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 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.
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	26/10/2022 17:22 (SGT)
Reported by	Both
Date of Accident	25/10/2022 14:30 (SGT)
Exact Location of Accident	Punggol, Singapore
Additional Location Information	PUNGGOL MARINA CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT122X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD FADZLIN BIN MOHD YUSOF
NRIC No	S7923980A
Email Address	FADZ@MEGAXPRESS.COM
Mobile Phone No	(Phone) +65-98431037
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1400

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	10643972

DRIVER

Name of Driver	MOHAMAD FADZLIN BIN MOHD YUSOF
NRIC No	S7923980A
Date Of Birth	17/08/1979
Occupation	Indoor

Date Of Driving Pass	25/02/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98431037
Alt. Phone Number	-
Email Address	FADZ@MEGAXPRESS.COM
Address	71 FLORA DRIVE #03-06
Address complement	-
Postcode	506881
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	Hit and run / Vandalism / Damaged whilst parked
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
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

MY CAR WAS PARKED AT THE PARKING LOT. WHEN I RETURN TO MY CAR, I FOUND A NAME CARD ON MY CAR WINDSCREEN AND I ALSO DISCOVER DAMAGES ON MY VEHICLE FRONT RIGHT PORTION. I CALLED THE CONTACT NUMBER ON THE NAMECARD. THE PERSON WHO WAS THE DRIVER OF VEHICLE B ADMITTED THAT SHE HAD HIT ONTO MY VEHICLE WHILE REVERSING AND ASKED ME TO PROCEED FOR INSURANCE CLAIM.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8425T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-92334354
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

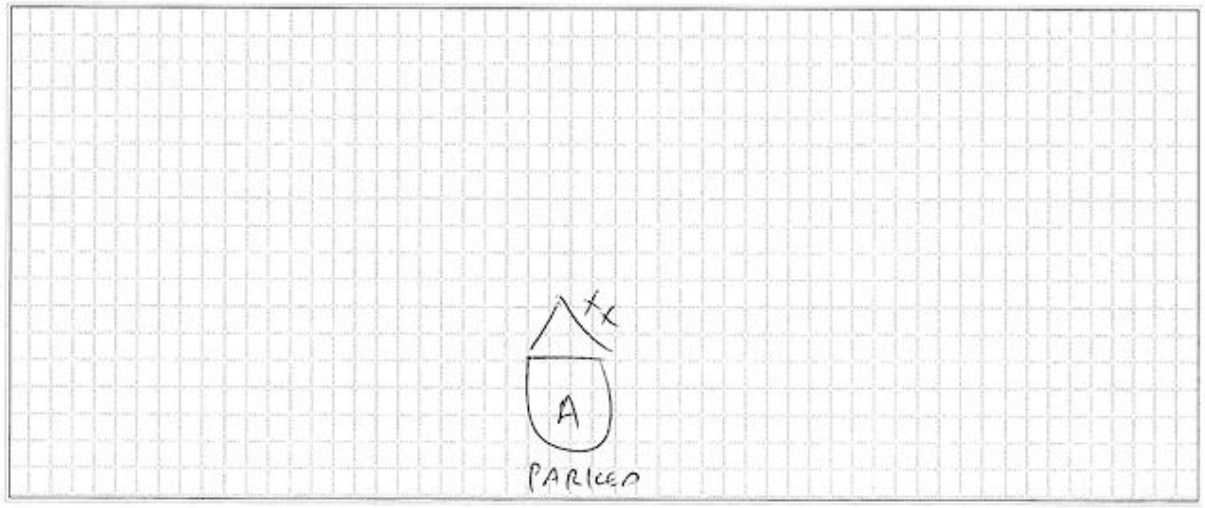
(collectively the "**Purposes**")

(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 (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident

My car was parked at the parking lot, when I return to my car, I found a name card on my ~~car~~ car windscreen and I also discover damages on my vehicle front right portion. I called the contact number on the name card, the person who was the driver of vehicle B admitted that she has hit onto my vehicle while reversing and ask me to proceed for insurance claim.

