

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	27/06/2024 17:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2024 13:40 (SGT)
Exact Location of Accident	18 Tai Seng St, Singapore 539775
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2600P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEE CHANG YEONG (YU ZHENYANG)
NRIC No	S7918301F
Email Address	DESMONDYEE@MSN.COM
Mobile Phone No	(Phone) +65-98245533
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	CERATO 1.6(A) EX
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	1591

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10933412R00

DRIVER

Name of Driver	YEE CHANG YEONG (YU ZHENYANG)
NRIC No	S7918301F
Date Of Birth	26/06/1979
Occupation	Indoor

Driving Pass Date	16/11/2001
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98245533
Alt. Phone Number	-
Email Address	DESMONDYEE@MSN.COM
Address	26C JALAN MEMBINA
Address complement	#22-184
Postcode	166026
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)	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	RENA
Gender	Female

PASSENGER 2

Name	FELICIA
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	SLF6757L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG JIN YANG ALAN
NRIC No	S8904076J
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

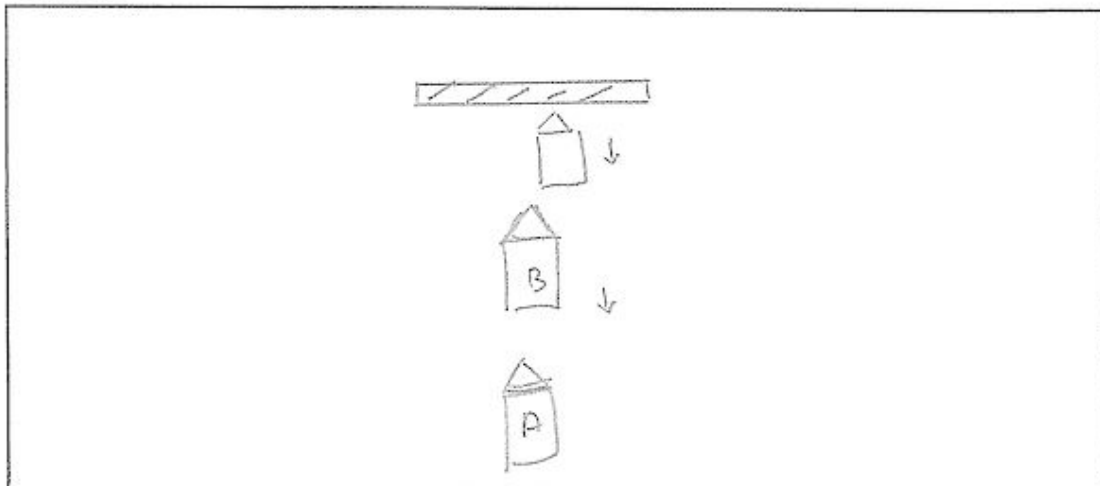
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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 Reporting Insuring Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : 27/06/24	Time : 140 pm	Location : 13 Tai Seng
My Vehicle A : SKU2600P	Vehicle B : SLF6757L	Vehicle C : -
<p>was exiting from car park. met with a car reversing, & hit a bit of my front bumper.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input 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.

