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

aloresalu.		
	ACCIDENT STATEMENT	
Date Of Report	19/09/2020 13:52	
Date Of Accident	18/09/2020 23:30	
Exact Location Of Accident	BLK 201 ANG MO KIO AVE 3 OPEN CARPARK AT LOT NO.28	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF7584A	
Insured/Policyholder		
Name Of Registered Owner	YEW MON KIEE	

NRIC No S8280477C

Email AddressANGUSYEW@GMAIL.COMMobile Phone No(LOCAL) +65-97559084Alternative Phone NoOFFICE-97559084

Vehicle Particulars

Manufacturer SEAT

Model ARONA STYLE-999CC (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?

YES

If No, Please state action to be taken

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

Cover Note Number

Driver

Name of Driver

YEW MON KIEE

NRIC No

S8280477C

Date Of Birth

08/06/1982

Occupation

INDOOR

Date Of Driving Pass

09/04/2009

Driving Experience 11 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97559084

Fax Number

Contact Number OFFICE-97559084

EMail Address ANGUSYEW@GMAIL.COM

Address APT BLK 201 ANG MO KIO AVENUE 3

#08-1652

Postcode 560201

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 FIRE, EXPLOSION OR LIGHTNING

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

2

NO

0

YES

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-4519999 - **FAX NO**: 65535679

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED SKETCH PLAN,PHOTO, VIDEO FOOTAGE AND POLICE REPORT. KINDLY NOTE ALL DOCUMENTS BURNED. ID-JURONG ISLAND PASS CASH CARD TOUCH AND GO CARD PSA CARD BABY CHAIR OFFICE CARD IN CAR FRT & BACK CAMERA BABY STROLLER

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 SHD3409U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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:

lana Allha

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

19 UNI ROAD

SING

Name: EMER ALFON

GIARMC SketchPlanForm_V3

68467483

A-SMF7589 B-SHD340	4A >9U	OPT	201 AN EN CA AT LOS	R PA	PK
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT				
PLS PETER	ER to	POLICE	PEPOR	T	
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	25				
		W.			
11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	Ji lu-				
DECLARATION	A contra		AUTOLUTIO	Ņ INDUSTRIĄL	PTF ITD
/We declare the foregoing particul	lars are true in every	respect.	19 UBI R	DAD 4	1 12 210
1.			SINGAPO TEL: 6490	5660 FAX: 68	67483
Policyholder's Signature	Driver's Signatur	re	Reporting Co	entre Personnel's	ignature
Date & Time: 19/09/2020 141 has GIARMC SketchPlanForm_V3	(If driver is not to Date & Time:		Name: NRIC/FIN No	time	stypted L

CERTIFICATE OF INSURANCE PAGE Pg. 1



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10281349R00

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 P10281349R00 (Comprehensive / Named Driver Plan / Any Workshop)

1) Vehicle Registration Number

SMF7584A

Chassis Number

VSSZZZKJZJR158005

2) Effective Date / Time of Commencement

24/11/2019 (00:00)

of Insurance for the Purpose of the Act

24/11/2019 (00.00)

3) Date / Time of Expiry of Insurance

23/11/2020 (23:59)

4) Excess (i) Policy

S\$ 600.00

(ii) Windscreen

S\$ 100.00

5) Policyholder

Yew Mon Kiee

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

Yew Mon Kiee (08/06/1982)

Named Driver(s) / Date of Birth

Yasintha Juliana Hardianto (08/07/1983)

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

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.

:

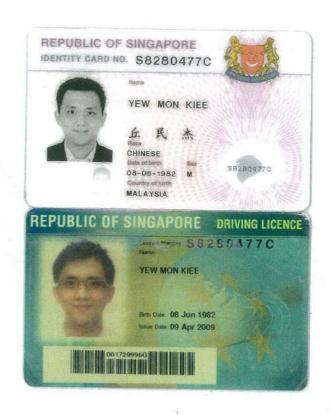
Issued in Singapore on 16/11/2019

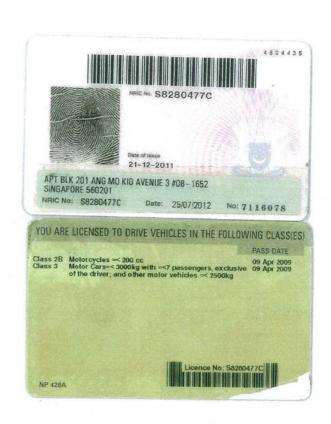
Auto & General Insurance (Singapore) Pte. Limited Trading as Budget Direct Insurance

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.sq

Driving License Pg. 1





POLICE REPORT PAGE 1 Pg. 1





1 of 2

Report No. F/20200919/2017

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

Vide Report No. F/20200918/0209		Station Diary No.		
Address				
APT BLK 201 ANG MO KIO AVENUE 3 #08-1652 SINGAPORE 560201				
Contact No. Home/Office Mobile				
Email Address				
Sex	Age	Date of Birth	Race	
Male	38	08/06/1982	Chinese	
Language English				
Location Of Incident 201 ANG MO KIO AVENUE 3 #08-1652 ANG MO KIO				
	Email Ad Sex Male Language English Location	F/20200918/0209 Address APT BLK 201 ANG SINGAPORE 5602 Contact No. Home/Office Email Address Sex Age Male 38 Language English Location Of Inciden 201 ANG MO KIO A	Address APT BLK 201 ANG MO KIO AVENUE SINGAPORE 560201 Contact No. Home/Office Mobile 97559084 Email Address Sex Age Date of Birth Male 38 08/06/1982 Language English Location Of Incident	

Brief details.

On the 18/09/2020 at about 1900hrs, I last parked my car SMF7584A at Blk 201 Ang Mo Kio Open Car park at lot No 28. I secured my car and went home and I did not observe anything unusual about my car and everything was intact. At about 1930hrs, I went to take something from my car and I saw a blue taxi parked beside my car at lot no 29. Later at about 2330hrs, one of my neighbor came to my unit and informed me that the taxi beside my car caught fire and my car was also on fire. I quickly went down to take a look and Police and SCDF was already there putting off the fire.

Signature Of Officer Recording The Report:	Signature Of Informant:		
F / Sr Staff Sgt RAHUMATHULLA AZIMAL ALI	4.		
Signature Of Interpreter: Not applicable	Date/Time: 19/09/2020 10:31		
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SI MOHAMED RASHID BIN MOHAMED HASHIM Contact No.: 62181343	Classification Of Case:		
A. H II II OI			

Authentication Stamp



POLICE REPORT PAGE 2 Pg. 1





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200919/2017

There was also eye witness Maran tel: 94244459 came forward and informed me that he saw the taxi SHD3409U rear right tire got fire and it started to spread quickly to my car. Shortly the fire was put off and the police interviewed me and advised me to lodge report to claim insurance. I wish to state that my car is totally burnt together with all my Important documents etc. One of the document burnt inside my car is my Jurong Island Pass. I wish to state this is my first time such incident happened. I am making this report for my insurance claim.

Signature Of Officer Recording The Report:

F / Sr Staff Sgt RAHUMATHULLA AZIMAL ALI

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SI MOHAMED RASHID BIN MOHAMED HASHIM

Contact No.: 62181343

Signature Of Informant:

Date/Time: 19/09/2020 10:31

Classification Of Case:

Authentication Stamp