Declaration

I/We declare the foregoing particulars are true in every respect.

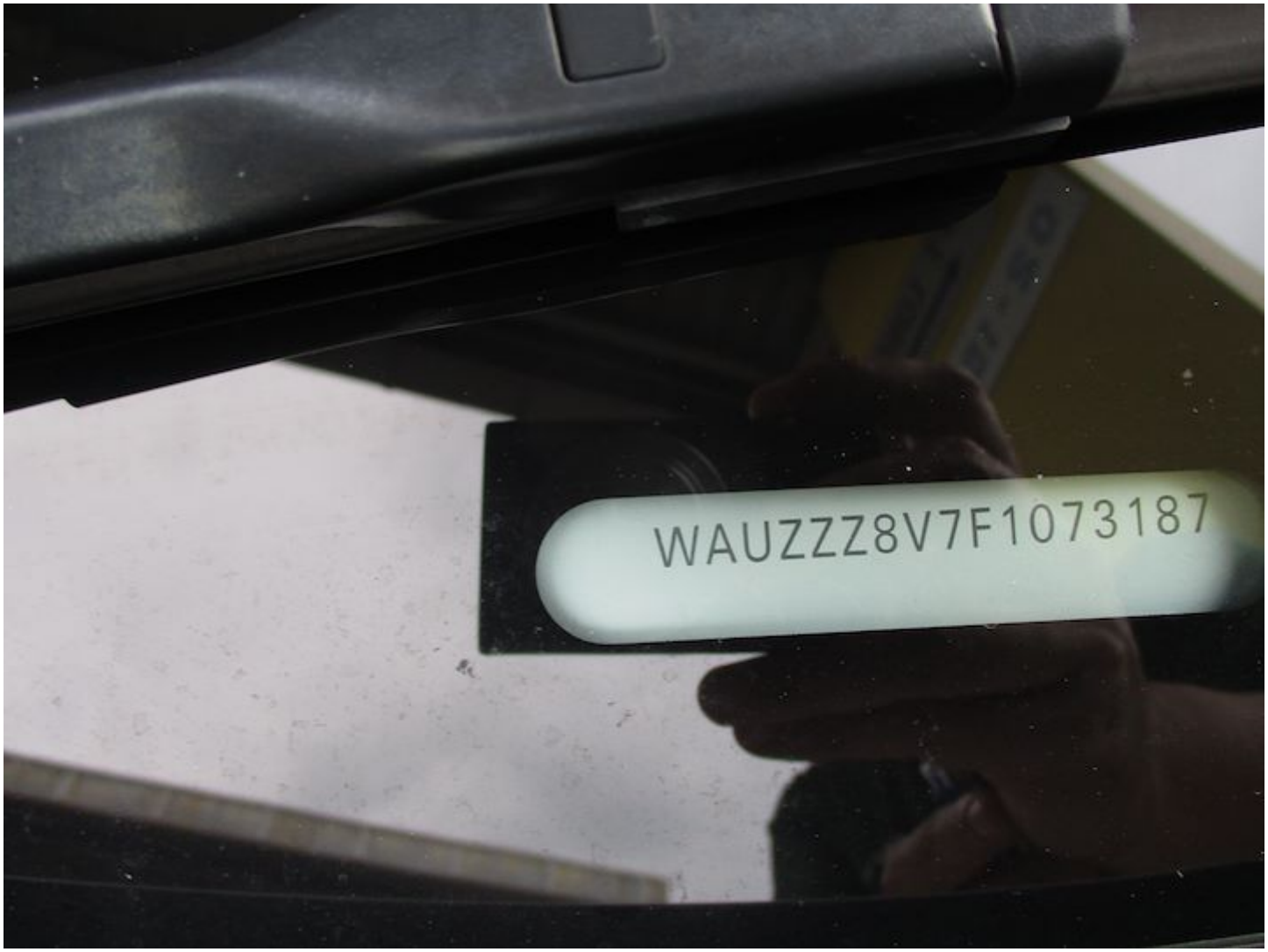
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

