

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 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 Submission	21/12/2020 17:20 (SGT)
Date of Accident	18/12/2020 19:35 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	SHENTON WAY TWDS KEPPEL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2836G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAITON JUHERMAN
NRIC No	SXXXX343A
Email Address	noemail@noemail.com
Mobile Phone No	(Phone) +65-90687084
Alternative Phone No	+65-90687084

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10268865R01
Cover Note Number	-

DRIVER

Name of Driver	JUHERMAN BIN ZAITON
NRIC No	SXXXX343A
Date Of Birth	03/03/1980
Occupation	Indoor

Date Of Driving Pass	02/06/1999
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90687084
Alt. Phone Number	-
Email Address	juhermanzaiton@gmail.com
Address	BLK 55 STIRLING ROAD #01-354
Address complement	-
Postcode	142055
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FILDZA BINT MD ZIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20201220/7001.

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	SKT7637G
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JUHERMAN BIN ZAITON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKT2836G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	FILDZA BINTE MD ZIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKT2836G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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7. By the lodgment 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.
- (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.

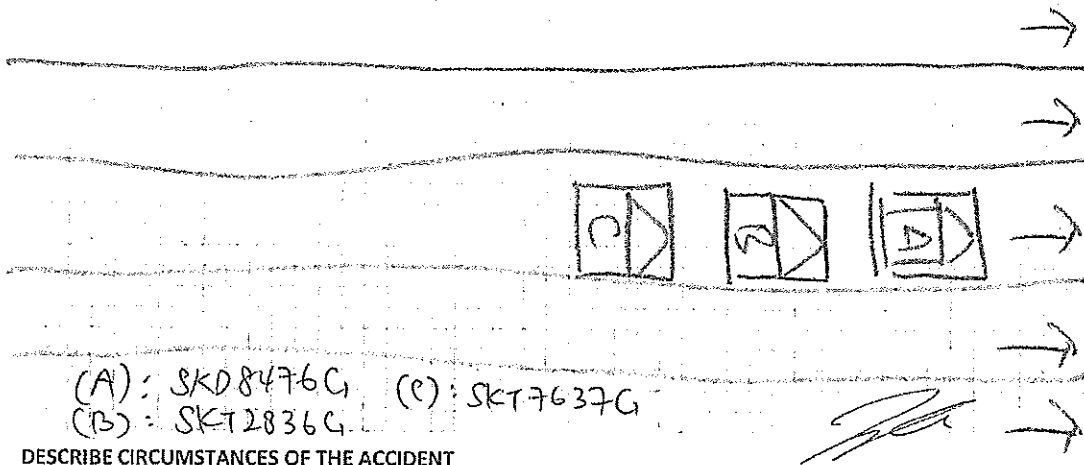

 Policyholder's Signature
 Date & Time: 21/12/20 @ 11:11am

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

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

SKETCH PLAN

Shenton Way towards Keppel Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

21/12/10 @ 11:11am

Driver's Signature

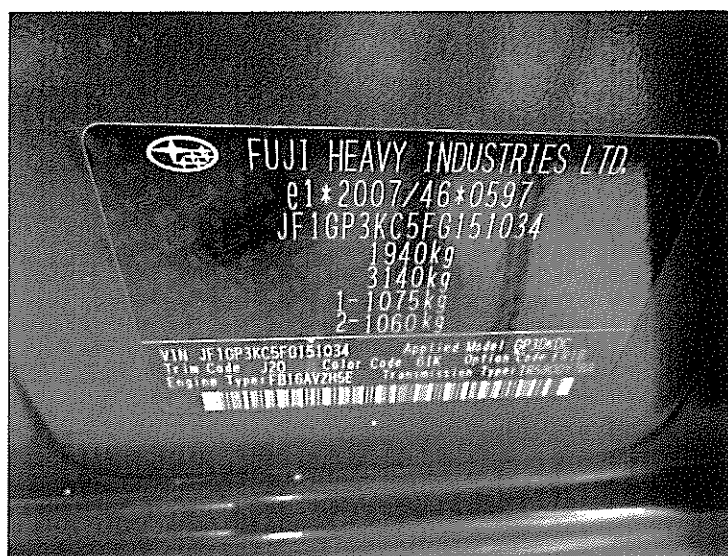
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



