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.

- 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 20/02/2023 14:11 (SGT) Reported by Date of Accident 18/02/2023 13:55 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA3494R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WENG XIU FANG NRIC No S7273799G Email Address FIONAWENG35@GMAIL.COM Mobile Phone No (Phone) +65-98523706 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10043076R04

DRIVER

Name of Driver WONG SUN KWAI NRIC No S1635972F Date Of Birth 29/03/1964 Occupation Indoor

Date Of Driving Pass 25/09/1997 Driving experience 25 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90097238 Alt. Phone Number Email Address EDD_WONG@YAHOO.COM Address BLK 32 ANCHORVALE LANE #15-22 Address complement Postcode 544590 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT NO.T/20230218/2076. 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 SML1733U

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- The issue and acceptance of this Form by 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.
- 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 aforesaid.
- 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 "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 (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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.

anth

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



open to	poline	neport			
-		-1			
			1000		
			100		
		1111			
					22.71
		-50			
7 T. S. T. T.					
		10			
		- January and Alla			
					-53 1/63
claration					
		ue in every respect.			

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

































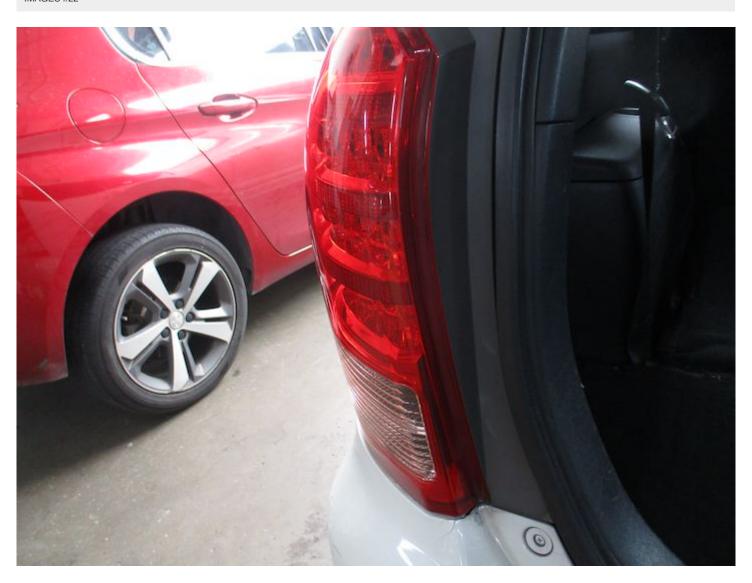




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

l of 3 Report No. T/20230218/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2023 17:17			Vide Report No.: L/20230218/0102	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: WONG SUN KWAI			Address: APT BLK 32 ANCHORVALE LANE RIVERCOVE RESIDENCES SINGAPORE 544590		
ID Type / ID No.: NRIC NO / S1635972F			Contact No.: Home/Office:	Mobile: 90097238	
Nationality: SINGAPORE CITIZEN		EN	Email: EDD_WONG@YAHOO.COM		
Sex: Age: Date of Birth: Male 58 30/09/1964			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: BUSINESS PARTNER			Driving Licence Information Class: 3	n: Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive; No	Date/Time of Accident: 18/02/2023 13:55	Type of Location: Straight Road
SELETAR EX	PRESSWAY	Road Surface:		Road Speed Limit:
Clear	10000	Dry		90 Km/h
		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		Moderate

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLA3494R	Car				Slightly Damaged	0
SML1733U	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3 Report No. T/20230218/2076

CONTINUATION OF REPORT

Driver				135	111/21	Control Control Control
Name	WONG SUN KWAI			ID No		S1635972F
Related Vehicle	SLA3494R (Car)			Conta	ct No.	90097238
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	

Brief Details.

ON THE FOLLOWING DATE, TIME AND LOCATION, I WAS DRIVING ALONG SLE TOWARDS CTE WHEN I GOT INTO AN ACCIDENT WITH A BLUE COLOUR CAR (SML1733U) FROM THE FIRST LANE. I WAS SLOWING DOWN MY CAR (SLA3494R) FOR THE TRAFFIC, WHEN ALL OF SUDDEN THE BLUE CAR (SML1733U) FROM BEHIND HIT ONTO MY REAR BUMPER. THERE WERE ALSO ANOTHER TWO CARS INVOVLED IN THE ACCIDENT, BUT I DID NOT TAKE NOTE OF THE CAR PLATE NUMBERS. I WAS NOT INJURED DURING THE ACCIDENT. THAT'S ALL





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230218/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: TP / TSC NOORDEEN SEENI APPAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2023 17:17
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENE	DUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMEN Original Report No: 532X232£6608	
	Original Report No: 332X232£6608 Name (as shown in NRIC): NONGI SUN EARM	NRIC/FIN/Passport No: SU6359707
	(*Vehicle Driver/Policyholder) (*) Please delete as ap	
	Address:	Singapore (
	Contact (Tel):	Mobile No.: 9001 7258
	Email Address:	_
	Date of Accident: (\$\(\delta\)(\(\delta\))(\(\delta\)) \(\delta\) Place of Accident: \(\delta\)(\(\delta\)) But	Time of Accident:18-55
	Place of Accident:	
	Insurance Company:	787
	make the following amendments: Change To OWN INS	urance claim
	- Ar	
	Policyholder / Actual Driver's Signature Date: 21/02/2023	Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date:

#Jun 103

Budget

Certificate of Insurance

Comprehensive Car Policy Policy Number: P10043076R04

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 P10043076R04 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

SLA3494R

Chassis Number

JTDER12W303002231

2) Effective Date / Time of Commencement :

01/04/2022 (00:00)

31/03/2023 (23:59)

of Insurance for the Purpose of the Act

3) Date / Time of Expiry of Insurance

S\$ 1,500.00

(ii) Windscreen

S\$ 100.00

4) Excess (i) Policy 5) Policyholder

Weng Xiufang

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

Wong Sun Kwai(30/09/1964)

Named Driver(s) / Date of Birth

Weng Xlufang (09/12/1972) Han Yiyong (09/03/1968) Anthony Wong Junwei (09/03/2002)

7) Limitation as to use*

Use only for social, domestic and pleasure purposes and for the occasional 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, speedtesting 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

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 08/03/2022

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