# **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 witholding 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.

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   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 23/02/2022 15:51 (SGT) Date of Accident 22/02/2022 16:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS CHANGI AFTER ENG NEO EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJN210T

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner HAFSUN BIN RAWI

NRIC No. S1480975I

Email Address haidah96@hotmail.com Mobile Phone No (Phone) +65-98264763

Alternative Phone No +65-98264763

VEHICLE PARTICULARS

Manufacturer Honda Model Fit

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 1339

**INSURANCE COMPANY** 

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.

Type of Coverage Comprehensive

Fleet Policy

Policy Number P10498568R01

Cover Note Number

DRIVER

Name of Driver SHAIKHAH HAIDAH BINTE HAFSUN

NRIC No. S9627656G Date Of Birth 05/08/1996 Occupation Indoor Date Of Driving Pass 07/05/2015 Driving experience 6 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-98264763 Alt. Phone Number Email Address haidah96@hotmail.com Address BLK 701 BEDOK RESERVOIR ROAD #04-3578 Address complement Postcode 470701 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG PIE (CHANGI) AFTER ENG NEO EXIT. VEHICLES AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE C. 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

SMS4356T

## 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)	_

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMK7660L 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 C** No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number **SNA1617T** 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 D** No. Of Passenger (Including Driver)

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person SHAIKHAH HAIDAH BINTE HAFSUN Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SJN210T Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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 yers/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 yers/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

Witnessed by Reporting Centre

Sketch Plan

PIE (CHANGI) DETER ENG NEO EXIT

A: STN 2101 B: SMS4356T

C: SMK7660 L

D: SNA16177

RYDER AUTO

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE (CHANGI) AFTER ENG NEO EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. THE IMPAC
FORCED MY VEHICLE FORWARD TO HIT VEHICLE C.
Declaration
IWe declare the foregoing particulars are true in every respect.
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the clai must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

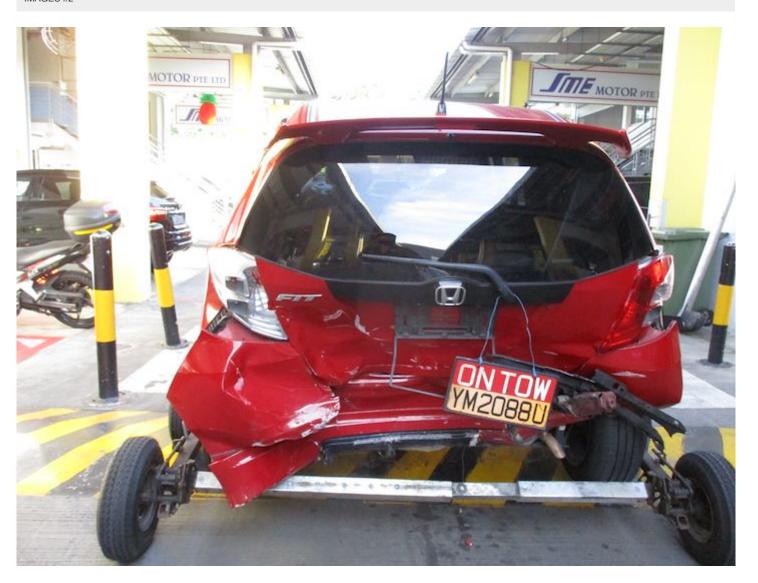
Driver's Signature (If driver is not the policyholder) / Date

