

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 27/05/2022 14:04 (SGT)
Date of Accident 26/05/2022 21:46 (SGT)
Exact Location of Accident Bras Basah Rd, Singapore
Additional Location Information BRAS BASAH ROAD JUNCTION NTH BRIDGE ROAD.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU8798P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE ZI SIONG
NRIC No S9013127C
Email Address ALSON.LEE90@GMAIL.COM
Mobile Phone No (Phone) +65-91993640
Alternative Phone No +65-91993640

VEHICLE PARTICULARS

Manufacturer Mazda
Model 2
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 1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10601936R00
Cover Note Number -

DRIVER

Name of Driver LEE ZI SIONG
NRIC No S9013127C

Date Of Birth	24/04/1990
Occupation	Indoor
Date Of Driving Pass	25/06/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91993640
Alt. Phone Number	+65-91993640
Email Address	ALSON.LEE90@GMAIL.COM
Address	46 EASTWOOD ROAD #04-20
Address complement	-
Postcode	486356
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	EUNICE ANG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I AM TRAVELLING STRAIGHT IN MY LANE WHEN VEHICLE B FROM MY LEFT WHICH IS A GO STRAIGHT ONLY LANE, TURNED RIGHT AND COLLIDED INTO MY VEHICLE'S FRT LEFT PORTION.

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	SHC376E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

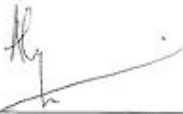
INJURED 1

Name of injured person	ANG WEE SHUAN EUNICE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMU8798P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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. 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)**
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



SM

Describe Circumstances of the Accident

I am traveling straight in my lane when vehicle B from my left, which is a go straight only lane, turned right and collided into my vehicle's front left portion.

Declaration

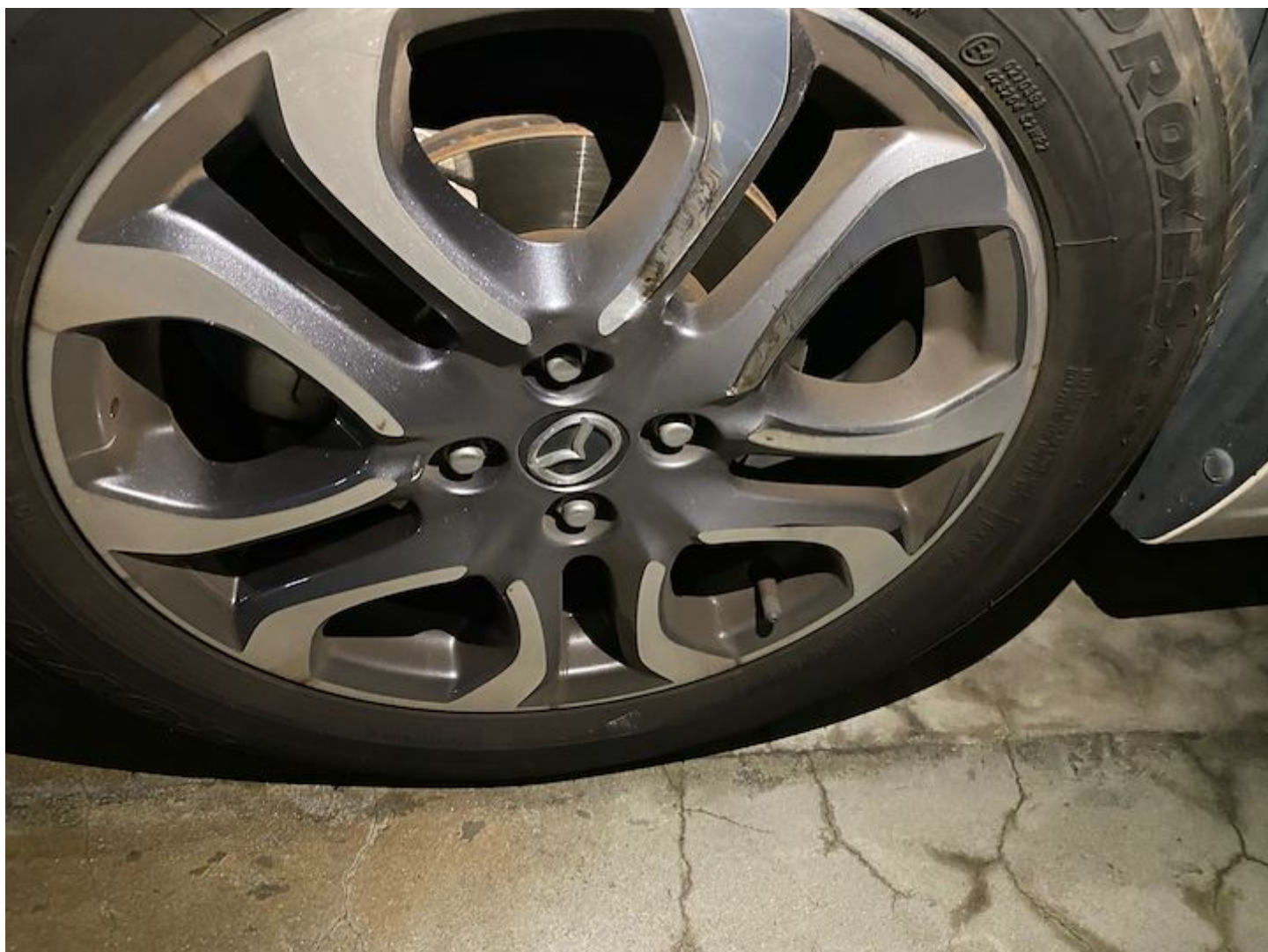
We declare the foregoing particulars are true in every respect.

