# **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 21/06/2022 16:50 (SGT) Date of Accident 21/06/2022 08:35 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS CHANGI AIRPORT (BEFORE BKE EXIT) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI P1231S

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HU ZHI HUA** NRIC No. S2675632D Email Address jasonkcapl@gmail.com Mobile Phone No (Phone) +65-98525409 Alternative Phone No +65-98525409

### VEHICLE PARTICULARS

Manufacturer Ford Model Mondeo 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

### **INSURANCE COMPANY**

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10282748R02 Cover Note Number

2000

### DRIVER

CC

Name of Driver **HU ZHI HUA** NRIC No. S2675632D

Date Of Birth 26/01/1954 Occupation Indoor Date Of Driving Pass 11/09/1995 Driving experience 26 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98525409 Alt. Phone Number +65-98525409 Email Address jasonkcapl@gmail.com Address BLK 652B JURONG WEST STREET 61 #06-398 Address complement Postcode 642652 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 \/\e\_t 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 ON 21/06/2022 AT ABOUT 8.35AM, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI AIRPORT (BEFORE BKE EXIT), THE FRONT VEHICLE SLOWED DOWN AND STOPPED, I FOLLOWED. SUDDENLY, I FELT AN IMPACT FROM MY REAR AND MY VEHICLE MOVED FORWARD TO HIT THE FRONT VEHICLE. I WAS INVOLVED IN A 3 VEHICLES CHAIN COLLISION. 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 NumberSLU1939HVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName 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)	2

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1600B
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	VEHICLE C
No. Of Passenger (Including Driver)	2

## **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person Gender	HU ZHI HUA Male
Phone No	-
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SLP1231S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & ime	Driver's Signature (If driver is not the po	Witnessed by Reporting Cent Personnel
ketch Plan		
		A: SLP12319
		B: SLU 1930
	C	C: SHC 1600
	B	

Describe	Circumstances o	f the	Accident

On 21.06.2022 at about 08:35am. I was travelling along PIE towards Changi Airport
(Before BKE Exit). The front vehicle slowed down and stopped, I follow. Suddenly, I felt
an impact from my rear and my vehicle moved forward to hit the front vehicle. I was
involved in a 3 vehicles chain collision.
INVOIVED IT 9 S. VENICLES CHAIN COINSION.

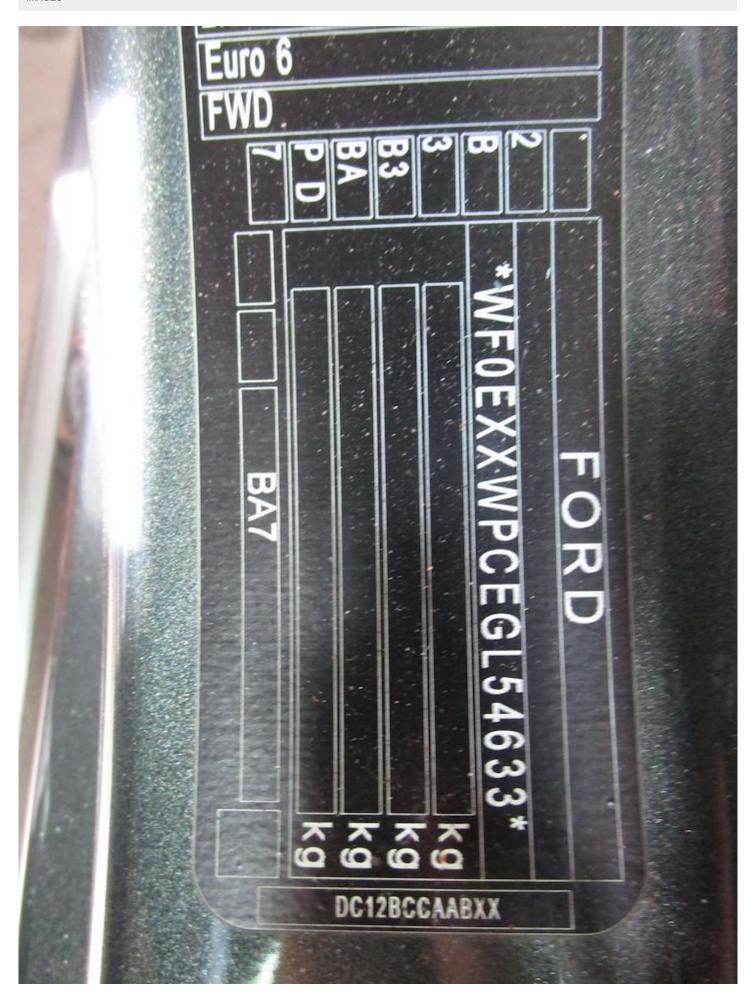
### Declaration

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

















It pays to choose



5) Policyholder

### Certificate of Insurance

Comprehensive Car Polic Policy Number: P10282748R02

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 P10282748R02 (Comprehensive / Named Driver Plan)

1)	Vehicle Registration Number Chassis Number		SLP1231S
2)	Effective Date / Time of Commencement of Insurance for the Purpose of the Act		26/11/2021 (00:00)
3)	Date / Time of Expiry of Insurance	80	25/11/2022 (23:59)
4)	Excess (i) Policy (ii) Windscreen		S\$ 300.00 S\$ 100.00

### 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.

Hu Zhihua

Main Driver / Date of Birth Hu Zhihua(26/01/1954)

Named Driver(s) / Date of Birth No driver is named.

### 7) Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the occasional business purposes of the drivers listed above. 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

Oversea-Chinese Banking Corporation Limited

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 27/10/2021

Auto & General Insurance (Singapore) Pte. Limited Trading as Budget Direct Insurance

Auto & General Insurance (Singapore) Ptc. 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