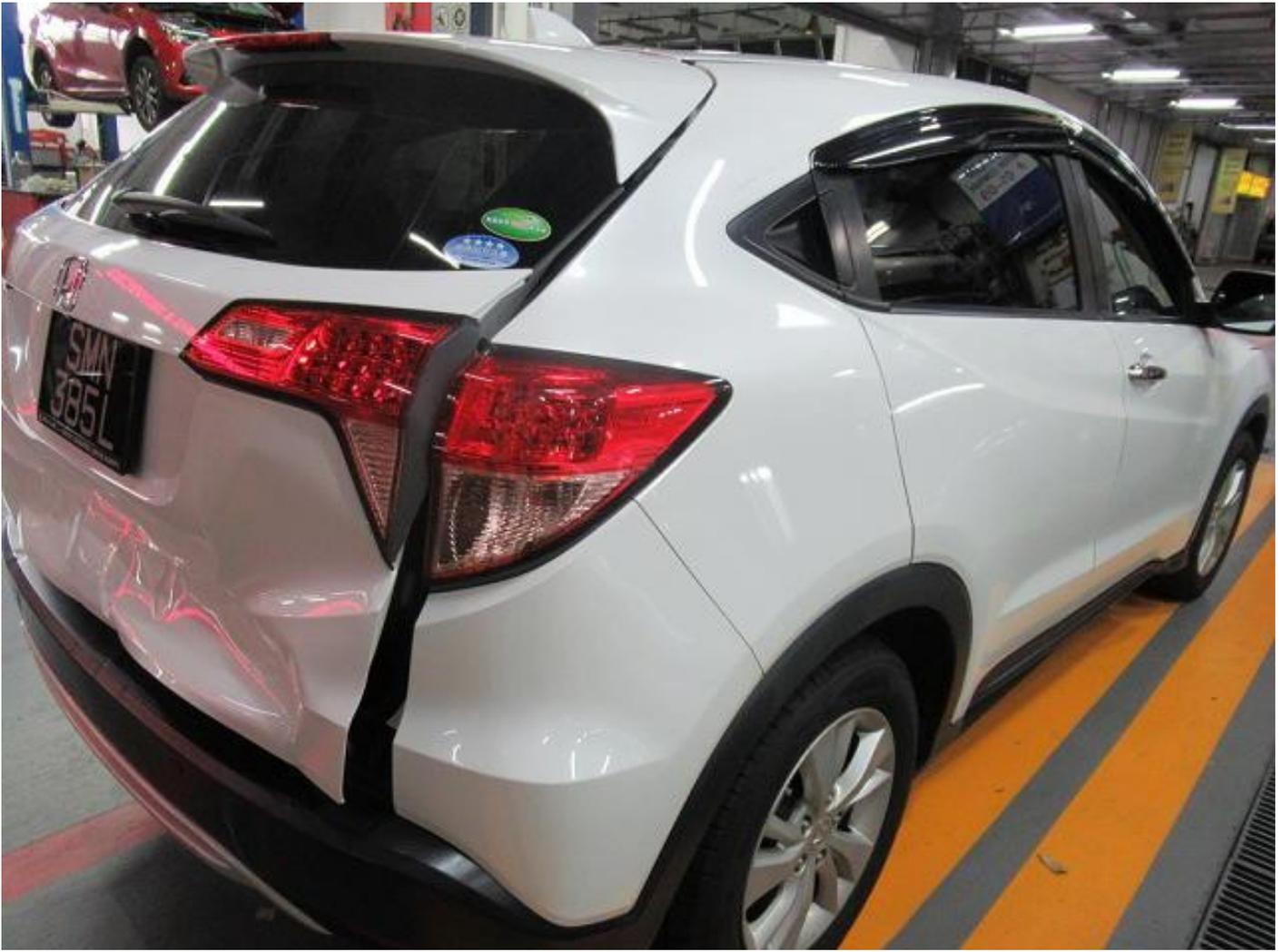
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