

## 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 .....	04/11/2024 17:18 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	02/11/2024 18:24 (SGT)
Exact Location of Accident .....	275 Punggol Pl, Singapore 820275
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS523D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW YUN YING
NRIC No .....	S8038264B
Email Address .....	REBECCALOWYY@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92974197
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
Variant .....	AD AVANTE 1.6 GLS (A) S
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 .....	1591
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P11031315R00

#### DRIVER

Name of Driver .....	CHUA KHENG HONG
NRIC No .....	S8219901B
Date Of Birth .....	19/06/1982
Occupation .....	Indoor
Driving Pass Date .....	25/05/2010
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98410841
Alt. Phone Number .....	-
Email Address .....	BOBBYCHUA@GMAIL.COM
Address .....	BLK 469B SENGKANG WEST WAY 20-610 SINGAPORE 792469
Address complement .....	-
Postcode .....	-
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	LOW YUN YING
Gender .....	Female

#### PASSENGER 2

Name .....	JADE
Gender .....	Female

#### 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

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### 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 ..... SLN3041X  
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

## IMPORTANT NOTICE

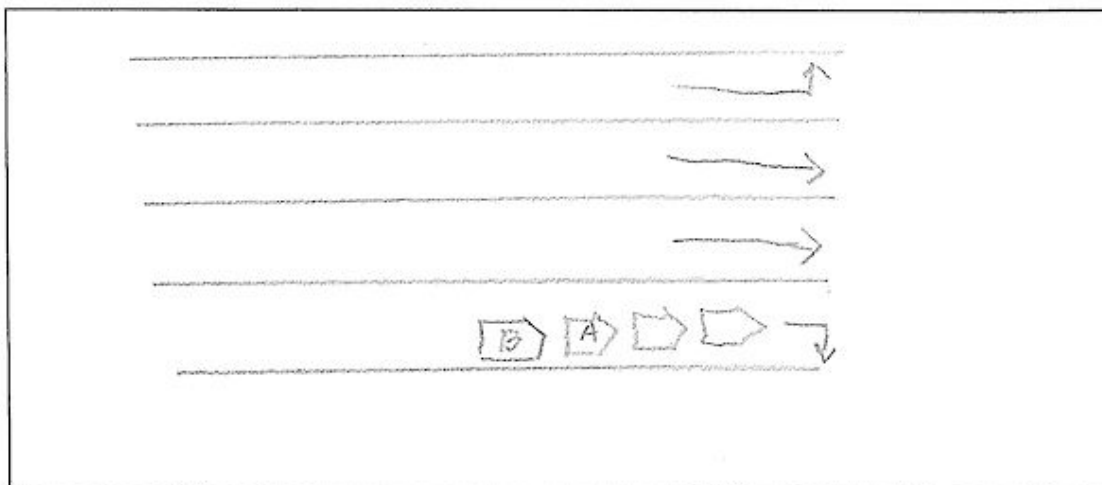
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the 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.

  
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)

## Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : 02/11/24	Time : 1824	Location : 275 punggol place
My Vehicle A : SMS 5230	Vehicle B : SLN 3041X	Vehicle C :
<p>I stopped my vehicle On 02/11/24 at around 1824hrs, at the junction beside 275 punggol place, my vehicle SMS 5230 was rear ended by the other party vehicle, SLN 3041X. When the accident happened, my vehicle was stopping at the junction, waiting for the traffic light to turn green before I want to make a right turn. About roughly 5 seconds after I have come to a complete stop at the junction, the other party vehicle, SLN 3041X came behind my vehicle and subsequently banged onto my vehicle. After I realised my vehicle was banged, I switched on the hazard lights and went down to check on the damage. I discovered my rear bumper and rear car plate was damaged. My wife took down photos and exchange particulars with the other party driver.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop :		
Workshop Email Address :		
<input checked="" type="checkbox"/> 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.

Dayang  
Policyholder's Signature / Date & Time

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

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



























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Direct**  
insurance

## Policy Schedule

 Comprehensive Car Policy  
 Policy Number: P11031315R00

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 : P11031315R00 Policy Issued On : 18/01/2024  
 Policy Start Date : 07/02/2024 (00:00) Policy End Date : 06/02/2025 (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\$ 300.00

### 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\$ 546.89  
 Prevailing GST : S\$ 49.22  
 Total Premium Payable : S\$ 596.11

Auto Renewal : Yes

### Policyholder

Name : Low Yun Ying  
 Address : 590B ANG MO KIO STREET 51 #20-29 Singapore 562590  
 Email Address : rebeccalowyy@gmail.com  
 Mobile Number : 92974197

### Main Driver

Name : Low Yun Ying  
 Date of Birth : 23/11/1980  
 Gender / Marital Status : Female / Married  
 Occupation : Executive: (Civil Servant/ Private sector)  
 Certificate of Merit : Yes  
 Licence Held For : More than 5 years  
 No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

### Vehicle Insured

Vehicle Registration Number : SMS523D  
 Chassis Number : KMH0841CMLU030291  
 Make & Model : Hyundai Avante 1.6  
 Vehicle Colour : Blue  
 Year of First Registration : 2020  
 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	No. of Claims/Accidents (Last 3 Years)	
			At-Fault	Not At-Fault
Chua Kheng Hong	19/06/1982	More than 5 years	0	0
Low Seng Kian	02/10/1951	More than 5 years	0	0

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
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