SA1920C30004 / AH LIM MOTOR COMPANY (MAIN) ENTRY DATE & TIME: 03/12/2020 16:49 (SGT) SUBMITTED BY: ZILA VERSION: 1 (03/12/2020 16:49 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 03/12/2020 16:49 (SGT) Date of Accident 01/12/2020 07:45 (SGT) Exact Location of Accident Sengkang, Singapore Additional Location Information ALONG SENGKANG CENTRAL RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK4796Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH EE PING** NRIC No. SXXXX769A Email Address EEPING4@HOTMAIL.COM Mobile Phone No (Phone) +65-82685398 Alternative Phone No +65-82685398

VEHICLE PARTICULARS

Manufacturer

Model Jetta Variant 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 - Claiming third party Vehicle Category

Private car

Volkswagen

INSURANCE COMPANY

Name of Insurance Company AGI Type of Coverage Comprehensive Fleet Policy Policy Number P10208205R01 Cover Note Number 22/07/2020 - 21/07/2021

DRIVER

Name of Driver **GOH EE PING** NRIC No SXXXX769A Date Of Birth 04/04/1984 Occupation Indoor

Date Of Driving Pass 14/10/2004 Driving experience 16 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-82685398 Alt. Phone Number +65-82685398 Email Address EEPING4@HOTMAIL.COM Address 38 JALAN BANGAU Address complement Postcode 809382 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER 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 SMS8453U Vehicle Manufacturer

Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_

Name of Driver - Contact Number -

Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	

WITNESS DETAILS

WITNESS 1

 Name
 ED

 Phone
 (Phone) +65-90702919

Email -

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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:
 - 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

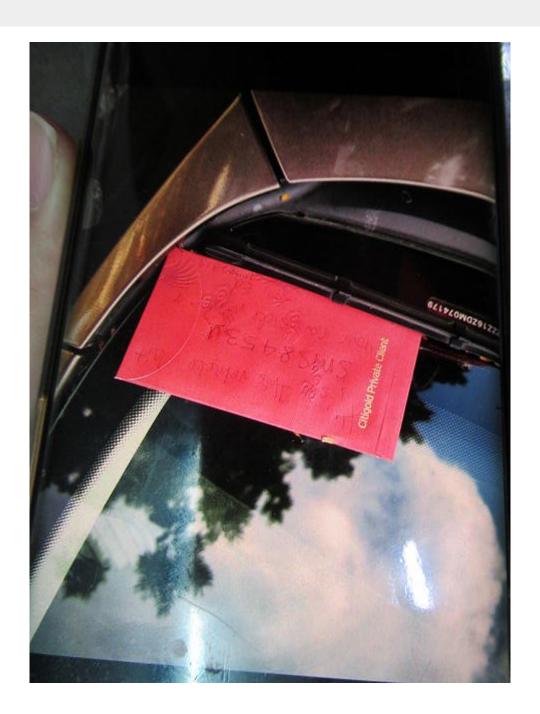
Signature

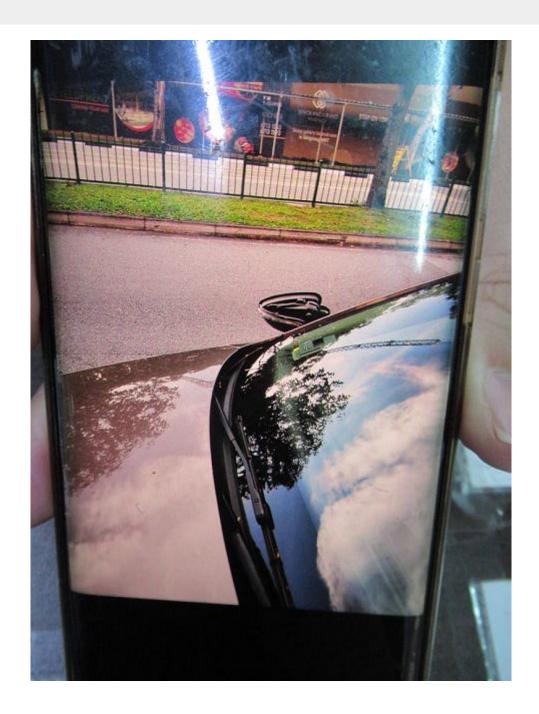
NRIC/FIN No.:

