

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 17/12/2021 14:32 (SGT)
Date of Accident 17/12/2021 11:10 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK767H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA YEW HOCK
NRIC No S7411373G
Email Address ROYCHUA0767@GMAIL.COM
Mobile Phone No (Phone) +65-98786686
Alternative Phone No +65-98786686

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
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? Yes
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10352462R00
Cover Note Number -

DRIVER

Name of Driver CHUA YEW HOCK

| | |
|--|------------------------------|
| Date Of Birth | 16/04/1974 |
| Occupation | Indoor |
| Date Of Driving Pass | 01/12/1992 |
| Driving experience | 29 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-98786686 |
| Alt. Phone Number | +65-98786686 |
| Email Address | ROYCHUA0767@GMAIL.COM |
| Address | BLK 521 HOUGANG AVE 6 #03-51 |
| Address complement | - |
| Postcode | 530521 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| 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) | 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

FRONT VEHICLES SUDDENLY JAMMED BRAKE AND STOP, I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED INTO VEHICLE B REAR PORTION. THERE'S A TOTAL OF 4 VEHICLES INVOLVED.

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 | SLX8631H |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SKB176K |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|-------------|
| Vehicle Registration Number | SLR9875X |
| 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) | - |

SKETCH PLAN

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B. 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SKK 767H

B : SLX 8631H

C : SKB 176 K

D : SLR 9875 X

Describe Circumstances of the Accident

Front vehicles suddenly jammed brakes and stop, I brake but could not stop in time and collided into vehicle B rear portion. There's a total of 4 vehicles involved

Declaration

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

Witnessed by Reporting Centre
Personnel









12:28

4G

Done Car Policy Documents 1507766.pdf

It pays to choose

Budget Direct Insurance

Policy Schedule

Comprehensive Car Policy
Policy Number: P10352462800

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

| | | | |
|-------------------|--------------------|------------------|--------------------|
| Policy Number | P10352462800 | Policy Issued On | 23/03/2021 |
| Policy Start Date | 01/05/2021 (00:00) | Policy End Date | 06/05/2022 (23:59) |

Cover

| | |
|-------------------|--|
| Type of Cover | Comprehensive / Named Driver Plan |
| Optional Cover(s) | Please refer to Policy Summary for any optional cover(s) selected. |

Excess (All excess amounts are subject to GST, if applicable)

| | |
|--------|------------|
| Policy | S\$ 500.00 |
|--------|------------|

Additional Excess (All excess amounts are subject to GST, if applicable)

| | |
|--|------------|
| Windscreen | S\$ 100.00 |
| Named Driver below 25 years old | S\$ 500.00 |
| Named Driver with less than 2 years' valid driving license | S\$ 100.00 |

Premiums

| | |
|-----------------------|------------|
| Gross Premium | S\$ 357.36 |
| 7% GST | S\$ 25.01 |
| Total Premium Payable | S\$ 382.37 |

Policyholder

| | |
|---------------|--|
| Name | Chua Yew Hock |
| Address | 521 Hougang Avenue 6 #01-51 Singapore 530521 |
| Email Address | chuyh0767@gmail.com |
| Mobile Number | 96766686 |

Main Driver

| | |
|--------------------------------------|-------------------------------|
| Name | Chua Yew Hock |
| Date of Birth | 16/04/1974 |
| Gender / Marital Status | Male / Married |
| Occupation | Self-Employed (Indoor) |
| Certificate of Merit | No |
| License Held For | More than 5 years |
| No. of Claims/Accidents (Last 3 Yrs) | 0 At-Fault and 0 Not At-Fault |

Vehicle Insured

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | 9XX767H |
| Chassis Number | WDC2539462F415268 |
| Make & Model | Mercedes-Benz GLC-Class GLC250 |
| Vehicle Colour | White |
| Year of First Registration | 2018 |
| Sum Insured | Market Value |
| Off-Peak Car | No |
| NCD | 50% |
| Vehicle Usage | Private and Commuting |
| Modifications Declared | None |

Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

| Driver(s) | Date of Birth | License Held For | No. of Claims/Accidents (Last 3 Years) | |
|-----------|---------------|------------------|--|--------------|
| | | | At-Fault | Not At-Fault |
| wife | 13/02/1984 | Less than 1 year | 0 | 0 |

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as Budget Direct Insurance
190 Clemenceau Avenue, #01-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

It pays to choose

Budget Direct Insurance

Tax Invoice

GST Reg. No. 231670030

Comprehensive Car Policy
Policy Number: P10352462800