

# 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 .....	15/09/2021 10:23 (SGT)
Date of Accident .....	14/09/2021 09:50 (SGT)
Exact Location of Accident .....	5 Tampines Central 1, Singapore 529541
Additional Location Information .....	TAMPINES PLAZA CARPARK ENTRANCE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGV9079R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEE SHU FANN CATHERINE
NRIC No .....	S1659507A
Email Address .....	catyee@singnet.com.sg
Mobile Phone No .....	(Phone) +65-96402807
Alternative Phone No .....	+65-96402807

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Latio
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	P10170667R02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YEE SHU FANN CATHERINE
NRIC No .....	S1659507A

Date Of Birth .....	05/08/1964
Occupation .....	Indoor
Date Of Driving Pass .....	16/11/1988
Driving experience .....	32 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96402807
Alt. Phone Number .....	+65-96402807
Email Address .....	catyee@singnet.com.sg
Address .....	BLK 229 ANG MO KIO AVE 3 #09-1280
Address complement .....	-
Postcode .....	560229
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 .....	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 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I, OWNER OF VEHICLE A (SGV9079R) ON 14/09/2021 AT 9.50AM, AT ENTRANCE OF TAMPINES PLAZA CARPARK HIT BY VEHICLE B (SKL4704H) AT THE REAR

#### 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 .....	SKL4704H
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 .....	YEE SHU FANN CATHERINE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGV9079R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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. The report will be forwarded by the insurers of the GIA Reports Management Committee (formed by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you 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 (if not a vehicle, then have insured the vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Mediatec 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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Kate*  
Policyholder's Signature / Date & Time

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

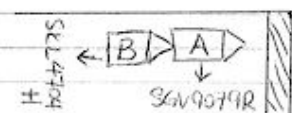
Witnessed by Reporting Centre Personnel

### Sketch Plan

<p>1. Date of accident</p> <p>2. Time of accident</p> <p>3. Location of accident</p> <p>4. Name of vehicle(s) involved</p> <p>5. Name of driver(s)</p> <p>6. Name of insurer(s)</p> <p>7. Name of workshop</p> <p>8. Name of reporting person</p> <p>9. Name of witness</p> <p>10. Name of police officer</p> <p>11. Name of medical officer</p> <p>12. Name of other person</p> <p>13. Name of other person</p> <p>14. Name of other person</p> <p>15. Name of other person</p> <p>16. Name of other person</p> <p>17. Name of other person</p> <p>18. Name of other person</p> <p>19. Name of other person</p> <p>20. Name of other person</p> <p>21. Name of other person</p> <p>22. Name of other person</p> <p>23. Name of other person</p> <p>24. Name of other person</p> <p>25. Name of other person</p> <p>26. Name of other person</p> <p>27. Name of other person</p> <p>28. Name of other person</p> <p>29. Name of other person</p> <p>30. Name of other person</p> <p>31. Name of other person</p> <p>32. 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Describe Circumstances of the Accident

I, owner of vehicle A, SKV9079R, On 14/09/2021 at 9.50am, at entrance of Tampines Plaza carpark was hit by vehicle B, ~~SKL4704H~~ SKL4704H at the rear.



Entrance to Tampines  
Plaza Carpark

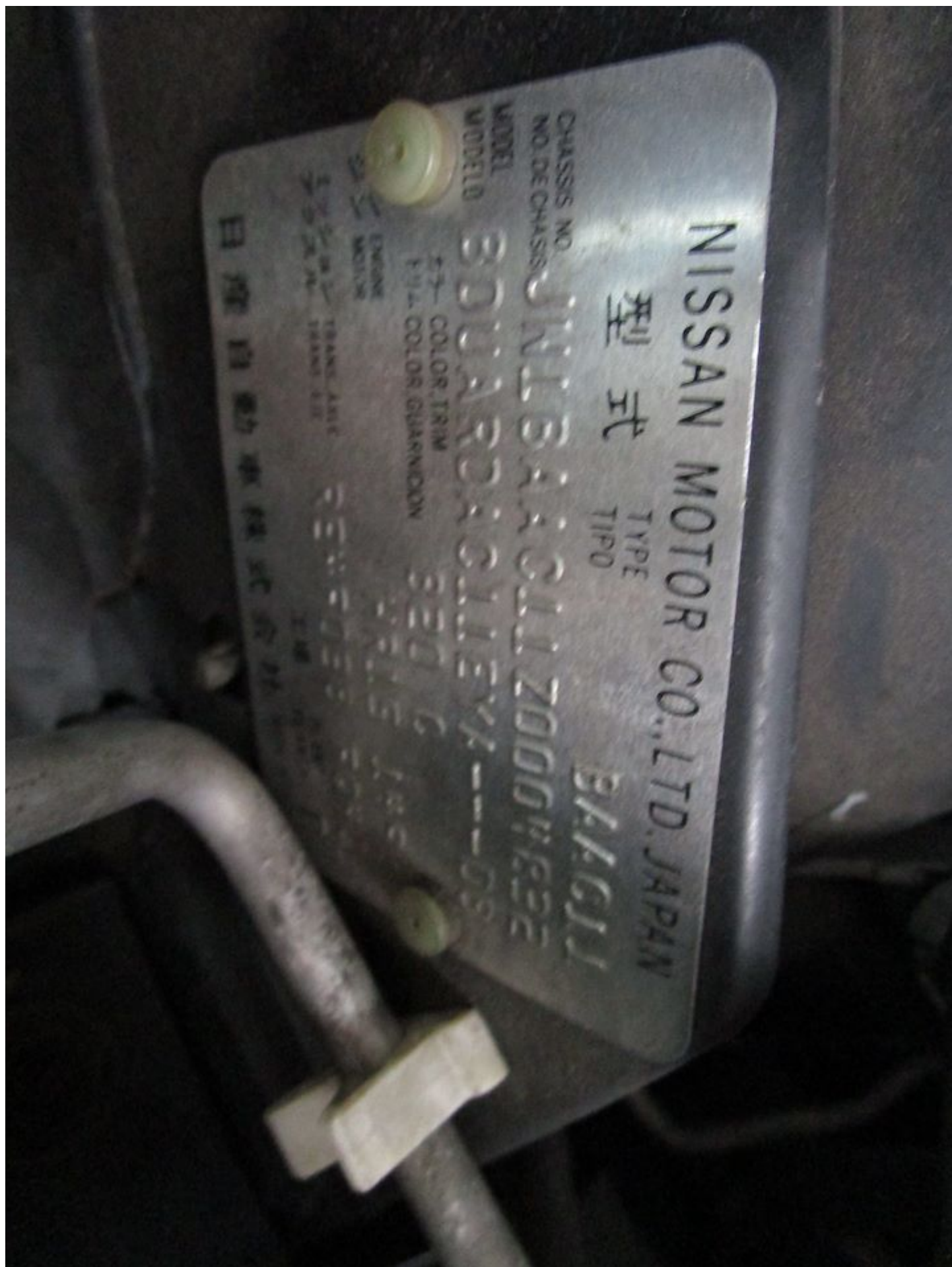
Declaration

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

*Kate*  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel















It pays to choose



## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10170667R02

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 P10170667R02 (Comprehensive / Named Driver Plan)

- |  |   |                        |
|--|---|------------------------|
| 1) Vehicle Registration Number   | : | SGV9079R               |
| Chassis Number   | : | JN1BAAC11Z0004832      |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 28/06/2021 (00:00)     |
| 3) Date / Time of Expiry of Insurance  | : | 27/06/2022 (23:59)     |
| 4) Excess (i) Policy   | : | S\$ 500.00             |
| (ii) Windscreen  | : | S\$ 100.00             |
| 5) Policyholder  | : | Yee Shu Fann Catherine |

#### 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 : Yee Shu Fann Catherine(05/08/1964)

Named Driver(s) / Date of Birth : None

#### 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 | : | Hong Leong Finance 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  
14/09/2021

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



**Simon Birch**  
Chief Executive Officer