

# 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 .....              | 17/11/2022 17:23 (SGT)            |
| Reported by .....                     | Both                              |
| Date of Accident .....                | 16/11/2022 20:00 (SGT)            |
| Exact Location of Accident .....      | Singapore                         |
| Additional Location Information ..... | EXIT OF SLE TOWARDS UPPER THOMSON |
| Country/State of Loss .....           | Singapore                         |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMC4784A |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | TOK KIAT SIONG       |
| NRIC No .....                  | S7505471H            |
| Email Address .....            | KS_TOK@YAHOO.COM.SG  |
| Mobile Phone No .....          | (Phone) +65-91541137 |
| Alternative Phone No .....     | -                    |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Mercedes            |
| Model .....  | Cla180              |
| 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 - Reporting only |
| Vehicle Category .....   | Private car         |
| Transmission .....   | Auto                |
| CC .....   | 1595                |

### INSURANCE COMPANY

|   |  |
|---|--|
| Name of Insurance Company .....         | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number ..... | P10294252R02                                       |

### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | TOK KIAT SIONG |
| NRIC No .....        | S7505471H      |
| Date Of Birth .....  | 17/02/1975     |
| Occupation .....     | Indoor         |

|  |                             |
|--|-----------------------------|
| Date Of Driving Pass .....   | 09/05/2002                  |
| Driving experience .....   | 20 YEARS AND 6 MONTHS       |
| Gender .....   | Male                        |
| Mobile Number .....  | (Phone) +65-91541137        |
| Alt. Phone Number .....  | -                           |
| Email Address .....  | KS_TOK@YAHOO.COM.SG         |
| Address .....  | 61 BRIGHT HILL DRIVE #20-04 |
| Address complement .....   | -                           |
| Postcode .....   | 579653                      |
| 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 ..... | DRIZZLING                |
| 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) .....   | 2   |
| 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 .....   | -   |

#### PASSENGER 1

|              |             |
|--------------|-------------|
| Name .....   | ng hui bing |
| Gender ..... | Female      |

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

|   |                     |
|---|---------------------|
| Are accident photos available for attachment? .....     | Yes                 |
| Was there any video captured by Car Camera? .....       | Yes                 |
| Reasons for not uploading a video of the accident ..... | VIDEO IS WITH OWNER |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLR4527J |
| 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 ..... -  
No. Of Passenger (Including Driver) ..... -

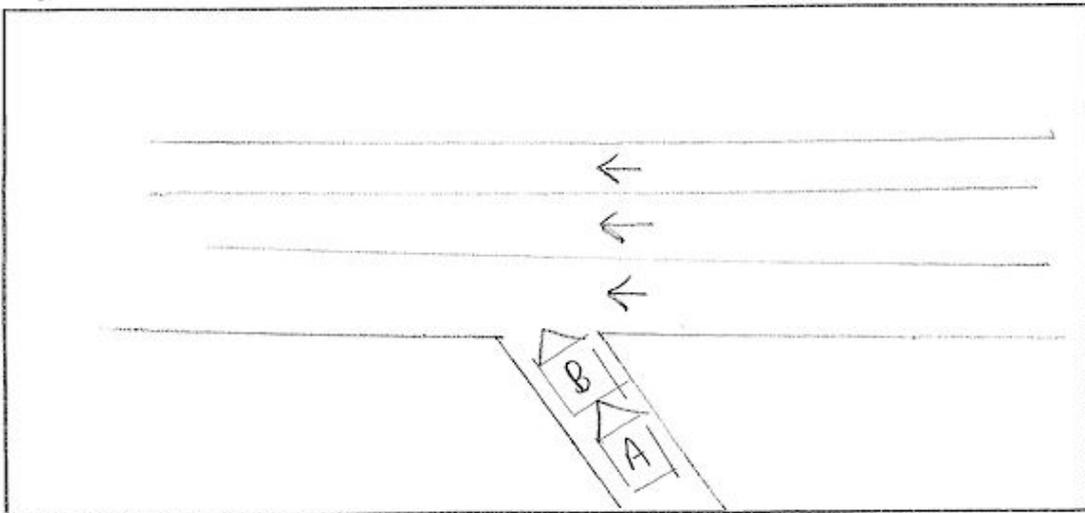
SKETCH PLAN

Budget Diesel  
 Vehicle: SMC 4784A  
 17/11/2022

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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.

Sketch Plan



  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel



ALLIUM MOTOR COMPANY

Date of accident: 16 Nov 2022 Time: 8pm Location: SLE Exit towards Upper Thomson  
 My Vehicle A: SMC4784A Vehicle B: SLR4527J Vehicle C: \_\_\_\_\_

**SKETCH PLAN**  
 Describe Circumstances of the Accident.

I was exiting <sup>from</sup> SLE towards upper Thomson, the car in front of me (SLR4527J) jammed brake and I did not stop in time and came into contact with the car in front.  
 There is not any damage on my car.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

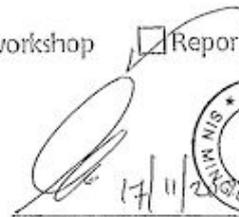
Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

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



AH LIM MOTOR COMPANY









It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10294252R02

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 P10294252R02 (Comprehensive / Named Driver Plan)

|  |   |                    |
|--|---|--------------------|
| 1) Vehicle Registration Number   | : | SMC4784A           |
| Chassis Number   | : |                    |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 11/01/2022 (00:00) |
| 3) Date / Time of Expiry of Insurance  | : | 10/01/2023 (23:59) |
| 4) Excess (i) Policy   | : | S\$ 700.00         |
| (ii) Windscreen  | : | S\$ 100.00         |
| 5) Policyholder  | : | Tok Kiat Siong     |

**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 : Tok Kiat Siong(17/02/1975)

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** : Maybank Singapore 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  
17/12/2021

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



Simon Birch  
Chief Executive Officer