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 14/06/2021 13:18 (SGT) Date of Accident 13/06/2021 15:55 (SGT) Exact Location of Accident Anchorvale Cres, Singapore Additional Location Information CAR PARK @ THE VALES (ANCHORVALE CRESCENT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ8636G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH TAIWEI JOHN NRIC No SXXXX403J Email Address JOHNKOH.TW@GMAIL.COM Mobile Phone No (Phone) +65-96153603 Alternative Phone No +65-96683793

VEHICLE PARTICULARS

Manufacturer

Model FIT HYBRID 1.5 AUTO 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 Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10527363R00 Cover Note Number 22/03/2021 - 21/03/2022

DRIVER

Name of Driver TENG XIAO YAN ELAINA NRIC No SXXXX332J

Date Of Birth 12/08/1987 Occupation Indoor Date Of Driving Pass 14/02/2007 Driving experience 14 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96683793 Alt. Phone Number Email Address JOHNKOH.TW@GMAIL.COM Address 75 ANCHORVALE CRESCENT #10-11 Address complement Postcode 544662 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 Collided into Property 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHED 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Valeiala Danistustian Novelean

Vehicle Registration Number	SKU4760Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HIANG PENG
NRIC No	SXXXX770I
NRIC No Contact Number	SXXXX770I
	SXXXX770I - -

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

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Claim QD/TP at Ah Lim M	otor Claim OD/TP at other	workshop Reporting Only
		workshop Enkeporting Only
Remarks: Please forward a cop My workshop :	y of my efile accident report to:	
Email address :		
& myself :		
Email address :		
Note: Please take note that you	ur insurer have 14 days timeframe for	you to submit own damage claim under
	ith your own insurer for more inform	
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ECLARATION We declare the foregoing particulars	are true in every respect	(STATE OF THE STA
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licyholder's Signature te & Time:	Driver(£ Signature' (If driver is not the policyholder)	Reporting Centre Person/kgl's Signature Name:
4/6 1000h	Date & Time:	NRIC/FIN No.:
Section States States and	146 , 1000L.	ARTIMAMOLOR COMPANY

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - 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: 14/6 1000 L

Driver's Sighature

(If driver is not the policyholder)