IMAGES



IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

Car Insurance

Policy Schedule

POLICY NO.: 10643972

PERIOD OF INSURANCE
(both dates inclusive)

FROM: 30-Jan-2022 00:00hours

TO: 29-Jan-2023 23:59hours

AGENT'S DETAILS

CODE: 10000001

NAME: DIRECT (GEN-INS)

COMPANY NAME: DIRECT (GEN-INS)

POLICYHOLDER

INSURED:

FAMILY NAME	Bin Mohd Yusof
GIVEN NAME	Mohamad Fadzlin

COVER

PLAN TYPE:	Motor Standard
COVER TYPE:	Comprehensive
PLAN TERM:	Annual Plan

EXCESS

OWN DAMAGE POLICY EXCESS	
If repairs at Approved repairers:	S$300.00
If repairs at non-Approved repairers:	S$600.00
YOUNG AND/OR INEXPERIENCED DRIVER EXCESS:	S$2,500.00
(Aged 24 and below or has held a valid driving license for less than 2 years.)	
note: in addition to Own Damage Policy Excess if applicable	
WINDSCREEN EXCESS:	S$100.00
All excess subject to GST if applicable	

USE INSURED AGAINST

Use for social, domestic and pleasure purposes and for use in connection with the policyholders own business. The policy does not cover use for (i) Hire and rewards, (ii) Racing, pace making, reliability trial or speed testing, (iii) Driving tuition, (iv) The carriage of goods for hire and reward, (v) Any purpose in connection with the motor trade.

PREMIUM CALCULATION

PREMIUM	S$ 888.38
GST @ 7.00%	S$ 62.19
TOTAL DUE	S$ 950.57
DATE ISSUED	27-Jan-2022 at 07:40hours

CAR INSURED

MAKE & TYPE OF BODY:	AUDI A3 1.4 TFSI 1395cc
REGISTRATION NO.:	SKT122X
SUM INSURED:	Market Value inclusive of COE
YEAR OF REGISTRATION:	2014
OFF-PEAK CAR:	No
PERIOD OF OWNERSHIP OF CAR TO BE INSURED:	6 to <7 years
MODIFICATIONS TO YOUR CAR WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA:	No

ADDITIONAL COVERS

Loss of Use

WHO MAY DRIVE YOUR CAR

You and any driver aged 30 or over

NO CLAIMS DISCOUNT

(This NCD amount is specific to your Singlife with Aviva policy only)

