SC1A21490001 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD ENTRY DATE & TIME 09/04/2021 14:21 (SGT) SUBMITTED BY: TAN SHIEH YUEN VERSION: 1 (09/04/2021 14:21 (SGT))



### SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder endror the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any will'ul misrepresentation or witholding of material facts may allow insurance companies to repudiate. policy lability.

A. 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.

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#### ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

09/04/2021 14:21 (SGT) 08/04/2021 18:00 (SGT) 80 Mandai Lake Rd, Singapore 729826 SINGAPORE ZOO PARKING EXIT Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

**SMF3170L** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

**Email Address** 

Mobile Phone No.

Alternative Phone No.

MUHAMMAD AIDIL BIN OTHMAN

SXXXX726J

ADIL@GMAIL.COM

(Phone) +65-96153651

+65-96153651

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mitsubishi

Attrage

No - Claiming third party

Private car

Auto

1200

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

Auto & General Insurance (Singapore) Pte. Limited. Comprehensive

P10459387R00

DRIVER

Name of Driver

NRIC No

MUHAMMAD AIDIL BIN OTHMAN SXXXX726J



Accident report SC1A21490001

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pate Of Birth 09/03/1990 occupation Outdoor Date Of Driving Pass 21/03/2009 **Driving** experience 12 YEARS AND 1 MONTH Gender Mala (Phone) +65-96153651 Mobile Number +65-96153651 Alt. Phone Number ADIL@GMAIL.COM Email Address BLK 184A WOODLANDS STREET 13 #07-643 Address Address complement 731184 Postcode 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NATASYA BINTE JAMALUDIN Gender Female PASSENGER 2 Name AAFIYAH NUHA BINTE MUHAMMAD AIDIL 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 REFER TO ATTACHMENT COLLISION-THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR FRONT RIGHT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 118

**SKF827U** 

Accident report SC1A21490001

Vehicle Registration Number

1	
Manufacturer	
I washington	Mercedes
Pricle Model	A180
Inhicle Variant	-
I dehicle Colour	White
/ vehicle Category	Private car
Name of Driver	KELVIN HENG KEH HWA
Contact Number	(Phone) +65-82008550
Address	-
Address complement	
postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	

### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 2. This is a second of the sec allow insurance companies to repudiate policy liability.
- allow 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. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association
- 6. The report will for a fee be made available upon application by interested parties. 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)

lunderstand, 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

9/02/21 (1300h-) Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time

Sketch Plan

pescribe Circumstances of the Accident
Two on my way out of the 200 multi storey farting when I have
Two on my way out of the 200 multi storey parking when I have to seeme to a step due to traffic at the exit quartry, while morting, in hite marrieds was reversay on my to all my fourt fetch and in hite married its remember the air to the left. When I realized that we it through the rest of the first over the hind, as
to seme to a seed was reversed on my to at my fourt fetch and
white men and of the cur to the left. When I rentized that
me it two see I me the me I tried to reverse but there was after behind, or
he will the stand but was bee let . The car hit my trant right part
he was coming to me to treet to reverse but there was also performed by the see late. The con hit my front right port house, but the horse dead and scentish
of my car couring a dent and scrutch

### Declaration

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

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

It pays to choose

*<u>gudget</u>* 

### Certificate of Insurance

Comprehensive Car Policy Policy Number: P10459387R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Motor Verification (Amendment) Act 2019 of Malaysia, Road Transport (Amendment) Act 2019 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 P10459387R00 (Comprehensive / Authorised Driver Plan)

Vehicle Registration Number

SMF3170L

Chassis Number

MMBSTA13AJH003872

2) Effective Date / Time of Commencement

01/11/2020 (00:00)

of Insurance for the Purpose of the Act

Date / Time of Expiry of Insurance

31/10/2021 (23:59)

(i) Policy 4) Excess

5\$ 600.00 5\$ 100.00

(ii) Windscreen

MUHAMMAD AIDIL BIN OTHMAN

Policyholder

6) Persons or Classes of Persons Entitled to Drive\* Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.

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

MUHAMMAD AIDIL BIN OTHMAN(09/03/1990)

Named Driver(s) / Date of Birth

Natasya Binte Jamaludin (10/05/1989)

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving 7) Limitation as to use\* 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

United Overseas Bank Limited

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 06/10/2020

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

Simon Birch