

## 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 .....	02/05/2023 19:18 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/05/2023 13:30 (SGT)
Exact Location of Accident .....	Malaysia
Additional Location Information .....	JOHOR MALAYSIA LEBUHRAYA
Country/State of Loss .....	Malaysia

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV3803J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN KAR MUI
NRIC No .....	SXXXX068C
Email Address .....	PEHYEYKWANG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81617317
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Touran
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10418130R01

#### DRIVER

Name of Driver .....	PEH YEW KWANG
NRIC No .....	SXXXX184A
Date Of Birth .....	27/09/1975
Occupation .....	Indoor

Date Of Driving Pass .....	04/08/1993
Driving experience .....	29 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88019958
Alt. Phone Number .....	-
Email Address .....	PEHYEWWKWANG@GMAIL.COM
Address .....	BLK 12 RIVERVALE LINK #12-20
Address complement .....	-
Postcode .....	545045
Is the driver the policyholder? .....	No
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	-

#### PASSENGER 1

Name .....	TAN KAR MUI
Gender .....	Female

#### PASSENGER 2

Name .....	ANIKIN PEH GIN SEN
Gender .....	Male

#### PASSENGER 3

Name .....	ADEN PEH YOKE TENG
Gender .....	Male

#### PASSENGER 4

Name .....	ARTHER PEH TOH HAN
Gender .....	Male

#### 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

REFER TO THE SKETCH PLAN AND POLICE REPORT

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... VIDEO WITH OWNER WORKSHOP

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMD9024Y  
 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) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... PEH YEW KWANG  
 Gender ..... Male  
 Phone No ..... (Phone) +65-88019958  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... PAIN IN THE CHEAT AND LOWER BACK  
 Injured person in which vehicle? ..... SKV3803J  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

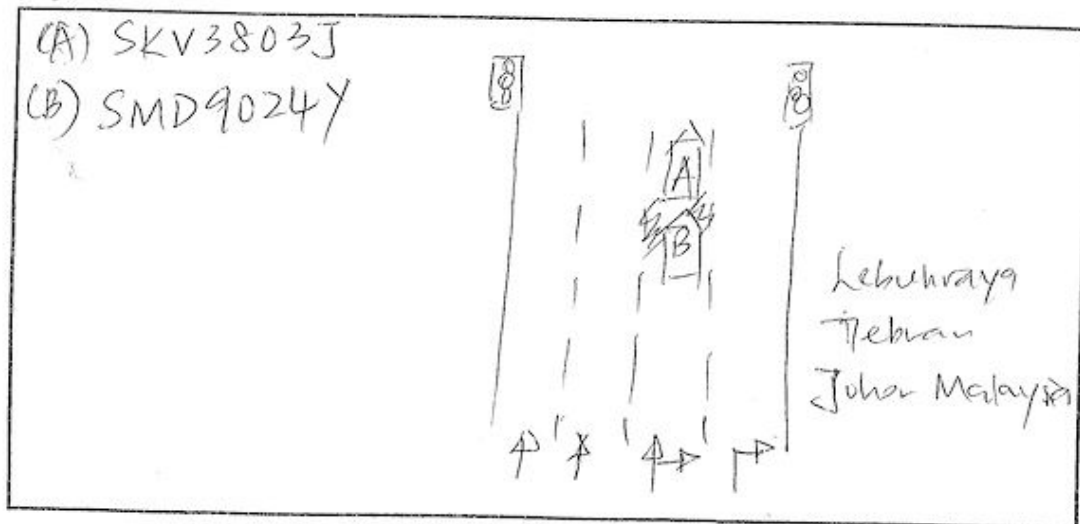
Name of injured person ..... TAN KAR MUI  
 Gender ..... Female  
 Phone No ..... (Phone) +65-81617317  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... PAIN IN THE SHOULDER AND BACK AREA  
 Injured person in which vehicle? ..... SKV3803J  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**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' lawyers/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' 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.