NCD%: 50

BREAKDOWN ASSISTANCE

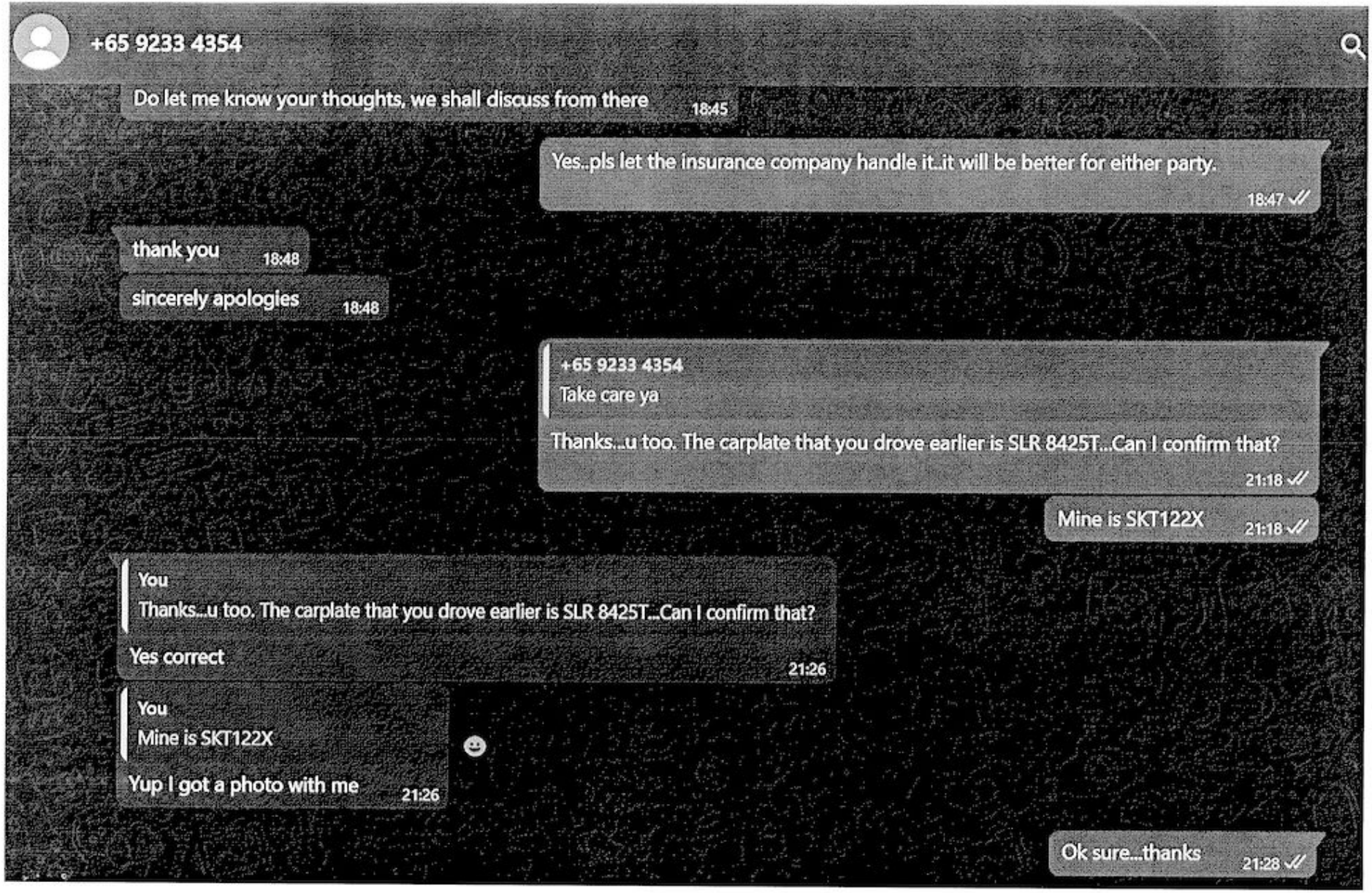
If your car breakdown and you need assistance, please call our hotline at 6333 2222

POLICY OWNERS' PROTECTION SCHEME (PPF)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

ORIGINAL

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8


+65 9233 4354
Do let me know your thoughts, we shall discuss from there 18:45
Yes..pls let the insurance company handle it..it will be better for either party. 18:47
thank you 18:48
sincerely apologies 18:48
+65 9233 4354
Take care ya
Thanks...u too. The carplate that you drove earlier is SLR 8425T...Can I confirm that? 21:18
Mine is SKT122X 21:18
You
Thanks...u too. The carplate that you drove earlier is SLR 8425T...Can I confirm that?
Yes correct 21:26
You
Mine is SKT122X
Yup I got a photo with me 21:26
Ok sure...thanks 21:28

+65 9233 4354
TODAY
Hi there, apologies for my reckless driving caused the you all inconveniences. 18:44
I think it will be good if we both let insurer handles the case. 18:45
Do let me know your thoughts, we shall discuss from there 18:45
Yes, pls let the insurance company handle it..it will be better for either party. 18:47
thank you 18:48
sincerely apologies 18:48
I should be grateful as there is no injuries 18:51
Take care ya 18:51