

# 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 ..... 06/02/2021 15:00 (SGT)  
Date of Accident ..... 05/02/2021 17:50 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TOWARDS TUAS BEFORE STEVENS ROAD.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN6292T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAI HENG MUN  
NRIC No ..... SXXXX257C  
Email Address ..... ernchuen@hotmail.com  
Mobile Phone No ..... (Phone) +65-93637670  
Alternative Phone No ..... +65-93637670

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... P10368635R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAI ERN CHUEN  
NRIC No ..... SXXXX257C  
Date Of Birth ..... 20/08/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	05/12/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93209166
Alt. Phone Number .....	-
Email Address .....	ernchuen@hotmail.com
Address .....	BLK 570 CHOA CHU KANG ST 52 #06-230
Address complement .....	-
Postcode .....	680570
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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? .....	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 .....	CHENG JEAN LYN SERA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Timah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004689999
Alt. Police Station Phone No .....	(Fax) +65-64623782
Police Station Address .....	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME , I WAS DRIVING MY VEHICLE A: SLN6292T ON LANE 1 ALONG PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT, SUDDENLY, I FELT AN IMPACT FROM MY REAR AND REALISED A CAR (VEHICLE B : SKX8918T) HAD COLLIDED ONTO MY REAR.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKX8918T
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YUEN YEOW KAY
NRIC No .....	SXXXX481B
Contact Number .....	(Phone) +65-98281570
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LAI ERN CHUEN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLN6292T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	CHENG JEAN LYN SERA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLN6292T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

REPORT FORM

IMPORTANT NOTICE

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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.

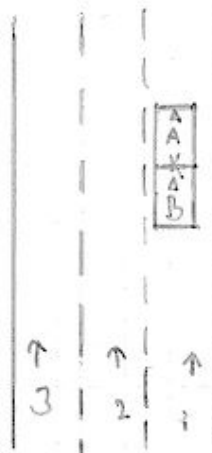


Policyholder's Signature  
Date & Time:



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

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



ven A: SLN 6292T  
ven B: SKX 8918T

↑ PIE towards Tins  
Before Stevens Road Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was driving my car (Ven A: SLN 6292T) on lane 1 along  
PIE towards Tins Before Stevens Road Exit. Suddenly, I felt  
an impact from my rear and realized a car (Ven B: SKX 8918T)  
had collided onto my rear.

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:

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















Annex D

**NOTICE OF REPORTING**

This is to confirm that LAI ERN CHUEN, NRIC: S9429257C of Blk 570 CHOA CHU KANG STREET S(680570) HP: 93209166, has reported to the Police a non-injury traffic accident which occurred along PIE towards Tuas before Adam Road exit after Balmoral Road on the lane 1 on 05/02/2021 at about 05:50 pm involving the following vehicles:

My car licence plate number is SLN6292T (Grey/Honda Vezel) and other party car licence plate number is SKX8918T (Gold/Nissan). While I was travelling along PIE towards Tuas before Adam Rd on the lane 1. There was car in front of me suddenly jam brake and I applied brake too however the car behind me SKX8918T unable to stop in time and collided into my car rear bumper. I and the driver for SKX8918T stopped our cars immediately to make a check. We had discovered that my car dents on the rear boot door and bumper and his car dents on the front hood and licence plate. No injuries to both of us and we will follow up with our vehicle insurance company. We had exchanged our particulars and subsequently we left the accident location.

DRIVER'S OF SKX8918T IS YUEN YEW KAY NRIC: S1563481B HP: 98281570

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (3) Zambree

Date: 05/02/2021 Time: 1938hrs


S/D Ref: 26

Police Post/Unit: Bukit Timah NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

  
S9429257C

  
Sgt (3) Zambree  
Bukit Timah NPP  
Blk 1 Toh Yi Drive  
#01-120



CI Pg. 1

It pays to choose

**Budget  
Direct  
insurance**
**Certificate of Insurance**

 Comprehensive Car Policy  
 Policy Number: P10368635R00

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 P10368635R00 (Comprehensive / Named Driver Plan)**

1) Vehicle Registration Number	:	SLN6292T
Chassis Number	:	RU31219128
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	11/05/2020 (00:00)
3) Date / Time of Expiry of Insurance	:	10/05/2021 (23:59)
4) Excess (i) Policy	:	S\$ 800.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Lai Heng Mun
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	:	Lai Heng Mun (09/03/1966)
Named Driver(s) / Date of Birth	:	Lai Ern Chuen (20/08/1994) Lai Chui Yi (09/12/1992) Cheng Jean Lyn Sera (07/11/1993)
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	:	NA

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  
 24/04/2020

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

  
 Simon Birch

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 2016261020), trading as **Budget Direct Insurance**  
 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg