

# 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 .....	18/12/2024 16:26 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/12/2024 19:35 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJH9774E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO JUN JIE EDWIN
NRIC No .....	S9011528F
Email Address .....	EDWINYEO22@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91172152
Alternative Phone No .....	+65-96528245

### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	Xc90
Variant .....	XC90 2.5T (A) ABS AIRBAG
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 .....	2521
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 .....	P11114836R00

### DRIVER

Name of Driver .....	HSIA CHIH XIAN
NRIC No .....	S9215290A
Date Of Birth .....	03/05/1992
Occupation .....	Indoor
Driving Pass Date .....	31/12/2012
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	12 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-96528245
Alt. Phone Number .....	-
Email Address .....	EDWINYEO22@HOTMAIL.COM
Address .....	56 ANCHORVALE CRESCENT
Address complement .....	#06-17
Postcode .....	544632
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 .....	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

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 .....	SLN7140S
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	VIJAYKUMARAN S/O KANNGAISABAI
NRIC No .....	S8124919I
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**

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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:

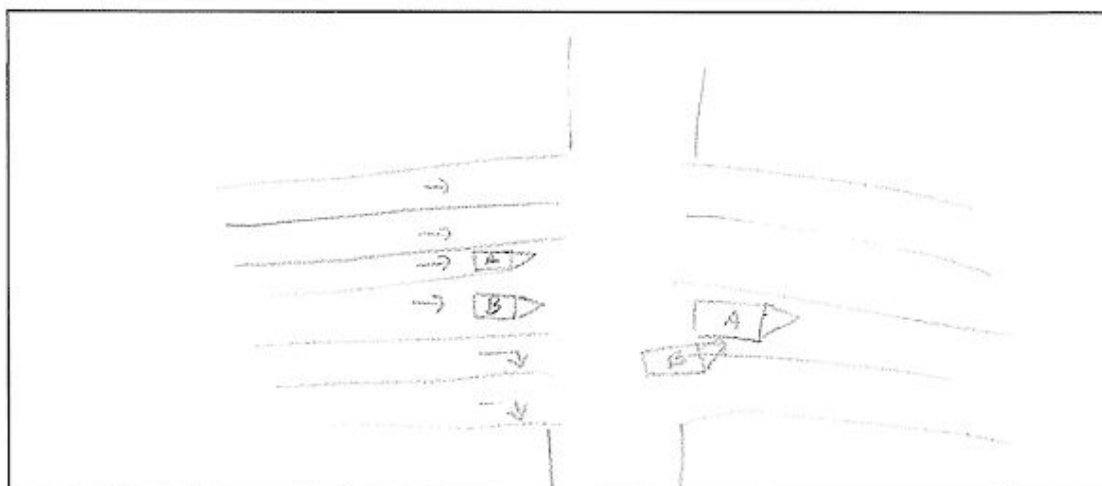
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Report Centre Personnel (Name as in NRIC/ID Card)

Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : 17/12	Time : 7:35pm	Location : Ang mo Kio Ave 3
My Vehicle A : SJH 9774E	Vehicle B : SLN 71408	Vehicle C :
<p>Going towards Ang mo Kio from Serangoon North, along Ang mo Kio Ave 3, vehicle A was in lane 2 and going straight into lane 2 after traffic lights. I was in lane 2 after crossing the traffic light at the Junction and vehicle B's front car hit my side door, B vehicle's bumper first hit my side door.</p>		
<p><input checked="" type="checkbox"/> Claim OD/TP at Ah Lim Motor    <input type="checkbox"/> Claim OD/TP at other workshop    <input type="checkbox"/> Reporting Only</p>		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop :		
Workshop Email Address :		
<p><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</p>		

