

## 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 withholding 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 aforesaid.

### ACCIDENT STATEMENT

Date of Submission .....	29/03/2023 11:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/03/2023 17:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVENUE 9
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJH2732Y
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE CHANG YEW
NRIC No .....	S7780386F
Email Address .....	LEESTEVEN.CY@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93699387
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	5
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10552806R01

#### DRIVER

Name of Driver .....	LEE CHANG YEW
NRIC No .....	S7780386F
Date Of Birth .....	16/10/1977
Occupation .....	Indoor

Date Of Driving Pass .....	05/05/2004
Driving experience .....	18 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93699387
Alt. Phone Number .....	-
Email Address .....	LEESTEVEN.CY@GMAIL.COM
Address .....	19 SIN MING WALK #02-10
Address complement .....	-
Postcode .....	573914
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	1
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD1000C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	MR YIM
Contact Number .....	(Phone) +65-97668650

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

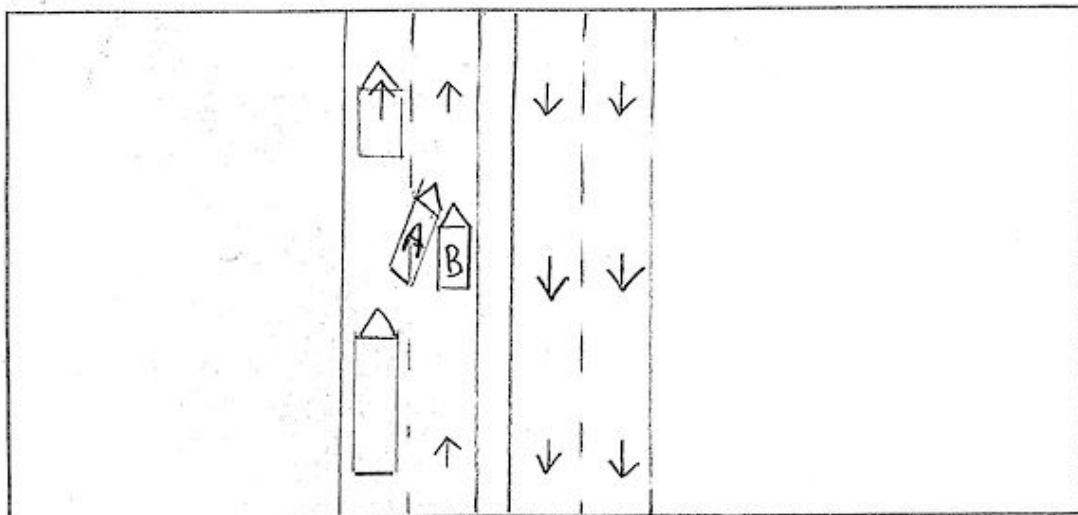
## SKETCH PLAN

Budget Direct  
Vehicle: SJH 2732Y  
29/03/2023

## 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 willful misrepresentation or withholding 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. 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 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)
- 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' lawyer/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' lawyer/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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

## Sketch Plan



*[Signature]*  
Policyholder's Signature / Date & Time

Date: 29/3/23  
Time: 1035

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

Date: 29/3/23  
Time: 1035

*[Signature]*  
Witnessed by Reporting Centre Personnel

ALLIANCE MOTOR COMPANY



Date of accident: 28/3/23 Time: 1740 Location: Ang Mo Kio Avenue 9  
 My Vehicle A: SH2732Y Vehicle B: SHD 1000C Vehicle C: \_\_\_\_\_

SKETCH PLAN

Describe Circumstances of the Accident.

I was dropping off my friend on Ang Mo Kio Avenue 9. When done, there was a vehicle right in front of me. To over take it, I cut out from my lane (left lane) to the right lane slowly, carefully and stopping in between to ensure I am safe to move out, no vehicle coming from the back of back right lane. When my car was almost done crossing into the right lane, ~~and~~ <sup>and</sup> my left front wheel was has crossed <sup>into</sup> the divider, I began to straighten my vehicle to complete my crossing. Suddenly a vehicle B dashed across from the back of the right lane. It scratched the front bumper of my car and stop abruptly. We took pictures <sup>video</sup> and exchange detail. There were no sign of injuries on the driver of vehicle B. There were only driver in vehicle B, without any driver passenger.

