

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 | 21/09/2020 14:57 |
| Date Of Accident | 20/09/2020 10:35 |
| Exact Location Of Accident | KALLANG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SDV1095G |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | LEE JOO SENG KEVIN |
| NRIC No | SXXXX676H |
| Email Address | RE2SOURCE@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-97330023 |
| Alternative Phone No | Others-97330023 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | TOYOTA |
| Model | HARRIER-2.0 ELEGANCE (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 | P10022152R02 |
| Cover Note Number | 08/10/2019 - 07/10/2020 |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEE JOO SENG KEVIN |
| NRIC No | SXXXX676H |
| Date Of Birth | 07/11/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/07/1993 |
| Driving Experience | 27 YEARS AND 1 MONTH |

| | |
|---|-------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97330023 |
| Fax Number | |
| Contact Number | OTHERS-97330023 |
| EMail Address | RE2SOURCE@YAHOO.COM |
| Address | 11 RIVERVALE DRIVE #11-476 |
| Postcode | 545122 |
| 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? | 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: : NEO YOKE CHENG 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 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 | SJM4941X |
| 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)

Sketch Plan

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.

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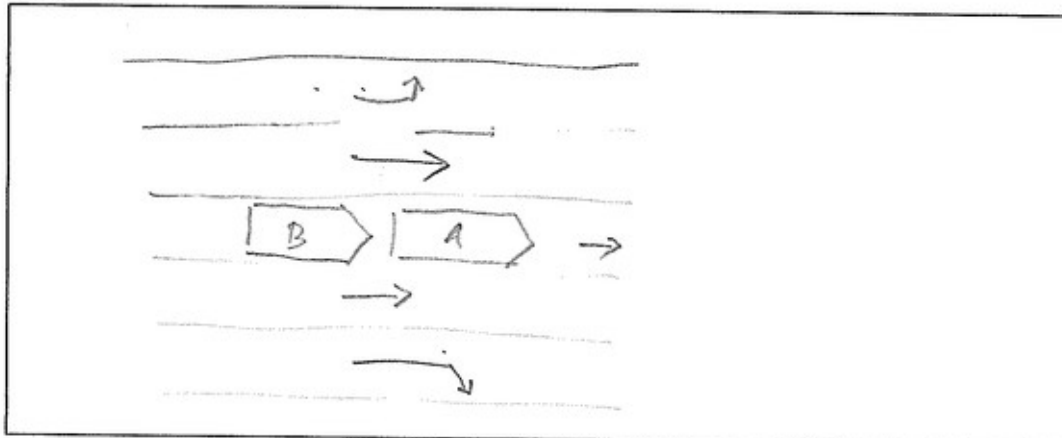
Policyholder's Signature
Date & Time:

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



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

Date of accident: 20/9/2020 Time: 10:38 AM Location: LAVENDER KILANG ROAD
My Vehicle A: SDV10956 Vehicle B: STM4941X Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS PARK STATIONARY WAITING FOR TRAFFIC LIGHT TO TURN GREEN AND STM4941X BUMP INTO MY BACK

☐ 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 :

Email address :

& myself :

Email address : te2source@yahoo.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.

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



NRIC/FIN No.:

Reporting Centre Personnel's Signature

SHARME SketchPlanForm_V5

AH LIM MOTOR COMPANY

CERT

226151268

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 P10022152R02 (Comprehensive / Authorised Driver Plan)

| | | |
|---|---|---------------------------------|
| 1) Vehicle Registration Number | : | SDV1095G |
| Chassis Number | : | - |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 08/10/2019 (00:00) |
| 3) Date / Time of Expiry of Insurance | : | 07/10/2020 (23:59) |
| 4) Excess (i) Policy | : | S\$ 600.00 |
| (ii) Windscreen | : | S\$ 100.00 |
| 5) Policyholder | : | Lee Joo Seng Kevin |
| 6) Persons or Classes of Persons Entitled to Drive* | | |
| 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. | | |
| 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 Joo Seng Kevin (07/11/1970) |
| Named Driver(s) / Date of Birth | : | Neo Yoke Cheng (31/08/1972) |
| 7) Limitation as to use* | | |
| Use only for social, domestic and pleasure purposes and for the 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 | : | Standard Chartered Bank |

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
02/10/2019

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



Simon Birch

Budget Direct insurance

Policy Schedule

Comprehensive Car Policy
Policy Number: P10022152R02

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 : P10022152R02 Policy Issued On : 02/10/2019
Policy Start Date : 08/10/2019 (00:00) Policy End Date : 07/10/2020 (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\$ 944.96
7% GST : S\$ 66.15
Total Premium Payable : S\$ 1,011.11

Policyholder

Name : Lee Joo Seng Kevin
Address : 122E Rivervale Drive #11-476 Singapore 545122
Email Address : re2source@yahoo.com
Mobile Number : 97330023

Main Driver

Name : Lee Joo Seng Kevin
Date of Birth : 07/11/1970
Gender / Marital Status : Male / Married
Occupation : Self-Employed (Outdoor)
Certificate of Merit : Yes
Licence Held For : More than 5 years

Vehicle Insured

Vehicle Registration Number : SDV1095G
Chassis Number : -
Make & Model : Toyota Harrier 2.0
Vehicle Colour : Black
Year of First Registration : 2015
Sum Insured : Market Value
Off-Peak Car : No
NCD : 40%
Vehicle Usage : Private and Business
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)

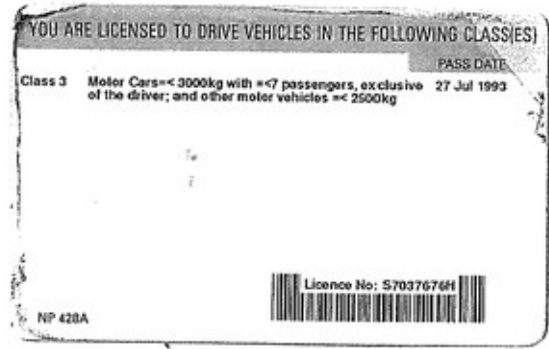
| <u>Driver(s)</u> | <u>Date of Birth</u> | <u>Licence Held For</u> |
|------------------|----------------------|-------------------------|
| Neo Yoke Cheng | 31/08/1972 | More than 5 years |



STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

(F) - New York Cheng
99159666

97330022
D/C
NO injury.
Cmerr.
Up-x.



STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

