

# 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 Actual 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 .....	03/08/2022 11:35 (SGT)
Reported by .....	Both
Date of Accident .....	02/08/2022 17:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE TOWARDS CTE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ1238G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHEW CHONG LIANG
NRIC No .....	S7240528E
Email Address .....	CHEWDEREK@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-94302254
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10646954R00

### DRIVER

Name of Driver .....	CHEW CHONG LIANG
NRIC No .....	S7240528E
Date Of Birth .....	27/10/1972
Occupation .....	Indoor

Date Of Driving Pass .....	14/12/1996
Driving experience .....	25 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94302254
Alt. Phone Number .....	-
Email Address .....	CHEWDEREK@YAHOO.COM.SG
Address .....	6 BISHAN STREET 25 #05-11
Address complement .....	-
Postcode .....	573915
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 .....	Raining
Road Surface .....	Wet

#### 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

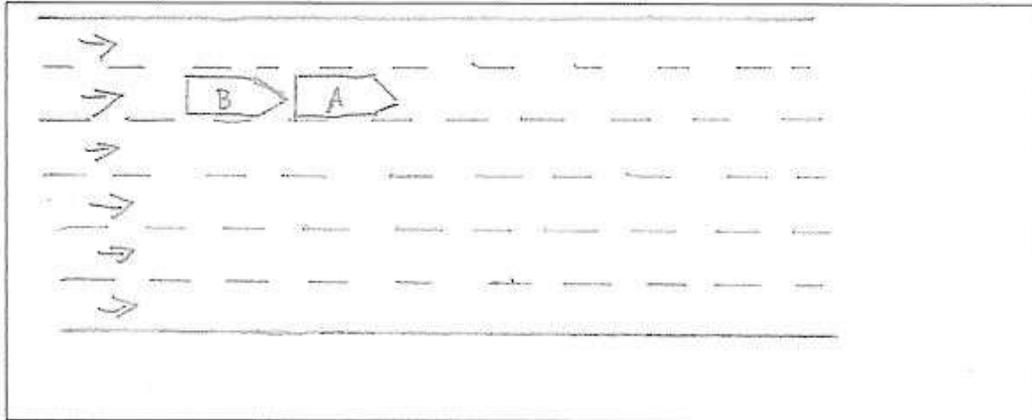
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GB197U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAJARETHINAM SADASIVAM
NRIC No .....	S7669916Z

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

Date of accident: 2/8/22 Time: 5.50pm Location: SLE towards CTE  
 My Vehicle A: SMG12386 Vehicle B: GB197M Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the 2nd line of SLE towards CTE near the Exit 5. As it was raining, the traffic has been slow moving. I was stationary when my car was hit from behind by vehicle B at about 5.50pm.

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.

[Signature]  
 Policyholder's Signature  
 Date & Time: 3/8/22 9.30am

[Signature]  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



**SKETCH PLAN**

**IMPORTANT NOTICE**

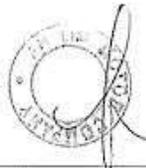
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
- (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.

  
 Policyholder's Signature  
 Date & Time: 3/8/22 9:30am

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

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



























It pays to choose



## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10646954R00

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 P10646954R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SMQ1238G
Chassis Number	:	JM6CW1071G0124585
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	28/11/2021 (00:00)
3) Date / Time of Expiry of Insurance	:	08/11/2022 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Chew Chong Liang
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	:	Chew Chong Liang(27/10/1972)
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 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	:	Standard Chartered Bank

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  
15/10/2021

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