tersetae, Scarcian a Danie, va

My Vehicle A: SK	2 2020 Time: 745 47964 Vehicle B:	JMC 8453U	Vehicle C:	
SKETCH PLAN				
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	- COLO.		
b.				
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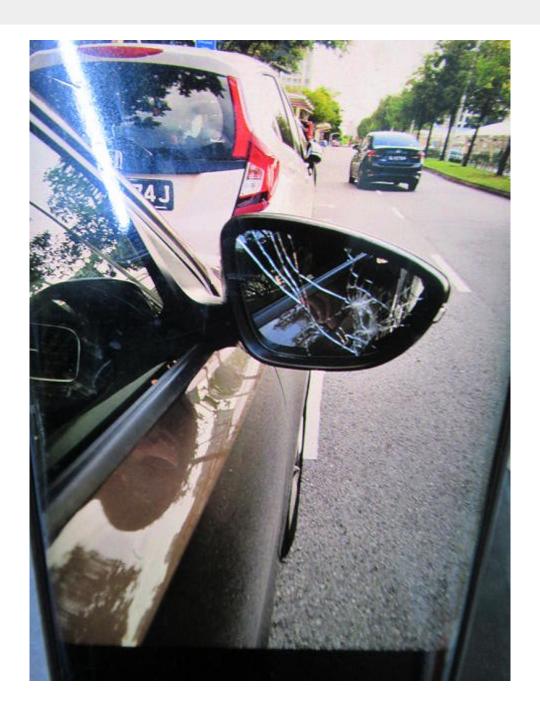
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Email address :				
& myself : Email address :				
an addi 633 ·				
Note: Please take note th	at your insurer have 14 days t	imeframe for you to s	ubmit own damage	claim under
you own policy. Kindly ch	eck with your own insurer fo	r more information.	J	
DECLARATION				THOUS.
/We declare the foregoing parti	culars are true in every respect.			
MN			COMPANY	NK /
MM			(2(//)	(≥)
'olicyholoer's Signature	Driver's Signature	Re	porting Centre Paison	el's Signature
Pate & Time:	(If driver is not the policyh	older) Na	me:	s s.Briatai e
Caraci Taga ada asta pa Juga	Date & Time:	NF	RIC/FIN No.:	AH LIM MOTOR COMPA
			i	





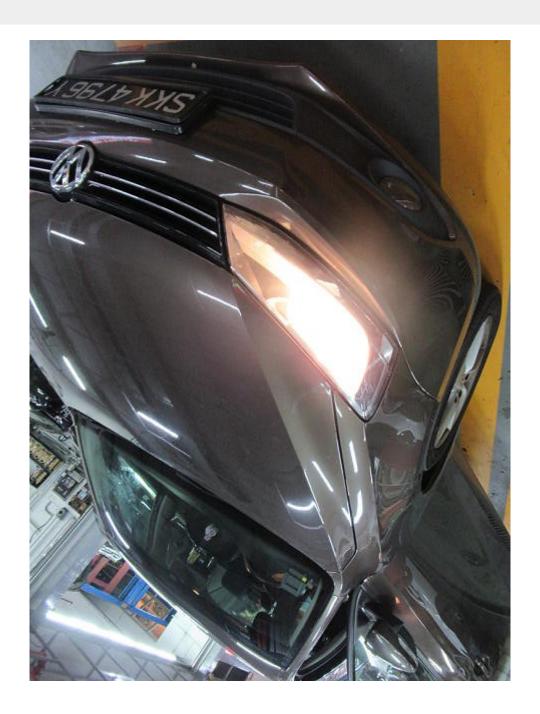






























1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20201202/7028

Date/Time Report Made	Vide Rep	ort No.		Station Diary No.
02/12/2020 15:18				
Name Of Informant	Address	Address		
GOH EE PING	38 JALAN	38 JALAN BANGAU SINGAPORE 809382		
ID Type / ID No.	Contact N	Contact No.		
NRIC NO / S8409769A	Home/Off	ice:	Mobile:	
			82685398	
Nationality	Email Add	Email Address		
SINGAPORE CITIZEN	EEPING4	EEPING4@HOTMAIL.COM		
Occupation	Sex	Age	Date of Birth	Race
Administration manager	Female	36	04/04/1984	Chinese
Institution/School Name	Language	Language		
	English			
Date/Time Of Incident	Location (Location Of Incident		
01/12/2020 07:45 - 01/12/2020 18:15	38 JALAN	BANGAL	J SINGAPORE 80	9382
Brief details.				

I parked my car at the designated carpark lot along Sengkang Central Road before taking mrt to work on 1 dec 2020 745am. After work, I took train back and wanted to take my car. I realised that my right side mirror cracked and there is a notice from the witness which stated that he saw my car was hit by vehicle no SMS 8453U. The witness particular is Ed 90702919

Subjects Involved	
Victim	
Person Name GOH EE PING	
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2020 15:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201202/7028

ID Type	NRIC NO	ID No	S8409769A
Gender	Female	Age	36
Race	Chinese	Language	English
Occupation	Administration manager	Address	38 JALAN BANGAU
			SINGAPORE 809382
Mobile No	82685398	Is Informant A	Yes
		Victim?	

Signature Of Officer Recording The Report:

Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
02/12/2020 15:18

Officer In-Charge Of Case:

Classification Of Case:



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10208205R01

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 P10208205R01 (Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number

SKK4796Y

Chassis Number

:

7) Effortive Date / Ti

2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

22/07/2020 (00:00)

3) Date / Time of Expiry of Insurance

21/07/2021 (23:59)

4) Excess (i) Policy

S\$ 600.00

(ii) Windscreen

S\$ 100.00

5) Policyholder

Goh Ee Ping

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

: Goh Ee Ping(04/04/1984)

Named Driver(s) / Date of Birth

Liau Li Chieh (10/09/1979)

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.

* 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

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 07/07/2020

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