## Declaration

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

Policyholder's Signature / Date &amp; Time

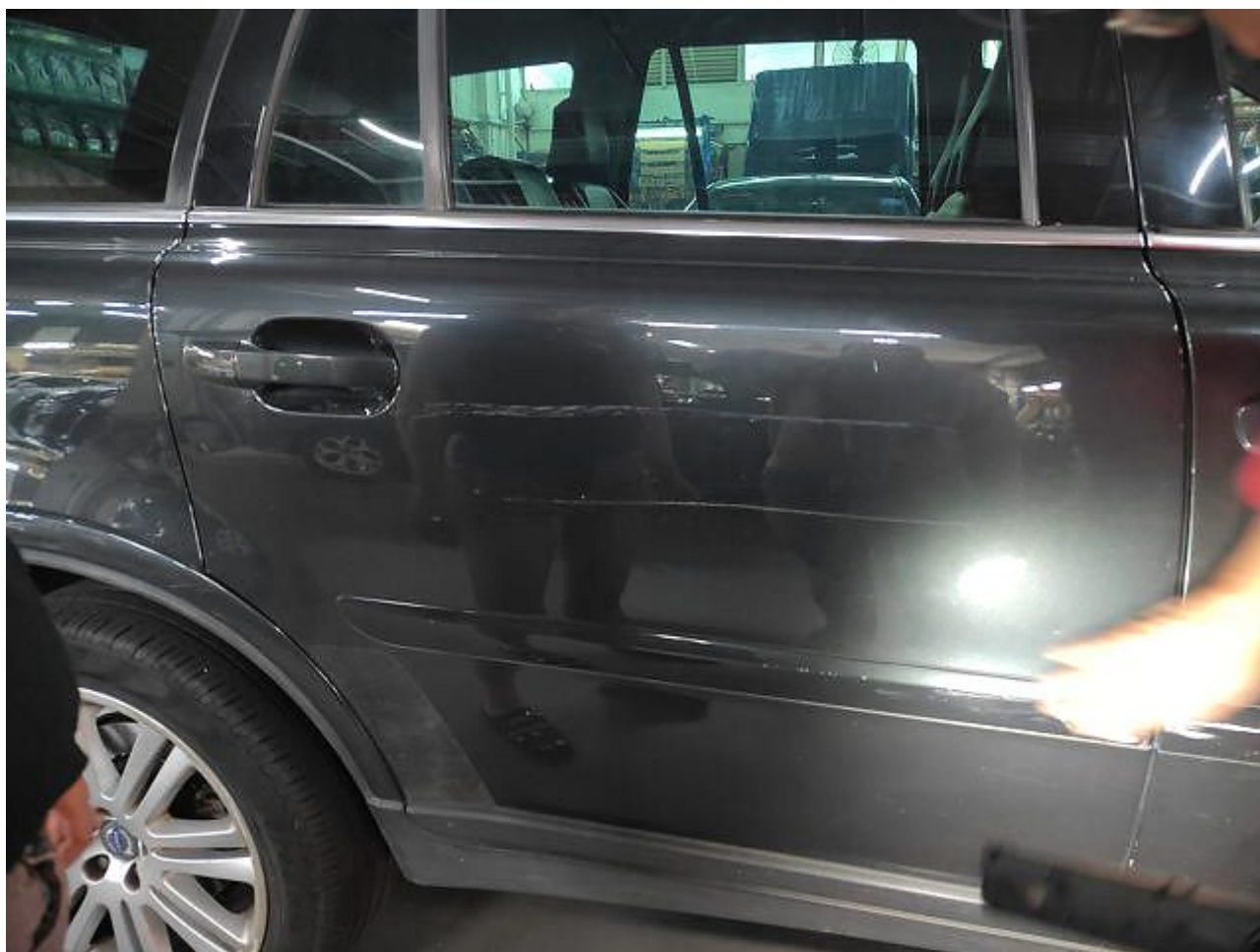
Actual Driver's Signature (if driver is not the policyholder) / Date &amp; Time

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





















## It pays to choose

**Budget  
Direct**  
insurance

## Policy Schedule

Third Party Fire and Theft Car Policy  
Policy Number: P11114836R00

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 : P11114836R00 Policy Issued On : 01/09/2024  
Policy Start Date : 01/09/2024 (20:22) Policy End Date : 31/08/2025 (23:59)

**Cover**

Type of Cover : Third Party Fire and Theft / 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 : Not applicable

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

Windscreen : S\$ 100.00

**Premiums**

Gross Premium : S\$ 1,152.94  
Prevailing GST : S\$ 103.76  
Total Premium Payable : S\$ 1,256.70

**Auto Renewal** : Yes

**Policyholder**

Name : Yeo Jun Jie Edwin  
Address : 56 ANCHORVALE CRESCENT #06-17 Singapore 544632  
Email Address : edwinyeo22@hotmail.com  
Mobile Number : 91172152

**Main Driver**

Name : Yeo Jun Jie Edwin  
Date of Birth : 22/03/1990  
Gender / Marital Status : Male / Married  
Occupation : Self-Employed (Indoor)  
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 : SJH9774E  
Chassis Number : YV1CZ595791495813  
Make & Model : Volvo XC90 2.5  
Vehicle Colour : Grey  
Year of First Registration : 2008  
Sum Insured : Market Value  
Off-Peak Car : No  
NCD : 40%  
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
HSIA CHIH XIAN	03/05/1992	More than 5 years	0	0
YEO BOON HENG	17/11/1963	More than 5 years	0	0

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