#### 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 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

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	28/09/2020 10:45	
Date Of Accident	27/09/2020 10:00	
Exact Location Of Accident	HILLVIEW AVE CARPARK (SHELTERED CARPARK)	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLL3282C	
Insured/Policyholder		
Name Of Registered Owner	WANG LINKE	
NRIC No	S2725283D	
Email Address	SSUNWIZ@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-93635804	
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	PEUGEOT	
Model	508-1.6 (A)	
Exact Purpose for which vehicle was being used at time of accident	t .	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
N	AUTO A OFNEDAL INQUIDANCE (ONGARODE) PTE LIMITED	

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number P10312044R00

Cover Note Number

#### **Driver**

Name of Driver WANG LINKE NRIC No S2725283D Date Of Birth 24/07/1958 Occupation **INDOOR Date Of Driving Pass** 10/09/1997

**Driving Experience** 23 YEARS AND 0 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-93635804

Fax Number

OFFICE-NOPHONE Contact Number

**EMail Address** SSUNWIZ@GMAIL.COM

**47 HILLVIEW AVENUE** Address

#09-03 HILLINGTON GREEN

Postcode 669614

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** 

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions **INSIDE BUILDING** Road Surface **INSIDE BUILDING** 

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

2

Passenger 1 NAME: : FEI YI

> GENDER: : MALE

**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 SLT5997T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

LEW BUANG KENG Name of Driver

NRIC/Passport Number S7523388D

**Contact Number** 9760 1545

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **IMPORTANT NOTICE**

VEHICLE NO: 811 3261 (
ACCIDENT DATE: 37 09 2000 @ 10:00

- 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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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.

NOTE: DO NOTE THAT YOU MAY HAVE A **14-DAYS** TIMEFRAME FOR YOU TO SUBMIT AN OWN **DAMAGE** CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

te & Time:

CHARN'S

Reporting Centre Personnel's Sign

CUSTOMCR

Name:

NRIC/FIN No.:

GIARMC Stetenfrankern, VB

SKETCH PLAN	
B A A A A A A A A A A A A A A A A A A A	
AZ:SCL3282C, BZSCT599FT	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
9月27日,上午10点点,我在住款停车场人的台上探到停路边的车辆B:SKT1997 57623388日。B车没有停入到停车位为	从车位驾出来,在机子全带时 T. B车车主: Lew Bucng Keng . 清春我的图池。
Elike we st: 478 Hill View Ave, #09-03,	
	***
OWN DAMAGE (A) 3RD PARTY CLAIM ( ) REPORTIN	G ONLY ( ) OWN WORKSHOP ( )
DECLARATION  /We declare the foregoing particulars are true in every respect.	CHARN'S CUSTOMERAFT
Policyholder's Signature Date & Time:  (If driver is not the policyholder)  Date & Time:  Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

On 27/09/2020 at about 10:00 am, I was driving out my vehicle (SLL 3282 C) from parking lot and accidentally hit the parked vehicle (SLT 5997 T) parked at outside parking lot.

Accident happened at Hillview Ave Car park.

2352578/99:40

**WANG LINKE** 

S2725283D

9631 6528

SLL 3282 C

## Identification Card Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2725283D





WANG LINKE

王 琳 珂 Race CHINESE

Date of birth Sex 24-07-1958 F

Country of birth

i. Zúbbon



NRIC No. S2725283D



Date of issue 04-02-2010

APT BLK 523 CHOA CHU KANG ST 51 #04-311 SINGAPORE 680523 NRIC NO: \$2725283D Date: 03/08/2010

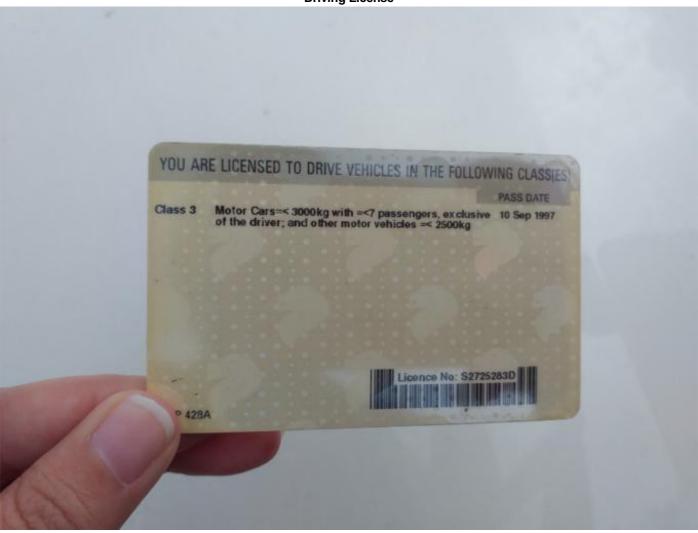
Date: กรุ/กล/วกาก

No: 6607004

## **Driving License**



### **Driving License**



# **Budget**

#### **Certificate of Insurance**

Third Party Only Car Policy Policy Number: P10312044R00

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 P10312044R00 (Third Party Only / Named Driver Plan)

Vehicle Registration Number

SLL3282C

Chassis Number

Effective Date / Time of Commencement

22/02/2020 (00:00)

of Insurance for the Purpose of the Act 3) Date / Time of Expiry of Insurance

21/02/2021 (23:59)

4) Excess

(i) Policy

Not applicable

(ii) Windscreen

Not applicable

5) Policyholder

Wang Linke

(Policyholder does not have a driving licence)

#### 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

wang linke (24/07/1958)

Named Driver(s) / Date of Birth

: Fei yl (05/04/1958)

#### 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.

\* Umitations 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

NA

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 01/01/2020

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 Gemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg























