

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 08/10/2021 18:10 (SGT)
Date of Accident 08/10/2021 11:30 (SGT)
Exact Location of Accident Near 1 Ang Mo Kio Street 21, Singapore 569383
Additional Location Information JUNCTION OF ANG MO KIO AVE 3 & ANG MO KIO AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR5269Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH BOON CHIN
NRIC No SXXXX320Z
Email Address mr.kog.bc@gmail.com
Mobile Phone No (Phone) +65-97574618
Alternative Phone No +65-97574618

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant HYBRID
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 1496

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number P10207089R02
Cover Note Number -

DRIVER

Name of Driver KOH BOON CHIN
NRIC No SXXXX320Z

Date Of Birth	23/03/1952
Occupation	Indoor
Date Of Driving Pass	21/03/1970
Driving experience	51 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97574618
Alt. Phone Number	+65-97574618
Email Address	mr.kog.bc@gmail.com
Address	23
Address complement	OLD UPPER THOMSON ROAD
Postcode	576216
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE NGIAP HUAN
Gender	Female

PASSENGER 2

Name	DIANA
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

PLS REFER TO ATTACHED STATEMENT & SKETCH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8868A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN
Contact Number	(Phone) +65-90672206
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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.



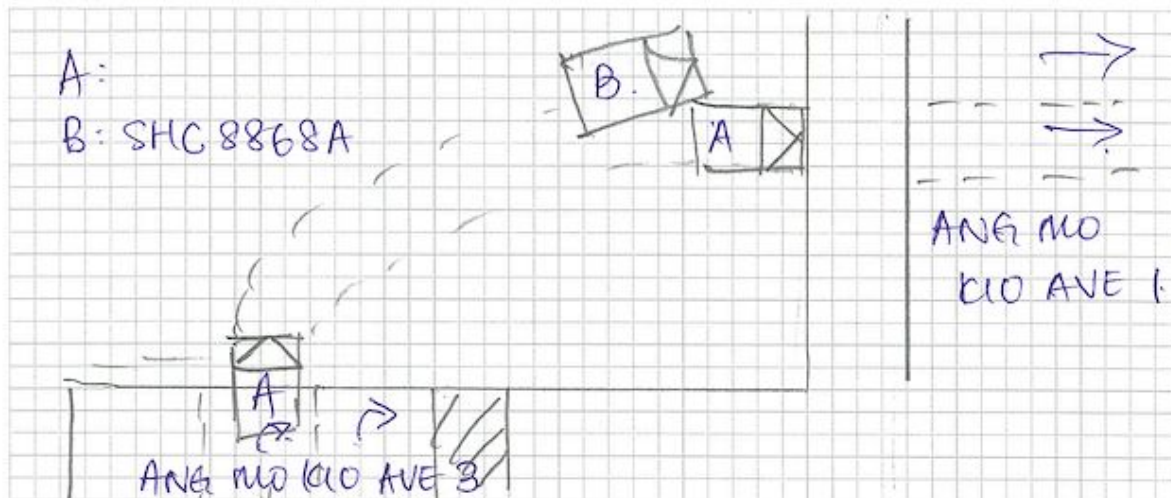
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 HAD STOPPED AT THE JUNCTION OF ANG MO KIO AVE 3 & ANG MO KIO AVE 1, WAITING TO TURN RIGHT INTO ANG MO KIO AVE 1. WHEN THE TRAFFIC LIGHT TURNED GREEN, I PROCEEDED TO MAKE THE RIGHT TURN SLOWLY AS THERE WERE PEDESTRIANS WAITING TO CROSS THE ROAD. I STOPPED JUST BEFORE THE PEDESTRIAN CROSSING WHEN SUDDENLY I FELT A BUMP TO THE BACK OF MY CAR. BE I PARKED MY VEHICLE FURTHER DOWN, THAT WAS WHEN I REALISED THAT A TAXI HAD HIT ME.
I AM ABLE TO PROVIDE A VIDEO OF THE ACCIDENT, WHICH WAS PROVIDED BY THE DRIVER OF A CAR THAT WAS BEHIND ME.

DECLARATION

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

UO/Am

Policyholder's Signature
Date & Time:

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

C. ChandraSiri

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













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

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**Budget
Direct
insurance**

Certificate of Insurance

Third Party Only Car Policy
Policy Number: P10207089R02

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 P10207089R02 (Third Party Only / Named Driver Plan)


1) Vehicle Registration Number	: SLR5269Y
Chassis Number	: -
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 17/08/2021 (00:00)
3) Date / Time of Expiry of Insurance	: 16/08/2022 (23:59)
4) Excess (i) Policy	: Not applicable
(ii) Windscreen	: Not applicable
5) Policyholder	: Koh Boon Chin
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	: Koh Boon Chin(23/03/1952)
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

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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
04/08/2021

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



Simon Birch
Chief Executive Officer

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

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Certificate of Insurance

Third Party Only Car Policy
Policy Number: P10207089R02

A step-by-step guide on what you should do if you are involved in an accident:

1. Remain calm and do not panic.
2. Check if anyone is injured - if there is personal injury, call 995 for ambulance or 999 for police assistance.
3. Do not move your vehicle unless necessary, especially if there are personal injuries involved.