

# 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 ..... 04/03/2022 16:49 (SGT)  
Date of Accident ..... 04/03/2022 12:30 (SGT)  
Exact Location of Accident ..... 265 Compassvale St, Singapore  
Additional Location Information ..... BLK 265A  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG5451H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... BASIL ANTHONY  
NRIC No ..... S0194682Z  
Email Address ..... basilanthony213@gmail.com  
Mobile Phone No ..... (Phone) +65-98573694  
Alternative Phone No ..... +65-98573694

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P10554295R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BASIL ANTHONY  
NRIC No ..... S0194682Z

Date Of Birth .....	13/09/1950
Occupation .....	Indoor
Date Of Driving Pass .....	05/06/2003
Driving experience .....	18 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98573694
Alt. Phone Number .....	+65-98573694
Email Address .....	basilanthony213@gmail.com
Address .....	23 EE TEOW LENG ROAD
Address complement .....	-
Postcode .....	549634
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 .....	Side Swipe
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) .....	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 WAS TRAVELLING ALONG BLK 265A COMPASSVALE STREET. I WAS TRAVELLING WITHIN A HDB COMPOUND. VEHICLE B WAS TRAVELLING IN THE OPPOSITE DIRECTION AND WE WERE BOTH APPROACHING EACH OTHER. SUDDENLY, VEHICLE B FRONT RIGHT PORTION COLLIDED WITH THE FRONT RIGHT PORTION OF MY VEHICLE. THERE WAS NO INJURY FOR BOTH PARTIES.

#### 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 .....	SKQ9051Z
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) .....	-

## SKETCH PLAN

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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)**  
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' 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 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 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.

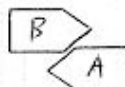



Policyholder's Signature / Date & Time      Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 265A COMPASSVALE STREET

A: SMG54514  
B: SKQ90512



RIDER AUTO

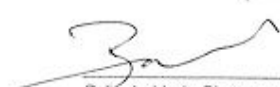
## Describe Circumstances of the Accident

I WAS TRAVELLING ALONG BLK 265A COMPASSVALE STREET. I WAS TRAVELLING WITHIN A HDB COMPOUND. VEHICLE B WAS TRAVELLING IN THE OPPOSITE DIRECTION AND WE WERE BOTH APPROACHING EACH OTHER. SUDDENLY, VEHICLE B'S FRONT RIGHT PORTION COLLIDED WITH THE FRONT RIGHT PORTION OF MY VEHICLE. THERE WAS NO INJURY FOR BOTH PARTIES.

## Declaration

We 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 claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