After the incident, the driver of vehicle B called me. I asked him whether he needs any help, he replied 'NO'. Then he asked me whether I need any help. I replied 'NO'. He followed by a very understanding tone saying "then he will make police report". I said to him 'Sure, if it required'.

From the video of my dash cam, I can see that vehicle B intentionally dash from my back and when he crossed mine, he purposely sway inward to the left side to attempt to scratch my car's front bumper with his back his car's body. He unfortunately, he succeeded.

There were no government properties damage detected.


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time

Date: 29/3/23  
 Time: 1035

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

Date: 29/3/23  
 Time: 1035

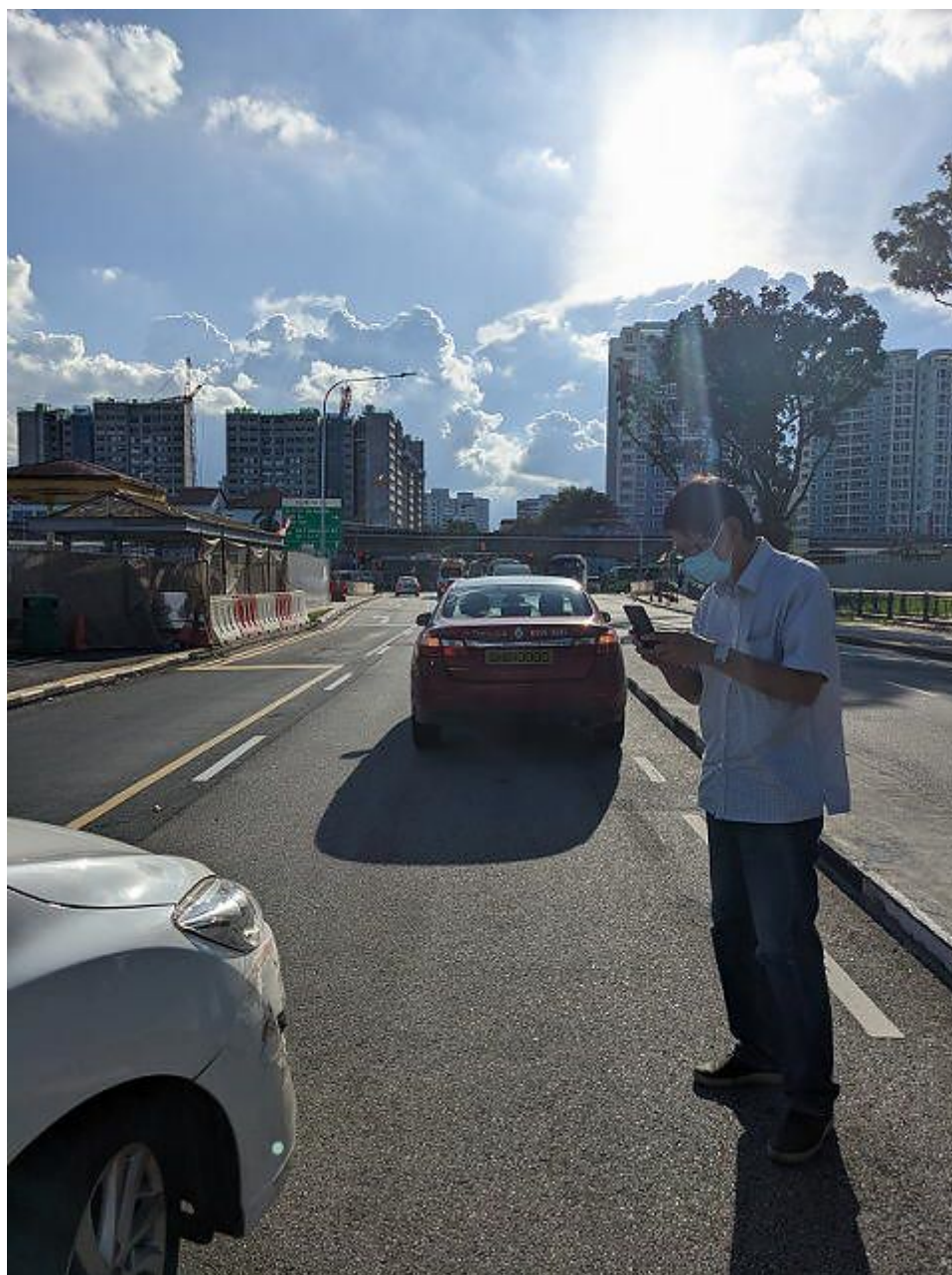


Witnessed by Reporting Centre Personnel

AH LIM MOTOR COMPANY



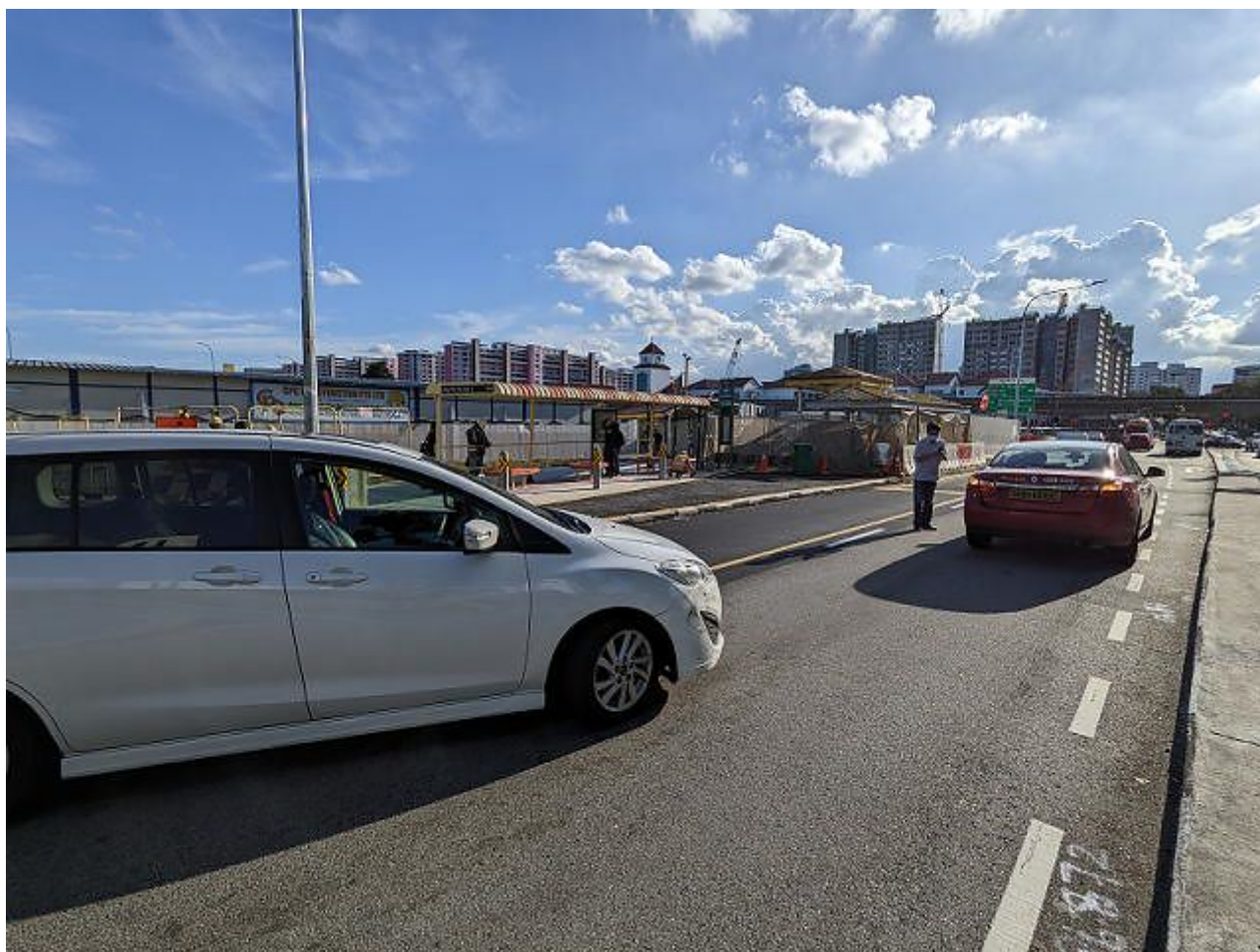
























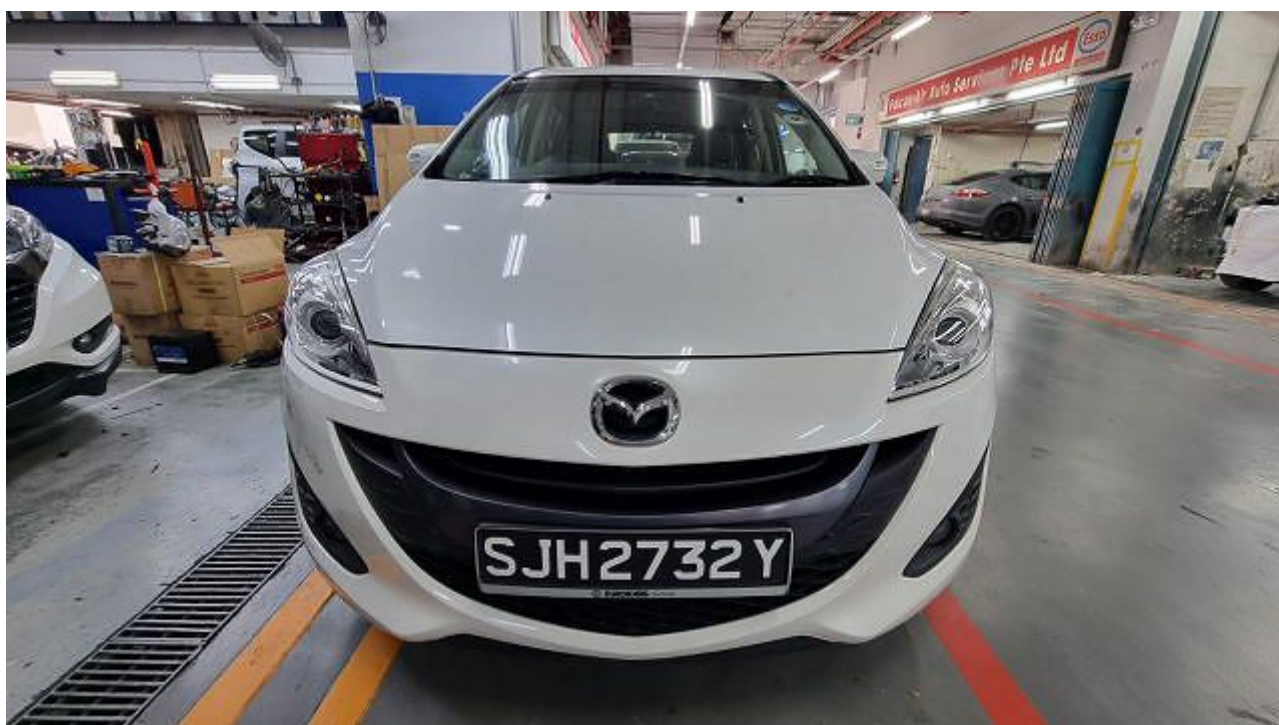














It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10552806R01

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 P10552806R01 (Comprehensive / Authorised Driver Plan)**

1) Vehicle Registration Number	:	SJH2732Y
Chassis Number	:	-
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	09/05/2022 (00:00)
3) Date / Time of Expiry of Insurance	:	08/05/2023 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	LEE CHANG YEW
6) Persons or Classes of Persons Entitled to Drive*		
<p>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.</p> <p>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.</p> <p>Main Driver / Date of Birth : LEE CHANG YEW(16/10/1977)</p> <p>Named Driver(s) / Date of Birth : No driver is named.</p>		
7) Limitation as to use*		
<p>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.</p> <p>* 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.</p>		
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 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  
 12/04/2022

**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