**Sketch Plan**



Policyholder's Signature / Date & Time  
 [Signature] 21/5/23 3:25pm

Driver's Signature (if driver is not the policyholder) / Date & Time  
 [Signature] 21/5/23 3:25pm

Witnessed by Reporting Centre Personnel  
 [Stamp: ANIM MOTOR CO. 2023] 02/05/2023  
 ALL LIM MOTOR COMPANY

Date of accident: 11/5/2023 Time: 1:30pm Location: Johor Malaysia  
Lebuhraya Tebrau  
 My Vehicle A: SKV3803J Vehicle B: SMD9024Y Vehicle C: \_\_\_\_\_

**SKETCH PLAN**

Describe Circumstances of the Accident.

Refer to Polize Report

Police Report No: F/20230502/7060

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.

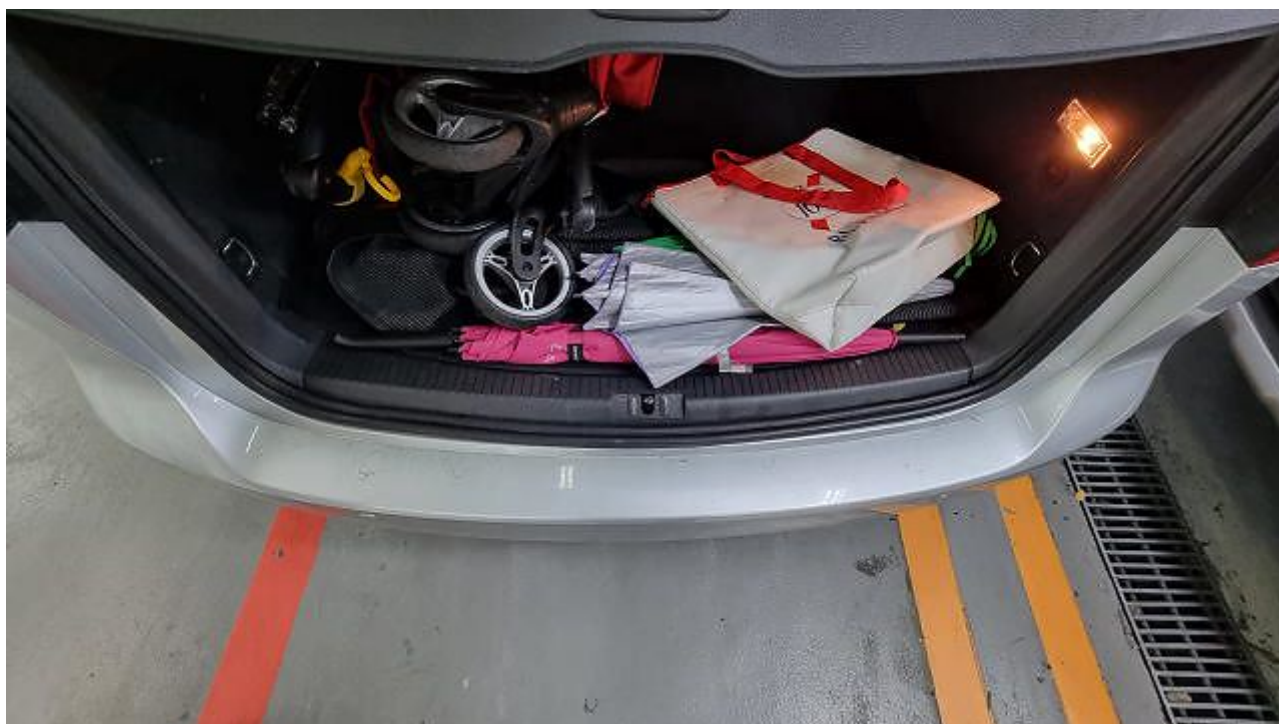
[Signature]  
 Policyholder's Signature / Date & Time  
11/5/23 3:30pm

[Signature]  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
11/5/23 3:30pm