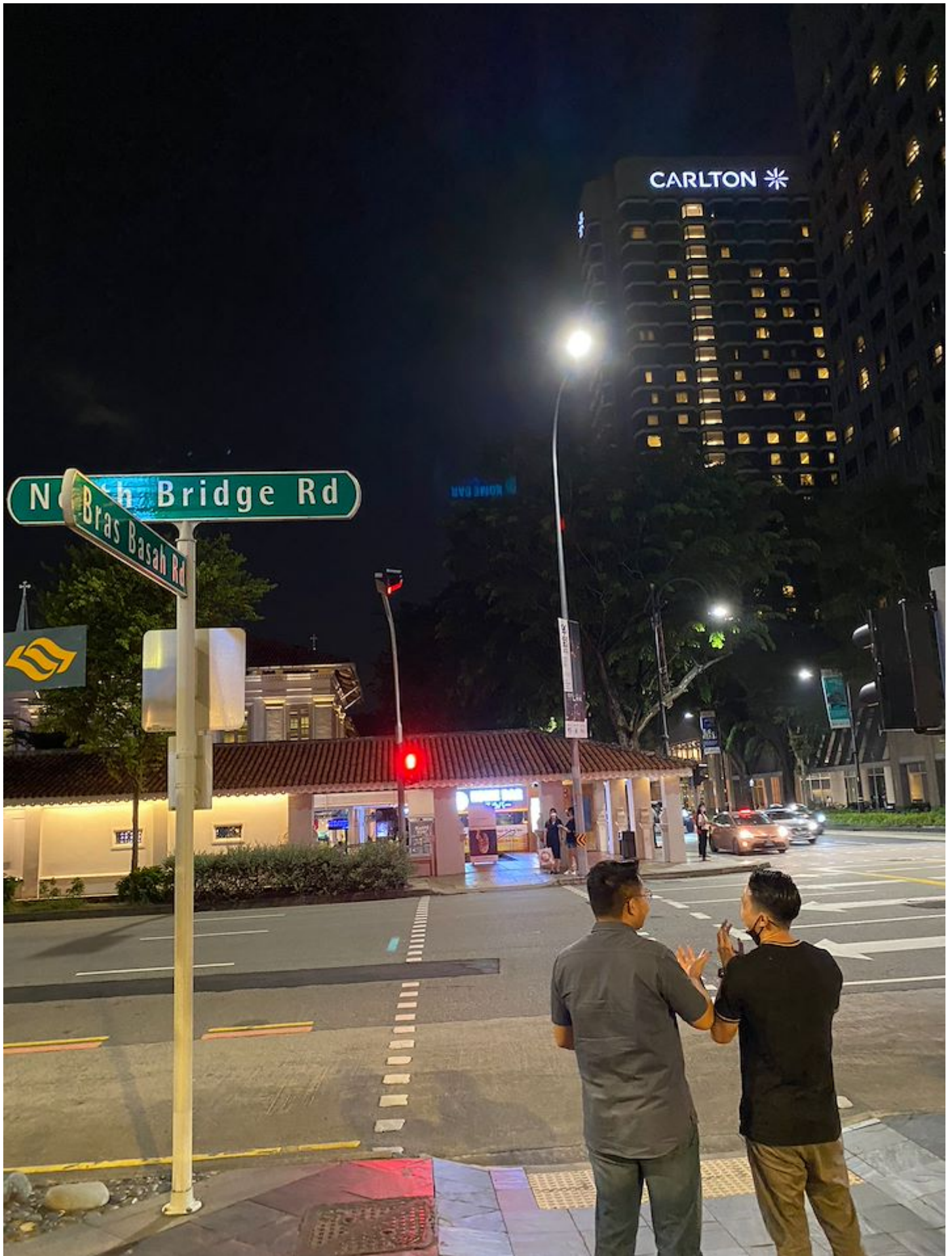

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



















SINGAPORE
POLICE FORCE



A/20220531/7084

1 of 2

POLICE REPORT (NP299)

Report No. A/20220531/7084

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 31/05/2022 14:28	Vide Report No.	Station Diary No.
Name Of Informant <u>LEE ZI SIONG</u>	Address 46 EASTWOOD ROAD #04-20 SINGAPORE 486356	
ID Type / ID No. NRIC NO / S9013127C	Contact No.	
	Home/Office:	Mobile: 91993640
Nationality <u>SINGAPORE CITIZEN</u>	Email Address <u>ALSON.LEE90@GMAIL.COM</u>	
Occupation Online sales channel manager	Sex Male	Age 32
Institution/School Name	Date of Birth 24/04/1990	Race Chinese
Date/Time Of Incident 26/05/2022 21:45 - 26/05/2022 21:50	Language English	
	Location Of Incident 30 VICTORIA STREET CHIJMES SINGAPORE 187996	

Brief details.

Vehicle on the left (2nd left most lane) turned right on a "forward only" lane and collided into my vehicle (left most lane) which is on a "forward and right turn" lane.

My wife suffered injury to her neck and back (only discovered the day after) due to the impact. Doctor has given 3 days medical certificate.

Subjects Involved
Suspect

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2022 14:28
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220531/7084

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220531/7084

Person Name	Shafiq Abdullah Low @Low Swee Meng		
ID Type	OTHERS / Driving Licence	ID No	S0184281A
Gender	Male	Age	69-70
Race	Chinese	Language	English
Occupation	Taxi driver	Relation To Informant	-
Victim			
Person Name	Ang Wee Shuan Eunice		
ID Type	NRIC NO	ID No	S9344856A
Gender	Female	Age	29
Race	Chinese	Language	English
Occupation	Behavioural Therapist for Children with Special Needs	Address	107 Rivervale Walk #11-104 SINGAPORE 540107
Mobile No	90479777	Relation To Informant	Wife

