

## 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 First Submission .....	14/08/2024 14:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/08/2024 16:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE (SLE ) TO CTE ( CITY ) SLIP ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN5456H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BENJAMIN LUI LIANG JUN
NRIC No .....	S9290635C
Email Address .....	BENJAMINLUI92@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98563598
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1600
Vehicle Fuel .....	Petrol
First Registration Date .....	16/08/2019
Chassis no .....	-
Effective Date/Time of Ownership .....	16/08/2019 12:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10397363R04

#### DRIVER

Name of Driver .....	BENJAMIN LUI LIANG JUN
NRIC No .....	S9290635C
Date Of Birth .....	12/05/1992
Occupation .....	Indoor
Driving Pass Date .....	21/12/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98563598
Alt. Phone Number .....	-
Email Address .....	BENJAMINLUI92@GMAIL.COM
Address .....	BLK 613A PUNNGOL DRIVE #13-859
Address complement .....	-
Postcode .....	821613
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 .....	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? .....	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 .....	SCU735S
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM CHUN HENG
Contact Number .....	(Phone) +65-92311119
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

Budget Direct  
Vehicle: SMNS436H  
14/08/2024

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.

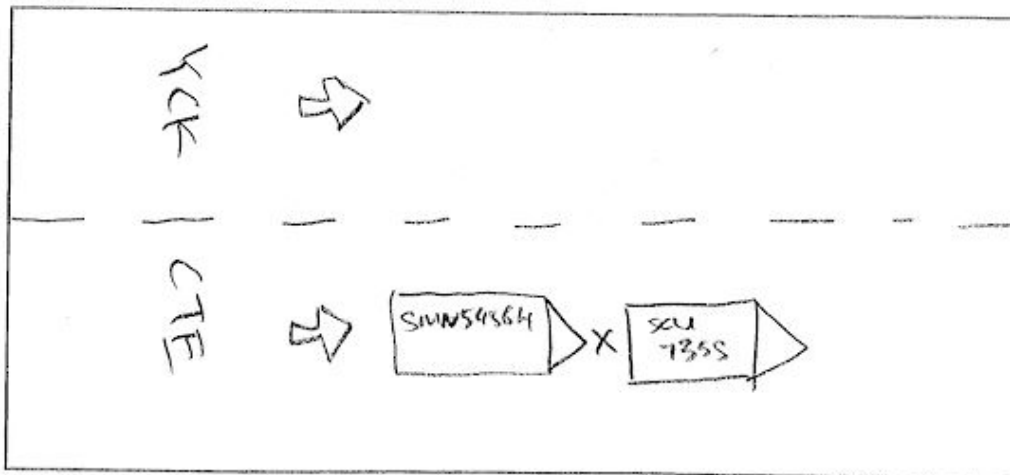
*[Signature]* 14/8/24  
10:20  
Policyholder's Signature / Date & Time

*[Signature]* 14/8/24  
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 14/08/2024  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



Sketch Plan



Describe Circumstance of the Accident

Date of Accident: 13/8/24 Time: 4:45 pm Location: TPE (SE) to CTE (CT) Slip Road

My Vehicle A: Snn 54564 Vehicle B: scu 7358 Vehicle C:

Vehicle B braked due to car in front. Vehicle A did not have sufficient time to brake in time, collided into the rear of Vehicle B

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

Remarks: Please forward a copy of my efile accident Report to:

My Workshop: \_\_\_\_\_

Workshop Email Address: \_\_\_\_\_

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

## Declaration

I/We declare the foregoing particulars are true in every respect.


