

## 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	27/07/2020 15:50
Date Of Accident	27/07/2020 14:00
Exact Location Of Accident	BUKIT PANJANG RD > BUKIT PANJANG RING RD (SLIP RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK7045Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KIM CHUAN KELVIN
NRIC No	S7118642C
Email Address	KELVINLEE_SG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81000051
Alternative Phone No	OFFICE-81000051

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS-S 2.4 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	P10265349R00
Cover Note Number	30/10/2019-29/10/2020

### Driver

Name of Driver	LEE KIM CHUAN KELVIN
NRIC No	S7118642C
Date Of Birth	29/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1993
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81000051
Fax Number	
Contact Number	OFFICE-81000051
Email Address	KELVINLEE_SG@HOTMAIL.COM

Address	BLK 517 JELAPANG ROAD #15-187
Postcode	670517
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
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: : SAMANTHA LEE GENDER: : FEMALE

#### 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	SHA8250S
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KIAN WUA
NRIC/Passport Number	S0218232G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident 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.

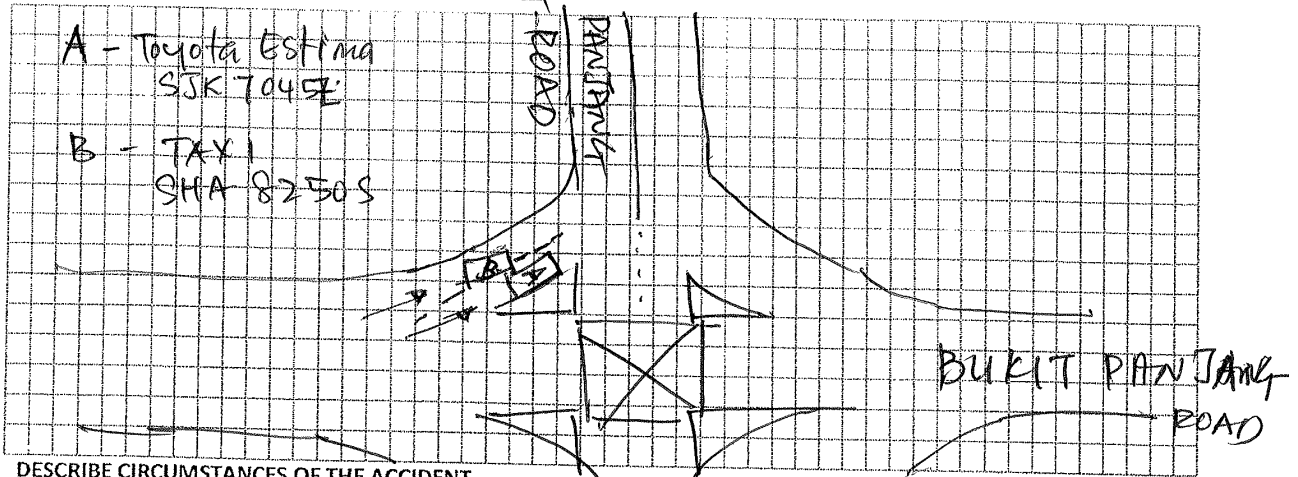
Policyholder's Signature  
Date & Time: 21/7/20

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/2/20

Reporting Centre Personnel's Signature  
Name: Rakeshwaran Prasad  
NRIC/FIN No.:

# Accident Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 2pm, 27/7/20, on my way home. I was travelling along Bukit Panjang Rd turning into slip road to Bukit Panjang Ring Rd. (The slip road which happens to be a 2 lanes). At the turning, while waiting for traffic to clear, so I can move off. As I turned, I heard a loud sound from the back door on the right side of the car. Looking at my rear left rear mirror, I noticed Taxi Driver (B) has crossed the line and has knocked into my car.

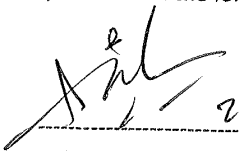
### Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.


- Reporting Only
- Claim OD
- Claim TP
- ☒ - Claim OD/ TP at other workshop

### DECLARATION

I/WE declare the foregoing particulars are true in every respect.

  
 Policyholder's signature  
 Date & Time 27/7/20  
 15:20 hrs

\_\_\_\_\_  
 Driver's Signature  
 (if driver not the policyholder)  
 Date & Time

  
 Reporting Centre Personnel's Signature  
 Name: Palasuram Annan  
 Nric/Fin No.

**Budget  
Direct  
insurance**

**Certificate of Insurance**

Comprehensive Car Policy  
Policy Number: P10265349R00

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 P10265349R00 (Comprehensive / Named Driver Plan)**

<b>1) Vehicle Registration Number</b>	:	SJK7045Z
<b>Chassis Number</b>	:	-
<b>2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	30/10/2019 (00:00)
<b>3) Date / Time of Expiry of Insurance</b>	:	29/10/2020 (23:59)
<b>4) Excess (i) Policy</b>	:	S\$ 600.00
<b>(ii) Windscreen</b>	:	S\$ 100.00
<b>5) Policyholder</b>	:	Lee Kim Chuan Kelvin
<b>6) Persons or Classes of Persons Entitled to Drive*</b>		
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	:	Lee Kim Chuan Kelvin (29/05/1971)
Named Driver(s) / Date of Birth	:	Donna Chang (16/06/1971) Max Goh (17/02/1985) Lim Kiah Jin (11/04/1960) Hong Bin (08/12/1967)
<b>7) Limitation as to use*</b>		
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 these headings.		
<b>8) Finance Company</b>	:	Hong Leong Finance 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  
09/10/2019


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



**Simon Birch**

Identification Card & DL of Owner Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7118642C



Name  
LEE KIM CHUAN KELVIN

李 金 川

Race  
CHINESE

Date of birth  
29-05-1971

Sex  
M

Country of birth  
SINGAPORE

4837313

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7118642C

Name  
LEE KIM CHUAN KELVIN


Birth Date: 29 May 1971

Issue Date: 08 Nov 2004




001297725D

4837313



NRIC No. S7118642C



Date of issue  
22-02-2012


Address  
APT BLK 517 JELAPANG ROAD  
#15-187  
SINGAPORE 670517

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

	PASS DATE
Class 2B Motorcycles =< 200 cc	22 Sep 1995
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	14 Jun 1993

NP 428A

Licence No: S7118642C



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