[Signature]  
 Witnessed by Reporting Centre Personnel  
11/05/2023

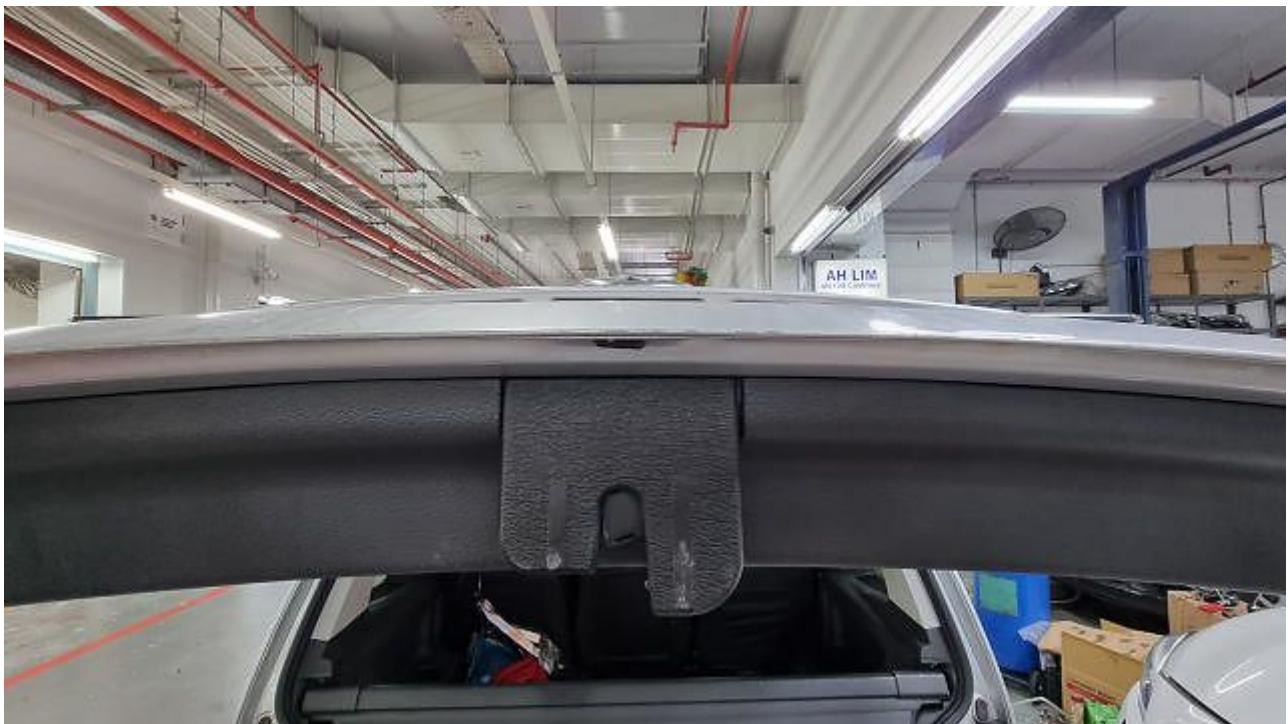
AHLIM MOTOR COMPANY





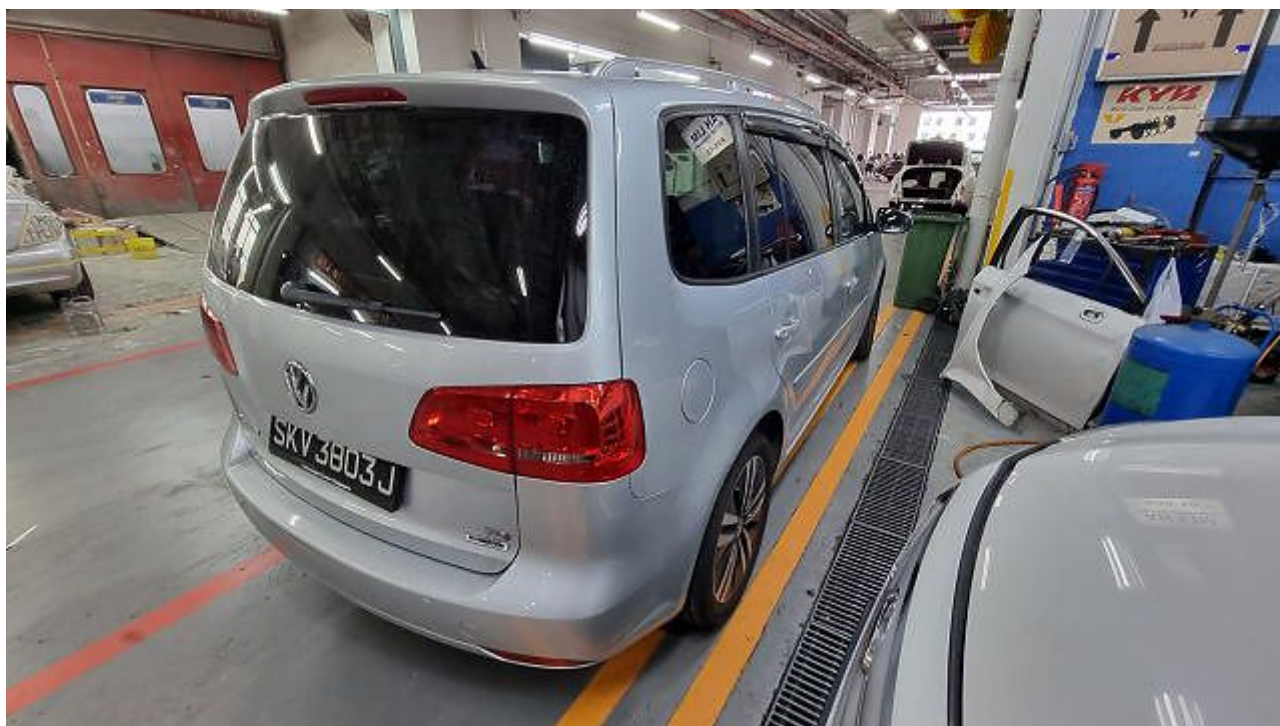




























**SINGAPORE  
POLICE FORCE**



F/20230502/7060

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20230502/7060

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 02/05/2023 15:10	Vide Report No.	Station Diary No.		
Name Of Informant PEH YEW KWANG	Address 12 RIVERVALE LINK #12-20 SINGAPORE 545045			
ID Type / ID No. NRIC NO / S7529184A	Contact No. Home/Office:	Mobile: 88019958		
Nationality SINGAPORE CITIZEN	Email Address PEHYEYWKWANG@GMAIL.COM			
Occupation ICT business process consultant/business analyst	Sex Male	Age 47	Date of Birth 27/09/1975	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/05/2023 13:30	Location Of Incident JOHOR (MALAYSIA)			

**Brief details.**

On 1st May 2023 around 1.30pm, I was driving along Lebuhraya Teberau and stopped at the junction turning into Jalan Kuning. Vehicle SMD9024Y, collided into my rear vehicle of SKV3803J which was stationary at the junction waiting for the traffic light to change. My family of 5 suffers slight injuries and my 3 year old son was traumatized.

After the accident, I asked the driver for his particulars and contact number but he said it is no use as the accidents occurs in overseas and I can't claim his insurance. thus, he did not provide his particulars and contact number. So I Just video the whole situation and make police report in both countries (Singapore

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.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2023 15:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230502/7060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230502/7060

and JB, Malaysia).

Subjects Involved			
Victim			
Person Name	PEH YEW KWANG		
ID Type	NRIC NO	ID No	S7529184A
Gender	Male	Age	47
Race	Chinese	Language	English
Occupation	ICT business process consultant/business analyst	Address	12 RIVERVALE LINK #12-20 SINGAPORE 545045
Mobile No	88019958	Is Informant A Victim?	Yes
Person Name	PEH YEW KWANG (Informant)		

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.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2023 15:10
Officer In-Charge Of Case:	Classification Of Case:

It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10418130R01

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 P10418130R01 (Comprehensive / Named Driver Plan)**

1) Vehicle Registration Number	:	SKV3803J
Chassis Number	:	WVGZZZ1TZFW084026
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	15/09/2022 (00:00)
3) Date / Time of Expiry of Insurance	:	14/09/2023 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Tan Kar Mui
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	:	Peh Yew Kwang (27/09/1975)
Named Driver(s) / Date of Birth	:	Tan Kar Mui (25/04/1982)
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 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	:	Tokyo Century Leasing (Singapore) Pte Ltd

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  
 31/08/2022

 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