Chang Heng
 Policyholder's Signature / Date & Time

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



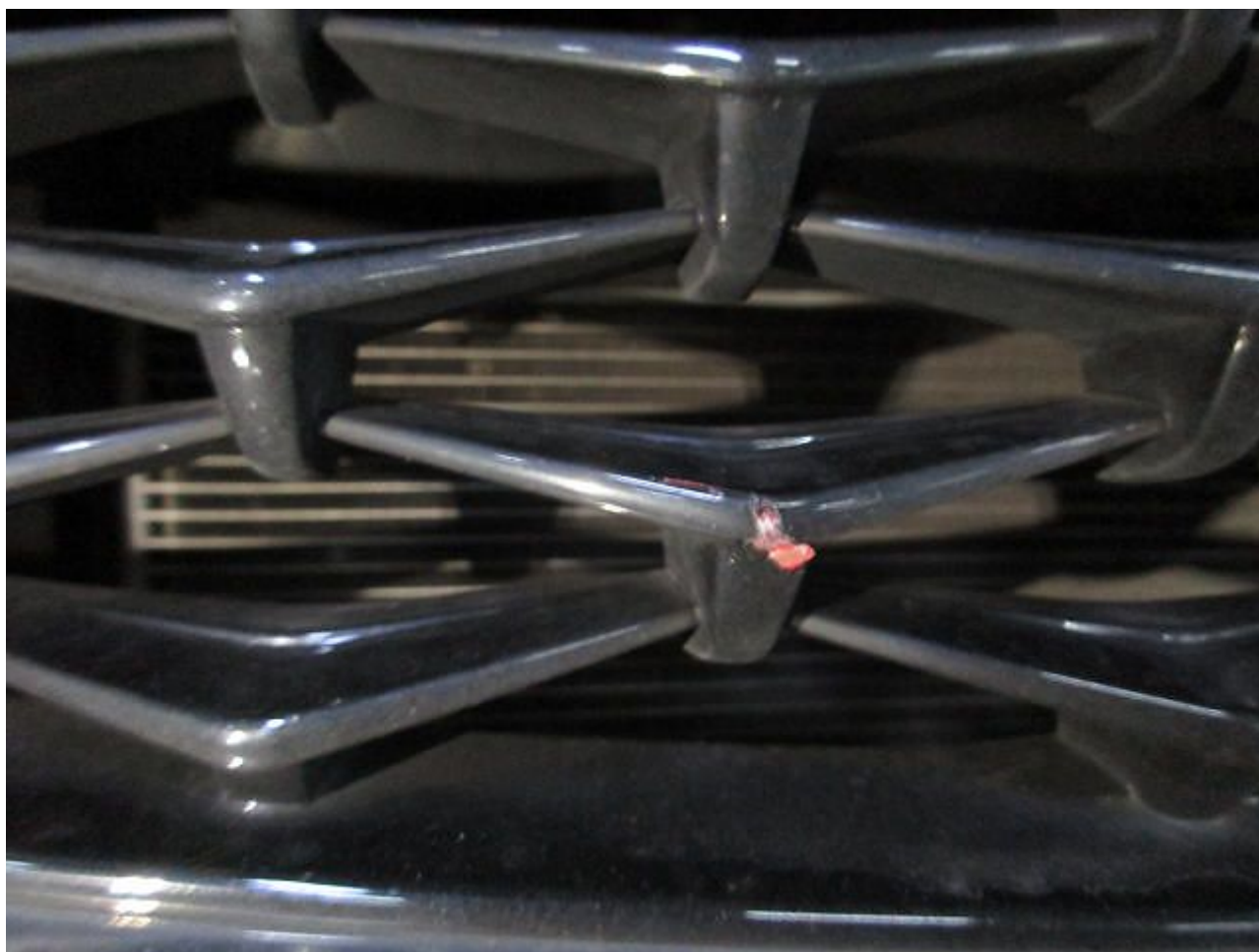
Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)





















It pays to choose

**Budget
Direct**
insurance

Policy Schedule

 Comprehensive Car Policy
 Policy Number: P10933412R00

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 : P10933412R00 Policy Issued On : 08/08/2023
 Policy Start Date : 31/08/2023 (00:00) Policy End Date : 30/08/2024 (23:59)

Cover

Type of Cover : Comprehensive / Named Driver Plan / Any Workshop
 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

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\$ 642.49
 Prevailing GST : S\$ 51.40
 Total Premium Payable : S\$ 693.89

Auto Renewal : Yes

Policyholder

Name : Yee Chang Yeong
 Address : 26C JALAN MEMBINA #22-184 Singapore 166026
 Email Address : desmondye@msn.com
 Mobile Number : 98245533

Main Driver

Name : Yee Chang Yeong
 Date of Birth : 26/06/1979
 Gender / Marital Status : Male / Married
 Occupation : Professional
 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 : SKU2600P
 Chassis Number : KNAF3416MK5013328
 Make & Model : Kia Cerato 1.6
 Vehicle Colour : Grey
 Year of First Registration : 2018
 Sum Insured : Market Value
 Off-Peak Car : No
 NCD : 50%
 Vehicle Usage : Private and Commuting
 Modifications Declared : Yes, Solar Film

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
Yee Chang Neng	21/11/1981	More than 5 years	0	0