

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	28/10/2022 15:45 (SGT)
Reported by	Both
Date of Accident	28/10/2022 07:15 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TWDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9275K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAINAL BIN MD YASIN
NRIC No	S2167313G
Email Address	ZAINAL.MDYASIN@CAPITALAND.COM
Mobile Phone No	(Phone) +65-91866290
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10737454R00

DRIVER

Name of Driver	ZAINAL BIN MD YASIN
NRIC No	S2167313G
Date Of Birth	01/09/1957
Occupation	Indoor

Date Of Driving Pass	23/09/1995
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91866290
Alt. Phone Number	-
Email Address	ZAINAL.MDYASIN@CAPITALAND.COM
Address	BLK 634 PASIR RIS DRIVE 1 #01-620
Address complement	-
Postcode	510634
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

FRONT VEHICLE BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED ONTO VEHICLE B REAR PORTION.

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	SME273Z
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)	1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

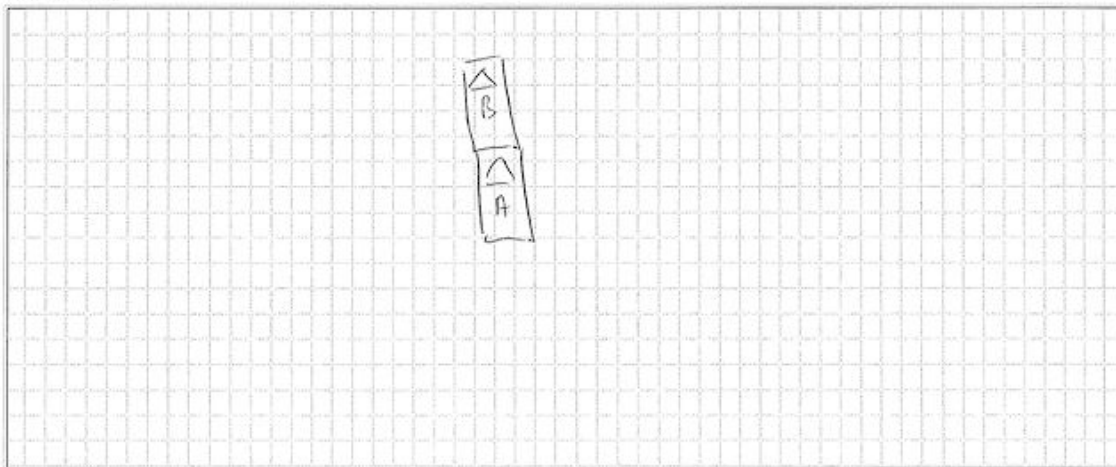
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



SME

1

Describe Circumstance of the Accident

Front vehicle brake not stop, I brake but could not stop in time and collided into vehicle B rear position

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)











It pays to choose

**Budget
Direct
insurance**
Policy Schedule

 Comprehensive Car Policy
 Policy Number: P10737454R00

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	: P10737454R00	Policy Issued On	: 28/04/2022
Policy Start Date	: 23/05/2022 (00:00)	Policy End Date	: 22/05/2023 (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
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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\$ 521.87
7% GST	: S\$ 36.53
Total Premium Payable	: S\$ 558.40

Policyholder

Name	: ZAINAL BIN MD YASIN
Address	: 190 Clemenceau Avenue Singapore Shopping Centre Singapore 239924
Email Address	: zainal.mdyasin@capitaland.com
Mobile Number	: 91866290

Main Driver

Name	: ZAINAL BIN MD YASIN
Date of Birth	: 01/09/1957
Gender / Marital Status	: Male / Married
Occupation	: Executive: (Civil Servant/ Private sector)
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	: SLZ9275K
Chassis Number	: -
Make & Model	: Honda City 1.5
Vehicle Colour	: Grey
Year of First Registration	: 2018
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 50%
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)

Driver(s)	Date of Birth	Licence Held For	No. of Claims/Accidents (Last 3 Years)	
			At-Fault	Not At-Fault
DHARMA FIRDAUS	06/08/1985	More than 5 years	0	0
NORISHAM BIN AB RAZAK	03/06/1981	More than 5 years	0	0