

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.

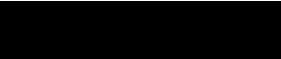
ACCIDENT STATEMENT

Date of Submission 08/07/2021 15:01 (SGT)
Date of Accident 07/07/2021 08:00 (SGT)
Exact Location of Accident Boon Lay Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD5271L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAJ KUMAR S/O KALAMANI
NRIC No 
Email Address PEPSI_RAJ@YAHOO.COM
Mobile Phone No 
Alternative Phone No 

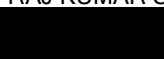
VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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
Transmission Auto
CC 1799

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10247634R01
Cover Note Number 26/09/2020 - 25/09/2021

DRIVER

Name of Driver RAJ KUMAR S/O KALAMANI
NRIC No 

Date Of Birth	08/04/1982
Occupation	Indoor
Date Of Driving Pass	18/03/2009
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	[REDACTED]
Email Address	PEPSI_RAJ@YAHOO.COM
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
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	DRIZZLING
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SLQ5494T
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAI KUMAR S/O KALAMANI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SJD5271L
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:

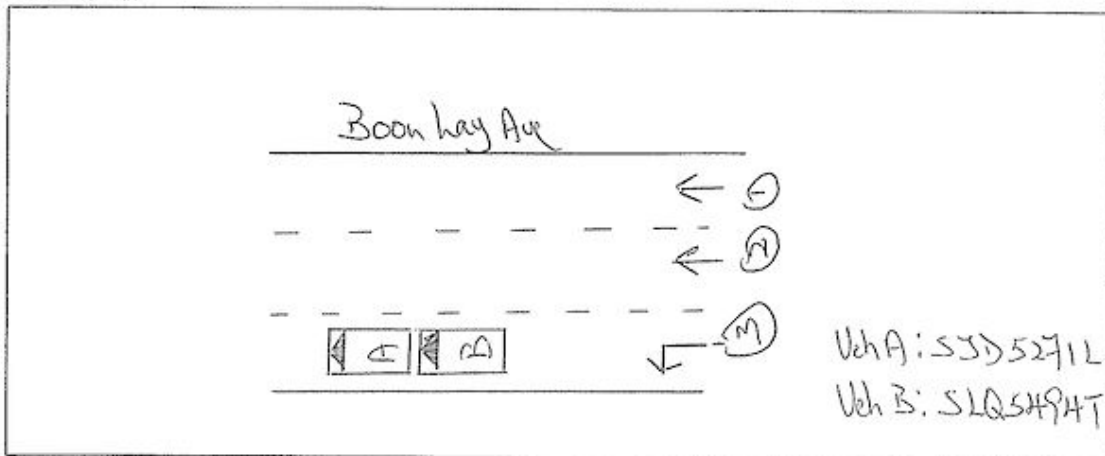


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Date of accident: 07/7/ Time: 0800 Location: Boon Lay Ave
 My Vehicle A: SDD5271L Vehicle B: SLQ5494T Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Massive Trading & Auto

Email address : massivetrade@gmail.com

& myself : _____
 Email address : _____

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: _____

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

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



AH LIM MOTOR COMPANY















**SINGAPORE
POLICE FORCE**



T/20210707/2108

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210707/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2021 21:20		Vide Report No.:		Station Diary No.: 131	
Informant's Particulars					
Name of Informant: RAJ KUMAR S/O KALAMANI			Address: [REDACTED]		
ID Type / ID No.: NRIC NO [REDACTED]			Contact No.: Home/Office: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email: [REDACTED]		
Sex: Male	Age: 39	Date of Birth: 08/04/1982	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: OPERATION TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/07/2021 08:00	Type of Location: Slip Road
Location: BOON LAY AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD5271L	Car	HONDA	STREAM 1.8L A	Silver	Slightly Damaged	0
SLQ5494T	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210707/2108

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210707/2108

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD5271L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10247634R01	26/09/2020	25/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAJ KUMAR S/O KALAMANI		ID No.	
Related Vehicle	SJD5271L (Car)		Contact No.	
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	07/07/2021		Date Discharge	07/07/2021
No. of Days granted Medical Leave		03	Degree of Injury	NIL
Driver				
Name	TAN TOO KIAT ADAM		ID No.	S8537199A
Related Vehicle	SLQ5494T (Car)		Contact No.	91862617
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 07/07/2021, at around 8am, I was driving V1) SJD5271L along Boon Lay Avenue towards Corporation Road, on the slip road to turn left. I had slowed down, and suddenly, I felt a collision from the back. I got off from the vehicle and made a check of what happened. I saw that V2) SLQ5494 front had collided with my back which caused V1 to have a dented rear bumper while V2 had a dented front bumper. I then exchanged particulars with the driver of V2. Later on, I felt some pain at the back of my neck and visited Silver Cross Medical centre for treatment and I received a 3 day MC ref 20211881767559.



**SINGAPORE
POLICE FORCE**



T/20210707/2108

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210707/2108

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

SC2 AKEELA DARRYL FATTHA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

07/07/2021 21:20

Classification Of Case:

It pays to choose

**Budget
Direct**
insurance

Certificate of Insurance

 Comprehensive Car Policy
 Policy Number: P10247634R01

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 P10247634R01 (Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number	:	SJD5271L
Chassis Number	:	JHMRN68408S202342
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	26/09/2020 (00:00)
3) Date / Time of Expiry of Insurance	:	25/09/2021 (23:59)
4) Excess (i) Policy	:	
(ii) Windscreen	:	
5) Policyholder	:	Raj Kumar S/O Kalamani
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 : Raj Kumar S/O Kalamani(08/04/1982) 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	:	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
 17/09/2020

 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