IMAGES #2



IMAGES #3



IMAGES #4



IMAGES #5



IMAGES #6





**SINGAPORE
POLICE FORCE**



T/20201220/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20201220/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2020 00:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JUHERMAN BIN ZAITON			Address: APT BLK 55 STIRLING ROAD #01-354 SINGAPORE 142055		
ID Type / ID No.: NRIC NO / S8006343A			Contact No.: Home/Office: Mobile: 90687084		
Nationality: SINGAPORE CITIZEN			Email: juhermanzaiton@gmail.com		
Sex: Male	Age: 40	Date of Birth: 04/03/1980	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 19:35	Type of Location: Straight Road
Location: SHENTON WAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: 3-car chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKD8476G	Car	CHEVROLET	Cruze	Black	Slightly Damaged	0
SKT2836G	Car	SUBARU	XV	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20201220/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201220/7001

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SKT7637G	Car	MAZDA	CX5	Grey	Seriously Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	NGUYEN THI KIM TRINH			ID No.	NIL
Related Vehicle	SKD8476G (Car)			Contact No.	94365560
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Driver					
Name	JUHERMAN BIN ZAITON			ID No.	S8006343A
Related Vehicle	SKT2836G (Car)			Contact No.	90687084
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/12/2020			Date	19/12/2020
No. of Days granted Medical Leave	04		Degree of	Slight	
Driver					
Name	TAN PUEY YANG KELVIN			ID No.	S7532186D
Related Vehicle	SKT7637G (Car)			Contact No.	97345326
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20201220/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201220/7001

CONTINUATION OF REPORT

Brief Details.

On the 18 December 2020 at about 7.35pm, I was travelling along Shenton Way towards Keppel Road outside OUE Downtown building on the 3rd lane when I stopped behind a motorcar bearing plate no. SKD8476G as the traffic light was red. My motorcar, bearing plate no. SKT2836G was already stationary when out of a sudden, a motorcar bearing plate no. SKT7637G rammed onto the rear of my motorcar causing it to surge forward and hit onto the rear of the front motorcar. Due to the impact, my motorcar front and rear bumper were damaged. Due to the double impact (rear followed by front), I felt strain and pain around the left side of my neck and shoulder. I seek medical treatment at NUH and was given 4-day outpatient medical certificate from the 19th to 22nd December 2020 and was prescribed with medication. My wife was seating at the front passenger seat when the accident occurred. She also sustained strain and pain on the left side of her body. My vehicle does not have in-car camera and I noticed that motorcar SKT7637G has one. I have taken photos of the cars involved and the damages suffered at the scene of the accident.



**SINGAPORE
POLICE FORCE**



T/20201220/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201220/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/12/2020 00:43

Classification Of Case:

It pays to choose

**Budget
Direct
insurance**

Certificate of Insurance

 Comprehensive Car Policy
 Policy Number: P10268865R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10268865R01. (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SKT2836G
Chassis Number	:	JF1GP3KC5FG151034
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	29/11/2020 (00:00)
3) Date / Time of Expiry of Insurance	:	28/11/2021 (23:59)
4) Excess (i) Policy	:	S\$ 300.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Zaiton Juherman
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance only.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Zaiton Juherman(04/03/1980)
Named Driver(s) / Date of Birth	:	No driver is named.
7) Limitation as to use*		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.		
8) Finance Company	:	Kenso Leasing Pte Ltd

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
29/10/2020

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**
190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 19 Dec 2020 / 14:14:54

Receipt Date/Time : 19 Dec 2020 / 14:14:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201219-001440

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKT7637G

As at 18 Dec 2020/18:30:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - SKT7637G Enquiry Fee 20201219141204663000	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45

Paid By

454750XXXXXX9785 eNETS Credit Card 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.