

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 11/02/2022 15:24 (SGT)
Date of Accident 06/02/2022 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information GAMBAS AVENUE/ WOODLANDS AVENUE 9
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD5756E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZAHARIN BIN ABUZAR
NRIC No SXXXX478H
Email Address zaha1802@gmail.com
Mobile Phone No (Phone) +65-96517011
Alternative Phone No +65-96517011

VEHICLE PARTICULARS

Manufacturer Toyota
Model Rush
Variant 1.5X A
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 1495

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10423112R00
Cover Note Number 27/09/2021 - 26/09/2022

DRIVER

Name of Driver ZAHARIN BIN ABUZAR
NRIC No SXXXX478H

Date Of Birth	18/02/1973
Occupation	Indoor
Date Of Driving Pass	08/09/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96517011
Alt. Phone Number	+65-96517011
Email Address	zaha1802@gmail.com
Address	BLK 588A ANG MO KIO STREET 52 #04-207
Address complement	-
Postcode	561588
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RASHAYATI BTE MINGOO
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

PLEASE REFER TO SKETCH ATTACHMENT BELOW

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	SKL9193Z
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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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.

AH LIM MOTOR CO.
 9LK 10, ANG MO KIO INDUSTRIAL PARK 2A
 #01-09, AMK AUTOPOINT
 SINGAPORE 568047



 Policyholder's Signature
 Date & Time:
 07/02/2022
 12:00pm



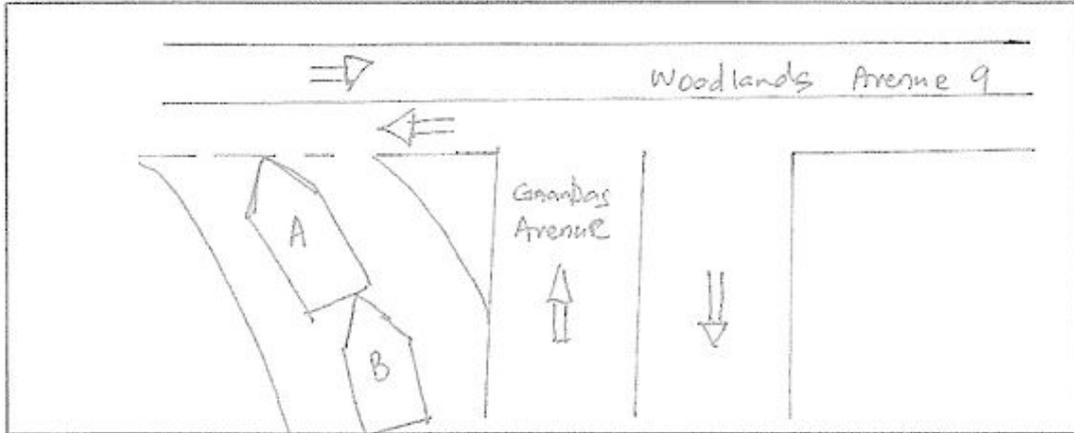
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 07/02/2022
 12:00pm



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

Date of accident: 6/2/2022 Time: 12:00pm Location: Gambas Avenue / Woodlands Ave 9
 My Vehicle A: SJD 5756E Vehicle B: SKL 9193Z Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6th of February at 12:00 pm, my car SJD5766E was at the slip road at Gambas Avenue turning towards Woodlands Avenue 9. As I was about to turn, my car was stationary and I was checking for oncoming traffic from Woodland Avenue 9. ~~to~~ My car was hit from the rear by another car SKL 9193Z.

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 :
 Email address :
 & 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.


 Policyholder's Signature
 Date & Time: 07/02/2022
12:00pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 07/02/2022

AH LIM MOTOR CO.
 5LK 10, ANG MO KIO INDUSTRIAL PARK 2A
 #01-09, AMK AUTOPPOINT
 SINGAPORE 680047

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


























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA19222B0002 Vehicle Registration No: SD S256e
 Name (as shown in NRIC): ZAHARIN BIN ABUZAK NRIC/FIN/Passport No: SXXXX47811
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: zaha1802@gmail.com
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: _____
 Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Added the third party's vehicle number

AH LIM MOTOR CO.
 SLK 10, AMK MO KIO INDUSTRIAL PARK 2A
 #01-09, AMK AUTOPOINT
 SINGAPORE 568047

 Policyholder / Driver's Signature
 Date:

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

17:07

99%

It pays to choose

**Budget
Direct
insurance**

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10423112R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 159) 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.

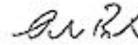
Certificate Number P10423112R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	: S109736E
Chassis Number	: M00E032031S
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/09/2021 (00:00)
3) Date / Time of Expiry of Insurance	: 26/09/2022 (23:59)
4) Excess (i) Policy	: S\$ 000.00
(ii) Windscreen	: S\$ 100.00
5) Policyholder	: Bin Abuzar Zahari
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	: Zahari Bin Abuzar (18/02/1973)
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 159) 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 159) 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
20/09/2021

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. 2015261036), trading as Budget Direct Insurance,
100 Chinatown Avenue, #01-01, Singapore Shopping Centre, Singapore 209924 Tel: 6221 2111 budgetdirect.com.sg

It pays to choose

**Budget
Direct
insurance**

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10423112R00

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.
4. Take photographs/video footage of the accident scene and damaged vehicles/property.
5. Exchange information and particulars (eg. vehicle registration number, name, address, NRIC, contact number, insurer, etc) with all the other parties involved (including witnesses).
6. Do not admit any liability, whether verbally or in a written form.

Should you require any towing services or assistance, call our 24-hour Claims hotline at 6221 2199 if you are in Singapore or +65 6540 2199 if you are overseas. Wait for a tow truck assigned by Budget Direct Insurance to tow your car - you should not accept help from any other towing service providers. You should also report the accident to any of Budget Direct Insurance's Authorised Workshops or Accident Reporting Centres within 24 Hours of the accident or by the next working day.