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2022 14:28
Officer In-Charge Of Case:	Classification Of Case:



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: SS1Y225R0007 Vehicle Registration No: SMU8798P
 Name (as shown in NRIC): LEE ZI SIONG NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 26/05/2022 Time of Accident: 21:46
 Place of Accident: BRAS BASAH ROAD JUNCTION NTH BRIDGE ROAD.
 Insurance Company: AUTO & GEN

(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:

To add police report no.A/20220531/7084, passenger have injury.

 Policyholder / Driver's Signature
 Date:

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

It pays to choose

**Budget
Direct**
insurance

Policy Schedule

 Comprehensive Car Policy
 Policy Number: P10601936R00

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	: P10601936R00	Policy Issued On	: 09/07/2021
Policy Start Date	: 14/08/2021 (00:00)	Policy End Date	: 13/08/2022 (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\$ 600.00
--------	--------------

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 licence	: S\$ 500.00

Premiums

Gross Premium	: S\$ 805.13
7% GST	: S\$ 56.36
Total Premium Payable	: S\$ 861.49

Policyholder

Name	: LEE ZI SIONG
Address	: 46 EASTWOOD ROAD #04-20 Singapore 486356
Email Address	: alson.lee90@gmail.com
Mobile Number	: 91993640

Main Driver

Name	: Lee Zi Siong
Date of Birth	: 24/04/1990
Gender / Marital Status	: Male / Single
Occupation	: Self-Employed (Indoor)
Certificate of Merit	: No
Licence 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	: SMU8798P
Chassis Number	: JM6DJ2HAA01300603
Make & Model	: Mazda 2 Hatchback 1.5
Vehicle Colour	: White
Year of First Registration	: 2020
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 10%
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

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