 14/10/24  
 10:20  
 Policyholder's Signature / Date & Time

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

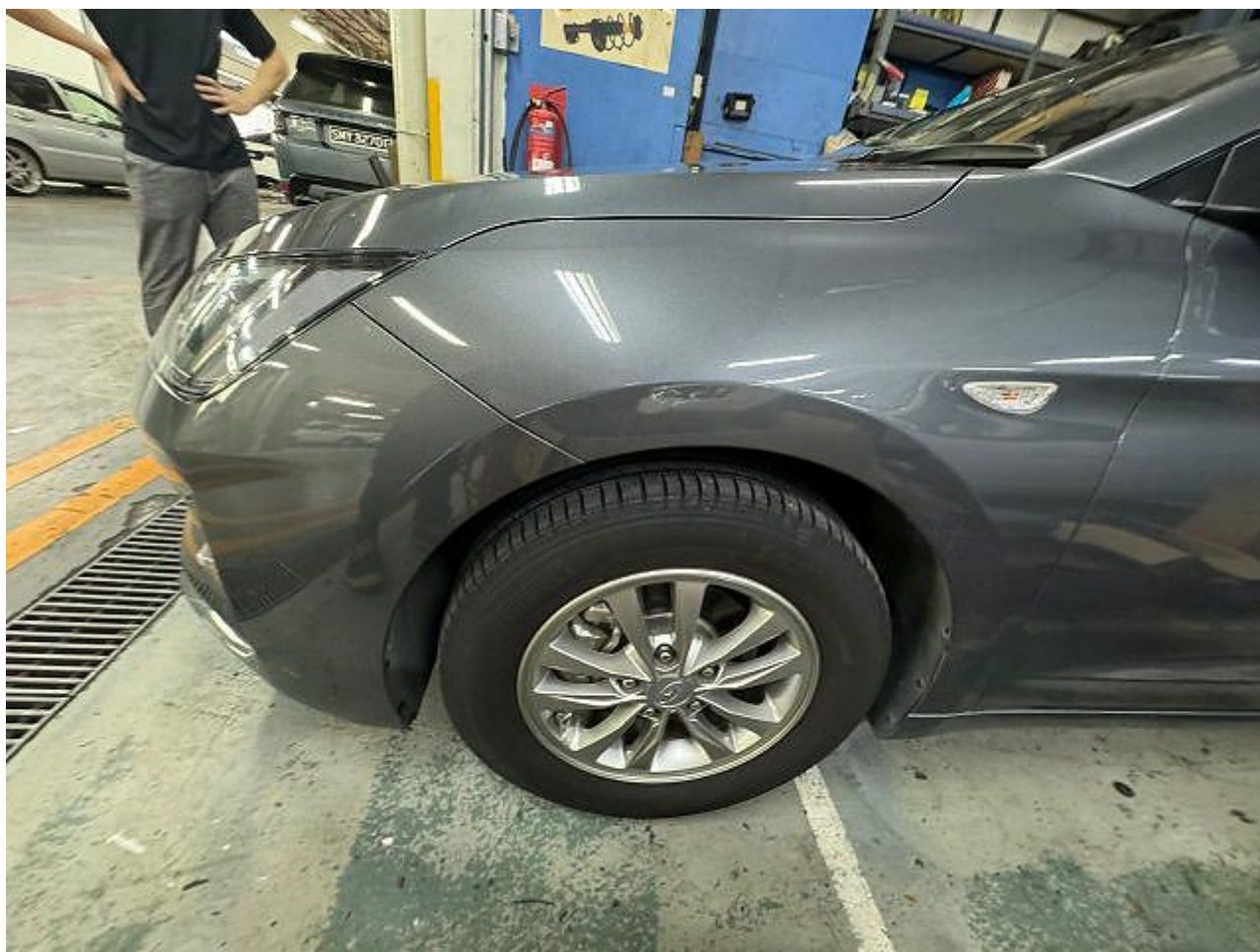
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

v.Jun.2022

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14/08/2024, 14:04

(9) WhatsApp

It pays to choose

**Budget  
Direct**  
insurance

## Policy Schedule

 Comprehensive Car Policy  
 Policy Number: P10399363R04

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

### Period of Insurance

Policy Number	: P10399363R04	Policy Issued On	: 19/06/2024
Policy Start Date	: 16/08/2024 (00:00)	Policy End Date	: 15/08/2025 (23:59)

### Cover

Type of Cover	: Comprehensive / Named Driver Plan
Optional Cover(s)	: Please refer to Policy Summary for any optional cover(s) selected.

### Excess (All excess amounts are subject to GST, if applicable)

Policy	: S\$ 600.00
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### Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen	: S\$ 100.00
Named Driver below 25 years old	: S\$ 500.00
Named Driver with less than 2 years' valid driving licence	: S\$ 500.00

### Premiums

Gross Premium	: S\$ 714.15
Prevailing GST	: S\$ 64.27
Total Premium Payable	: S\$ 778.42

Auto Renewal	: No
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### Policyholder

Name	: BENJAMIN LUI LIANG JUN
Address	: 613A PUNGGOL DRIVE # 13-859 Singapore 821613
Email Address	: benjamin_lui_1992@hotmail.com
Mobile Number	: 98503598

### Main Driver

Name	: BENJAMIN LUI LIANG JUN
Date of Birth	: 12/05/1992
Gender / Marital Status	: Male / Married
Occupation	: Professional
Certificate of Merit	: No
Licence Held For	: More than 5 years

### Vehicle Insured

Vehicle Registration Number	: SMN5456H
Chassis Number	: -
Make & Model	: Hyundai Avante 1.6
Vehicle Colour	: Grey
Year of First Registration	: 2019
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 50%
Vehicle Usage	: Private and Commuting
Modifications Declared	: None

### Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

### Named Driver(s)

Driver(s)	Date of Birth	Licence Held For
Chew Yu Ling Sarah	18/03/1993	More than 5 years