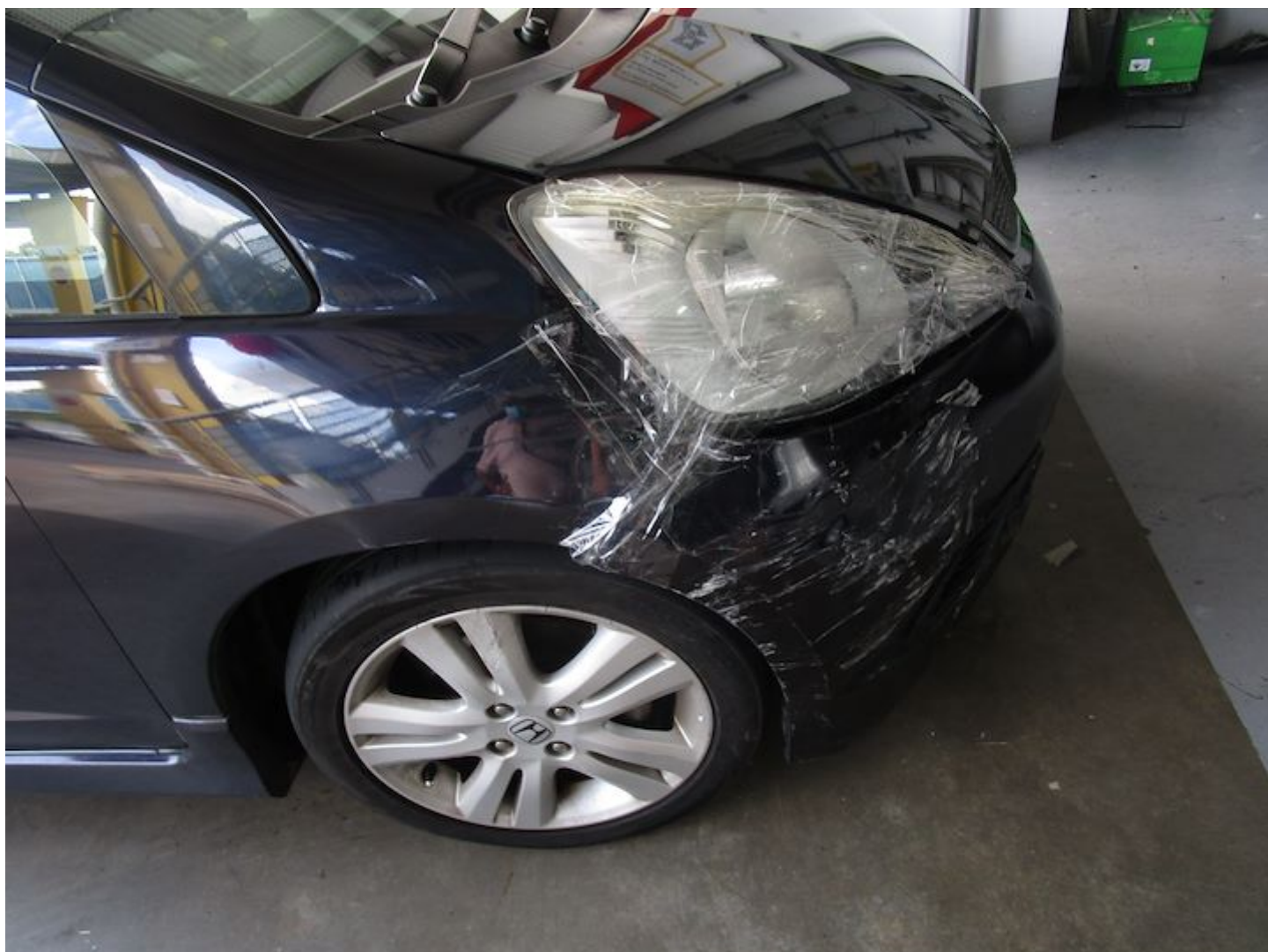
























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**Budget Direct insurance**

**Policy Schedule**

Third Party Only Car Policy  
Policy Number: P10554295R00

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	: P10554295R00	Policy Issued On	: 17/04/2021
Policy Start Date	: 19/04/2021 (00:00)	Policy End Date	: 18/04/2022 (23:59)

**Cover**

Type of Cover	: Third Party Only / 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	: Not applicable
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**Premiums**

Gross Premium	: S\$ 626.17
7% GST	: S\$ 43.83
Total Premium Payable	: S\$ 670.00

**Policyholder**

Name	: Basil Anthony
Address	: 23 Ee Teow Leng Road Singapore 549634
Email Address	: basilanthony213@gmail.com
Mobile Number	: 98573694

**Main Driver**

Name	: Basil Anthony
Date of Birth	: 13/09/1950
Gender / Marital Status	: Male / Married
Occupation	: Others/ Non-Working
Certificate of Merit	: No
Licence Held For	: More than 5 years
No. of Claims/Accidents (Last 3 Yrs)	: 1 At-Fault and 0 Not At-Fault

**Vehicle Insured**

Vehicle Registration Number	: SMGS451H
Chassis Number	: JHMGE88509S202401
Make & Model	: Honda Jazz 1.5
Vehicle Colour	: Purple
Year of First Registration	: 2010
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 40%
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)**

None

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