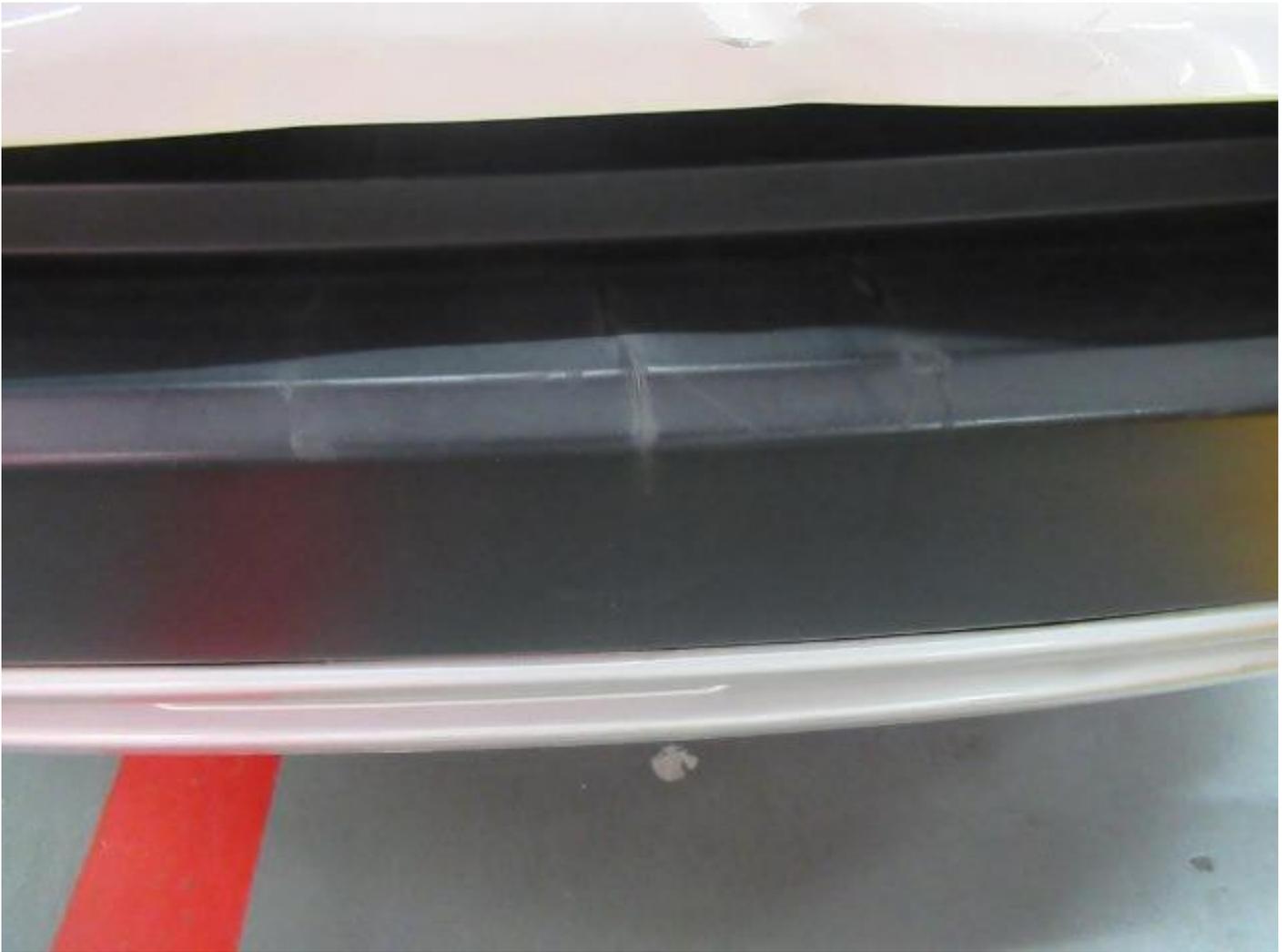
Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo

