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 Actual 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.

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 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 22/10/2022 13:51 (SGT) Reported by Date of Accident 21/10/2022 17:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI ALONG EUNOS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJS8785Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KO TENG LIP CHRISTOPHER NRIC No S00039341 Email Address CHRISKO4257@YAHOO.COM.SG Mobile Phone No (Phone) +65-96320708 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **ALTIS** 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1195

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10017836R05

DRIVER

Name of Driver KO TENG LIP CHRISTOPHER NRIC No S0003934I Date Of Birth 20/12/1953 Occupation Indoor

Date Of Driving Pass 20/10/1978 Driving experience 44 YEARS Gender Male Mobile Number (Phone) +65-96320708 Alt. Phone Number Email Address CHRISKO4257@YAHOO.COM.SG Address 261 BISHAN ST 22 #04-257 Address complement Postcode 570261 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SIM BEE CHOO Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SMQ718U**

Porsche

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ706Q
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

SKETCH PLAN

Budget Direct Vehicle: SJS8785Y 22/10/2022

MPORTANT NOTICE

- I. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Pollevholder and/or the Authorised Driver.
- 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.
- The Issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 3. 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

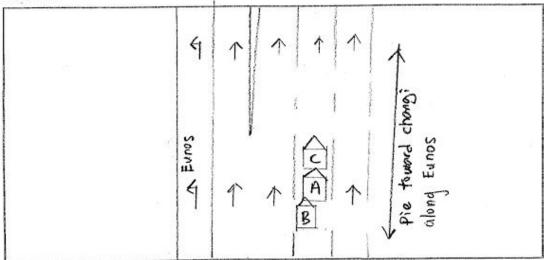
lunderstand, acknowledge, agree and consent that :

- (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 "Porsonal 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' law yers/law firms, the Manetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (f) processing, handing 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the maling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal date 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



Policyholder's Sanature FDate 8

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

AN LIMMOTOR COMPANY

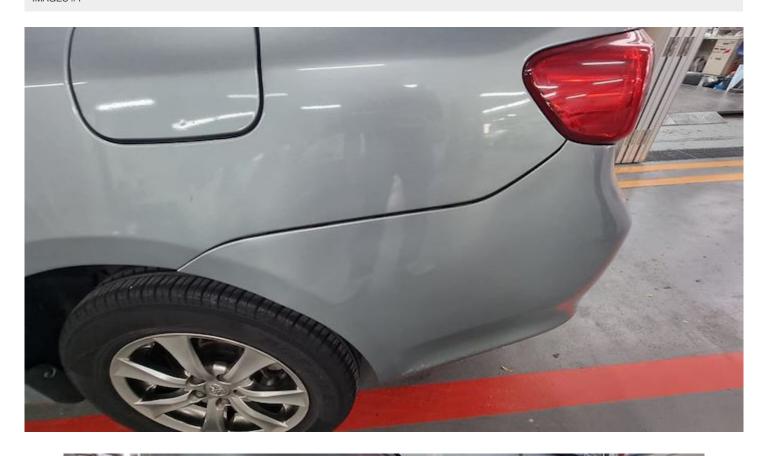
Time: SPM Location: Pie towards Changi and Vehicle A: STS 87857 Vehicle B: SMQ 718 U Vehicle C: 5KQ 706	R IVIO
CETCH PLAN escribe Circumstances of the Accident	
THE PROPERTY OF THE PROPERTY O	
I was Havelling along the PIE/In Euros location her	ded
Towards Bedde North:	
Suddayly the velocide in front SKR 706c (C) applied	
emergency brakes. I also applied my emergency brakes At the next moment, another vehicle SM& 41811 (B) col	
At the next moment, another vehicle SMQ 4184 (B) col	lided
into my car + caused a chain collision.	
We then exchanged particulars.	
There were no injuries.	
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under	
to the second state of the control of the second se	
	rting Only
- Commodification	
We declare the feregoing particulars are true in every respect.	and the same
(1 1 V	0000
Christophow & Chrost phon & M 22/10/2	(1)
Policyholder's Signature (I driver is nat-line policyholder) / Date Winessed by Reporting Centro	
Time & Time Personnel	AHUM MOTOR COM