Date & Time: 146 - 1006 -

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





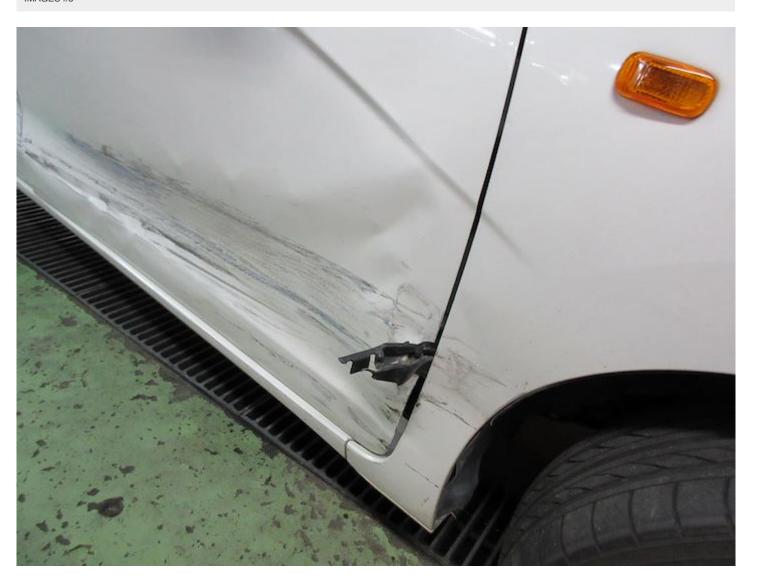








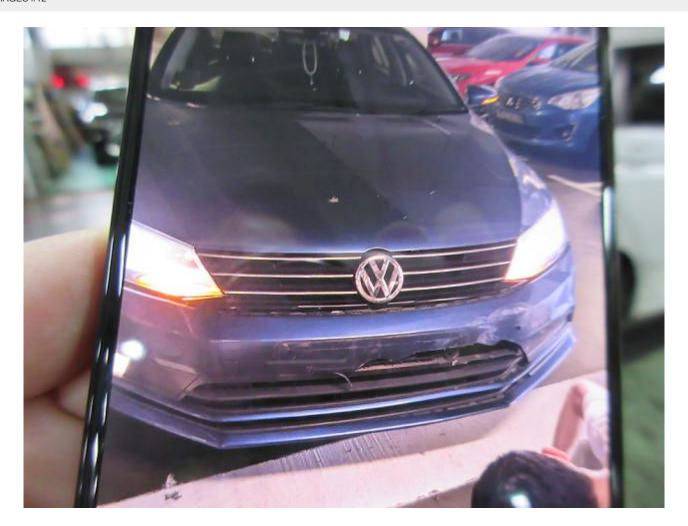


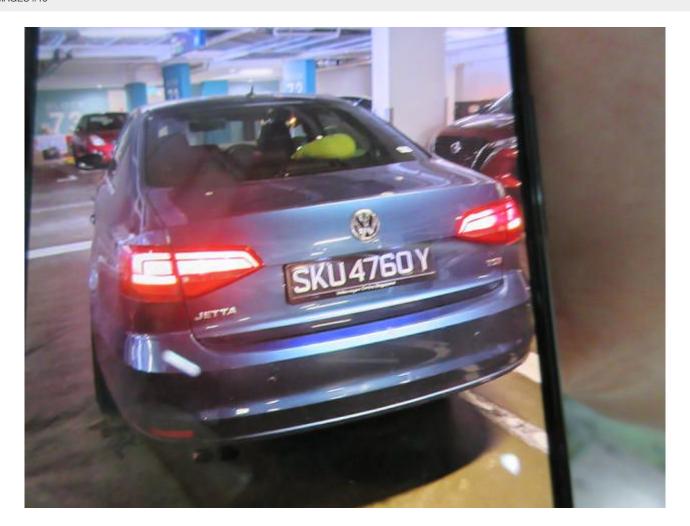


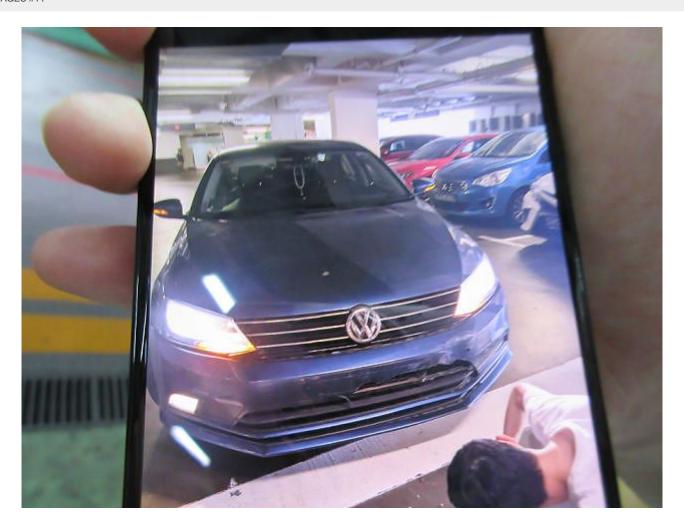
























It pays to choose



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10527363R00

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 P10527363R00 s(Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number : SM38636G

Chassis Number :

2) Effective Date / Time of Commencement : 22/03/2021 (00:00)

of Insurance for the Purpose of the Act

3) Date / Time of Expiry of Insurance : 21/03/2022 (23:59)

5) Date / Time of Expiry of Misurance . 21/05/2022 (25.5

4) Excess (i) Policy : \$\$ 600.00 (ii) Windscreen : \$\$ 100.00

5) Policyholder : KOH TAIWEI, JOHN

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 : KOH TAIWEI, JOHN(12/03/1986)

Named Driver(s) / Date of Birth : TENG XIAO YAN ELAINA (12/08/1987)

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.

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 25/02/2021

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

> Simon Birch Chief Executive Officer

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

^{*} 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.