

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 Authorised 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 ability.
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 Report	21/08/2018 13:40
Date Of Accident	21/08/2018 07:35
Exact Location Of Accident	ALONG WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV5913J
Insured/Policyholder	
Name Of Registered Owner	JULIANA HAMID
NRIC No	S0124037D
Email Address	JULIANAHAMID66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91906524
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	5-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10002086R00
Cover Note Number	

Driver

Name of Driver	MOHAMED YASIN BIN MUSA
NRIC No	S7323925G
Date Of Birth	15/07/1973
Occupation	INDOOR
Date Of Driving Pass	04/12/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94232709
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 673 WOODLANDS DRIVE #03-01
Postcode	730673
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC8593H
Vehicle Make/Model/Colour	BLACK HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8324881E
Contact Number	92264670
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO: 21/8/18
ACCIDENT DATE: SGV5913J

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

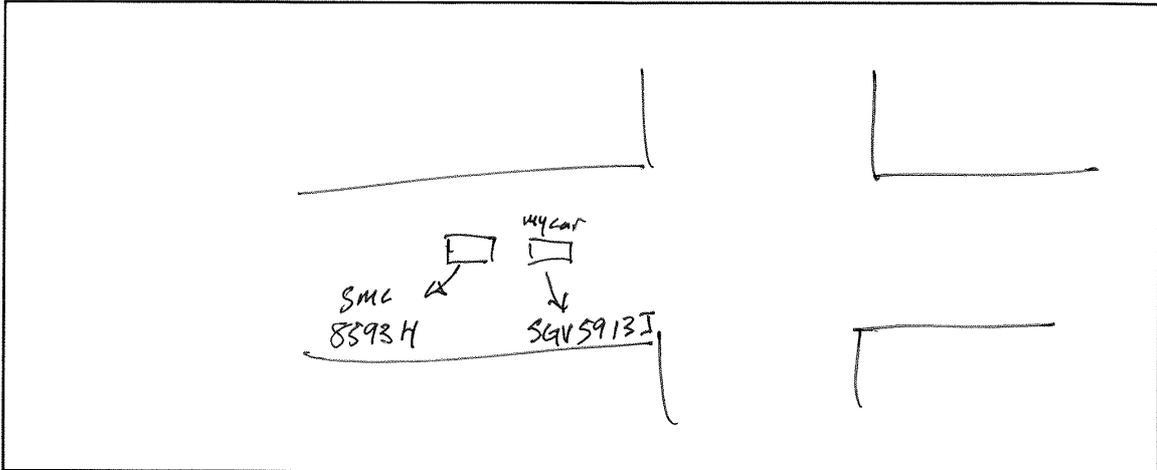
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time: 21/8/18	Name: CHARN'S CUSTOMCRAFT NRIC/FIN No.:

21/8/18
SGV5913J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for the traffic light to change and he behind knock my back of the car
* the car SMC 8593H

OWN DAMAGE () 3RD PARTY CLAIM (/) REPORTING ONLY () OWN WORKSHOP ()

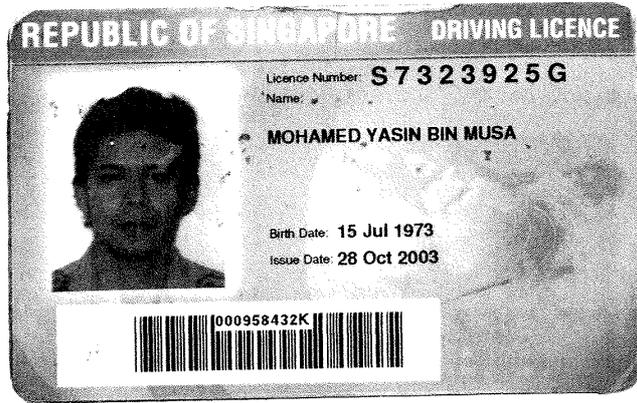
DECLARATION

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

Policyholder's Signature
Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 21/8/18


 CHARN S. CUSTOMCRAFT
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

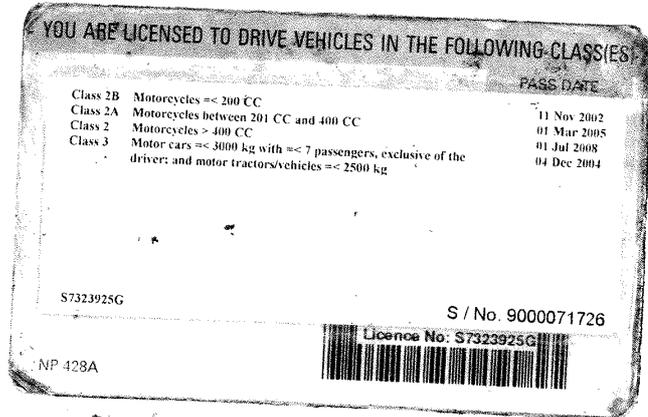


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7323925G**



Name
MOHAMED YASIN BIN MUSA
محمد ياسين بن موسى
Race
MALAY
Date of birth Sex **S7323925G**
15-07-1973 M
Country of birth
SINGAPORE

S7323925G



5092792



NRIC No. **S7323925G**

Date of issue
22-06-2012

Address
**APT BLK 673 WOODLANDS DRIVE 71
#03-01
SINGAPORE 730673**

Budget Direct insurance

Policy Schedule

Comprehensive Car Policy
Policy Number: P10002086R00

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 : P10002086R00 Policy Issued On : 20/12/2016
Policy Start Date : 09/01/2017 (00:00) Policy End Date : 08/01/2018 (23:59)

Cover

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

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

Policy : S\$ 600.00
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
Unnamed Driver 25 years and above : S\$ 500.00
Unnamed Driver with 2 or more years' valid driving licence : S\$ 500.00
Unnamed Driver below 25 years old : S\$ 1,500.00
Unnamed Driver with less than 2 years' valid driving licence : S\$ 1,500.00

Premiums

Gross Premium : S\$ 478.41
7% GST : S\$ 33.49
Total Premium Payable : S\$ 511.90

Policyholder

Policyholder : Juliana Hamid
Address : 673 Woodlands Drive 71 03-01 Singapore 730673
Email Address : julianahamid66@gmail.com
Mobile Number : 91906524

Main Driver

Registered Main Driver : Mohamed Yasin Bin Musa
Date of Birth : 15/07/1973
Gender / Marital Status : Male / Married
Occupation : Worker/ Skilled Worker: (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 : SGV5913J ✓
Chassis Number : -
Make & Model : Mazda 5 2.0
Vehicle Colour : Green
Year of First Registration : 2007
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 in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

No driver is named.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

