

## 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 ..... 05/12/2022 12:01 (SGT)  
Reported by ..... Both  
Date of Accident ..... 03/12/2022 07:25 (SGT)  
Exact Location of Accident ..... Woodlands Centre Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS421B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOH AIK KHENG  
NRIC No ..... S8279670C  
Email Address ..... DANNY.TOH82@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92271648  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
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 ..... 1197

#### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Policy Number / Cover Note Number ..... P10783361R00

#### DRIVER

Name of Driver ..... TOH AIK KHENG  
NRIC No ..... S8279670C  
Date Of Birth ..... 05/08/1982  
Occupation ..... Indoor

|  |                              |
|--|------------------------------|
| Date Of Driving Pass .....   | 02/11/2006                   |
| Driving experience .....   | 16 YEARS AND 1 MONTH         |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-92271648         |
| Alt. Phone Number .....  | -                            |
| Email Address .....  | DANNY.TOH82@GMAIL.COM        |
| Address .....  | BLK 21 TAMPINES AVE 8 #07-36 |
| Address complement .....   | -                            |
| Postcode .....   | 529604                       |
| 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 .....   | Side Swipe |
| Weather Conditions ..... | Clear      |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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 .....   | LEONG CHIAN YEE |
| 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

I WAS TRAVELLING ALONG WOODLAND CENTRE ROAD. I WAS STOPPED AT A RED TRAFFIC LIGHT. SUDDENLY VEHICLE B SQUEEZED IN FROM MY RIGHT WITHOUT DISPLAYING ANY INDICATION LIGHT, VEHICLE B COLLIDED WITH THE FRONT RIGHT SIDE OF MY VEHICLE.

#### 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 ..... | SJM434U |
| 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) .....     | -           |

## INJURED PERSONS DETAILS

### INJURED 1

|   |               |
|---|---------------|
| Name of injured person .....                              | TOH AIK KHENG |
| Gender .....  | -             |
| Phone No .....  | -             |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | -             |
| Injured person in which vehicle? .....                    | SLS421B       |
| Were seat belts worn? .....                               | -             |
| Was this injured conveyed to hospital by ambulance? ..... | -             |

### INJURED 2

|   |                 |
|---|-----------------|
| Name of injured person .....                              | LEONG CHIAN YEE |
| Gender .....  | -               |
| Phone No .....  | -               |
| Address .....   | -               |
| Address Complement .....                                  | -               |
| Post Code .....   | -               |
| Approximate Age Years Old .....                           | -               |
| Injuries Sustained .....                                  | -               |
| Injured person in which vehicle? .....                    | SLS421B         |
| Were seat belts worn? .....                               | -               |
| Was this injured conveyed to hospital by ambulance? ..... | -               |

# SKETCH PLAN

## 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 willful 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. 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)

I understand, acknowledge, agree and consent that :

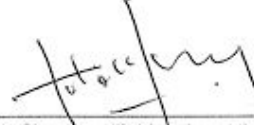
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

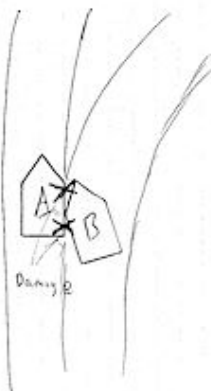
  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan

WOODLANDS CENTRE ROAD

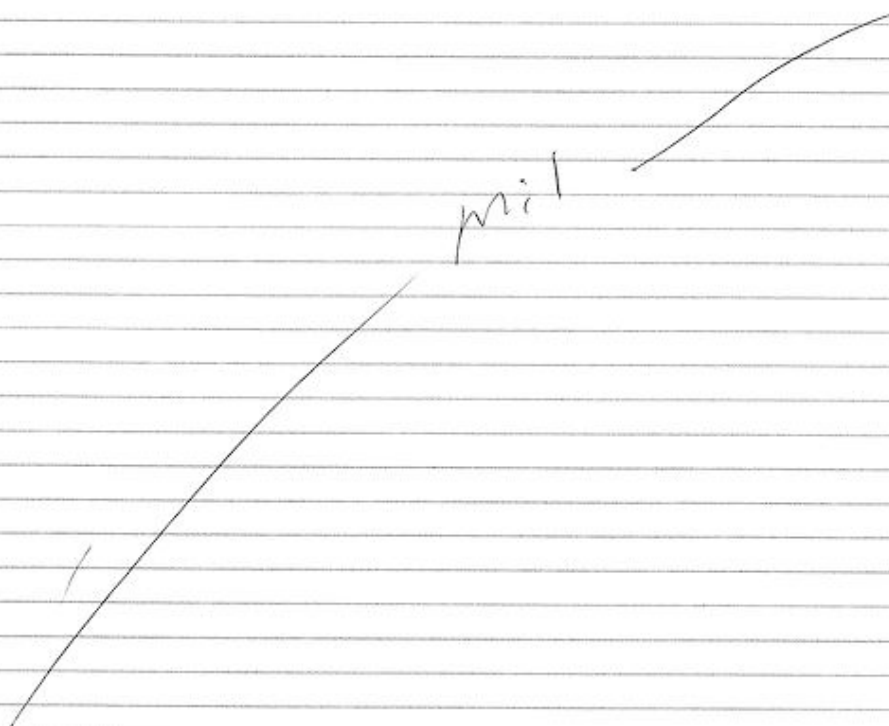


A: SLS421B

B: SJM434U

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG WOODLANDS CENTRE ROAD. I WAS STOPPED AT A RED TRAFFIC LIGHT. SUDDENLY, VEHICLE B SQUEEZED IN FROM MY RIGHT WITHOUT DISPLAYING ANY INDICATION LIGHT. VEHICLE B COLLIDED WITH THE FRONT RIGHT SIDE OF MY VEHICLE.



Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

Witnessed by Reporting Centre Personnel





















It pays to choose

**Budget  
Direct  
insurance**

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10783361R00

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 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 P10783361R00 (Comprehensive / Named Driver Plan)**

|  |   |                           |
|--|---|---------------------------|
| 1) Vehicle Registration Number   | : | SLS421B                   |
| Chassis Number   | : | SJNFEAJ11U2008433         |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act   | : | 05/09/2022 (00:00)        |
| 3) Date / Time of Expiry of Insurance  | : | 04/09/2023 (23:59)        |
| 4) Excess (i) Policy   | : | S\$ 600.00                |
| (ii) Windscreen  | : | S\$ 100.00                |
| 5) Policyholder  | : | Toh Aik Kheng             |
| 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 1961 of Singapore and its registration under the said 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  | : | Toh Aik Kheng(05/08/1982) |
| Named Driver(s) / Date of Birth  | : | Ooi Mun Ling (27/07/1981) |
| 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 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.   |   |                           |
| 8) Finance Company   | : | NA                        |

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 1960 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  
 04/08/2022

**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