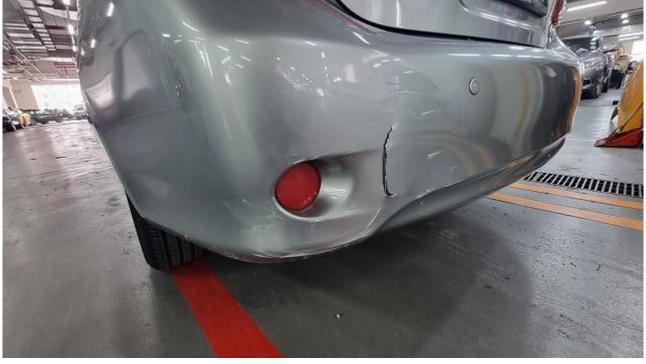










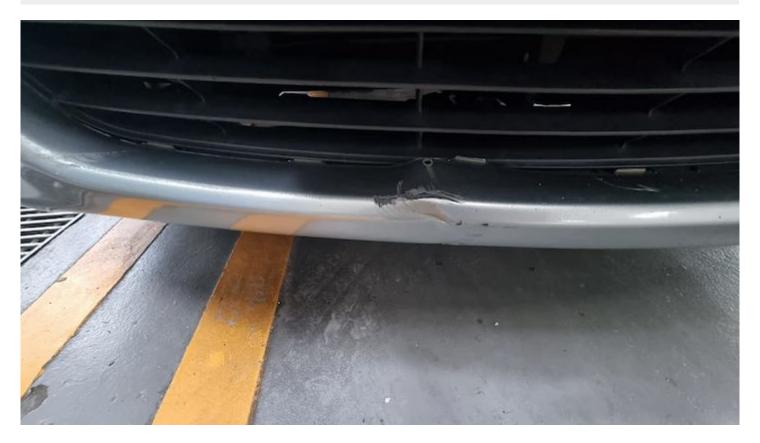








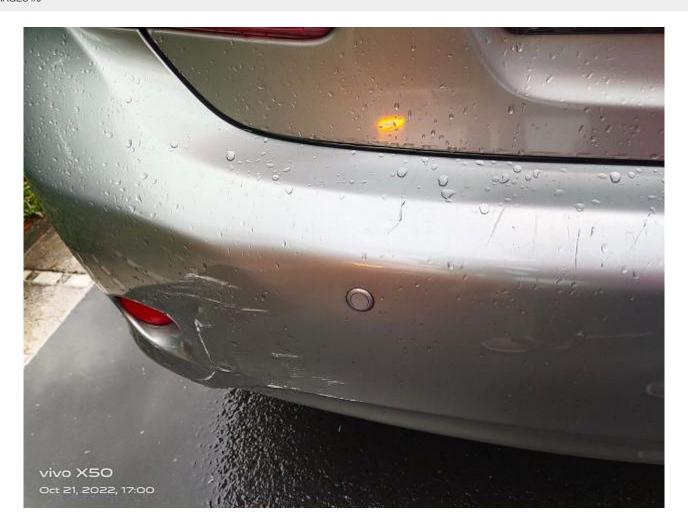


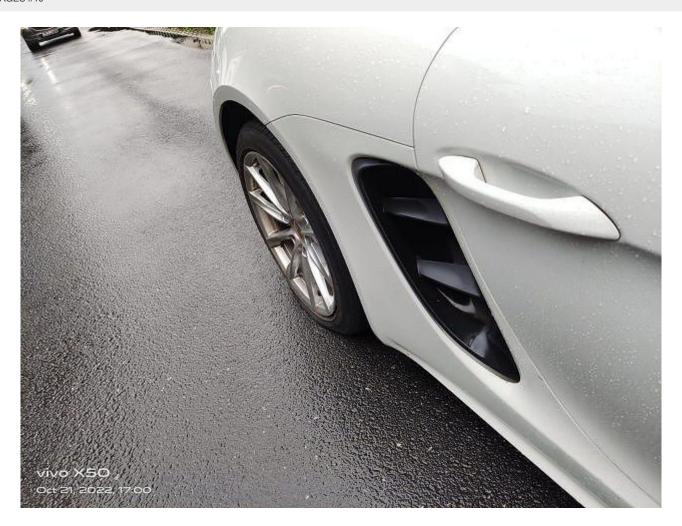


























It pays to choose



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10017836R05

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 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 P10017836R05 (Comprehensive / Named Driver Plan)

Vehicle Registration Number

SJS8785Y

Chassis Number

MR053ZEE106154254

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

14/09/2022 (00:00)

Date / Time of Expiry of Insurance

4) Excess

13/09/2023 (23:59)

(i) Policy (ii) Windscreen

S\$ 600.00 S\$ 100.00

5) Policyholder

Ko Teng Lip Christopher

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 1961 of Singapore and its registration under the said 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

Ko Teng Lip Christopher(20/12/1953)

Named Driver(s) / Date of Birth

Sim Bee Choo (13/09/1952) Ko Ming Kai Reuben (02/04/1992)

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 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

8) Finance Company

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 1960 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 27/07/2022

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