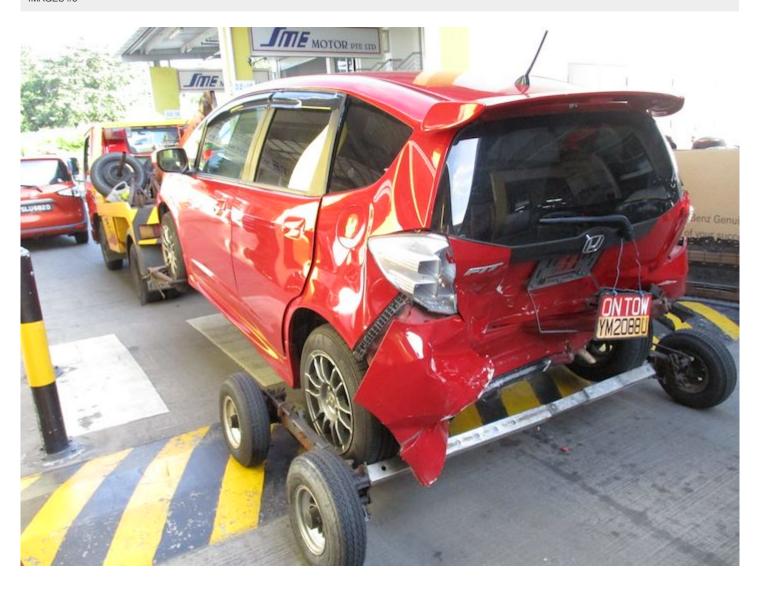
Policyholder's Signature / Date &

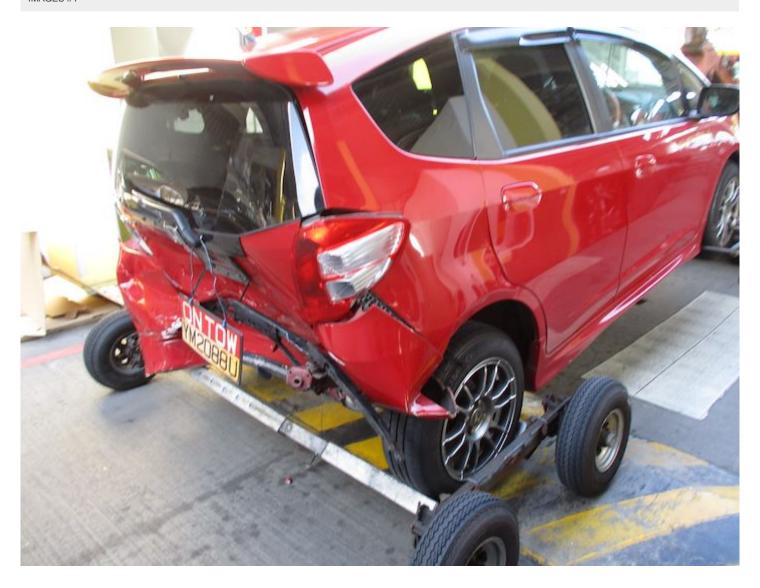
& Time

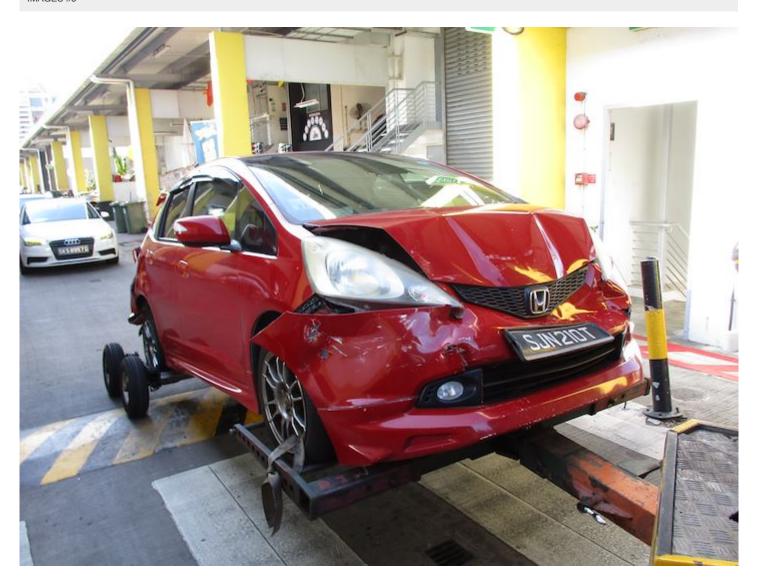
Witnessed by Reporting Centre Personnel











It pays to choose



#### Certificate of Insurance

Comprehensive Car Policy Policy Number: P10498568R01

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 P10498568R01 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

SJN210T

Chassis Number

GE61089444

2) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act

22/01/2022 (00:00)

3) Date / Time of Expiry of Insurance

21/01/2023 (23:59)

4) Excess

(i) Policy

\$\$ 600.00

(ii) Windscreen

S\$ 100.00

5) Policyholder

Hafsun bin Rawi

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

Hafsun bin Rawi(09/06/1961)

Named Driver(s) / Date of Birth

Shaikhah Haidah binte Hafsun (05/08/1996) Muhammad Irffan bin Mahmood (11/06/1994)

#### 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 30/12/2021

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