

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 30/11/2022 16:11 (SGT)
Reported by Both
Date of Accident 30/11/2022 12:20 (SGT)
Exact Location of Accident 107B Edgefield Plains, Singapore 822107
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV9806Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner OLIVEIRO DION MARK
NRIC No S8834142B
Email Address DM_OLIVERO@HOTMAIL.COM
Mobile Phone No (Phone) +65-97683761
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1600

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P1077876R00

DRIVER

Name of Driver OLIVEIRO DION MARK
NRIC No S8834142B
Date Of Birth 14/09/1988
Occupation Indoor

Date Of Driving Pass	08/06/2007
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97683761
Alt. Phone Number	-
Email Address	DM_OLIVERO@HOTMAIL.COM
Address	BLK 488B TAMPINES STREET 45 #03-149
Address complement	-
Postcode	521488
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	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 VEHICLE IS STATIONARY BEHIND VEHICLE B WHEN SUDDENLY, VEHICLE REVERSED AND COLLIDED ONTO MY VEHICLE'S FRONT LEFT 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	SHA5713T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	2

SKETCH PLAN


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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

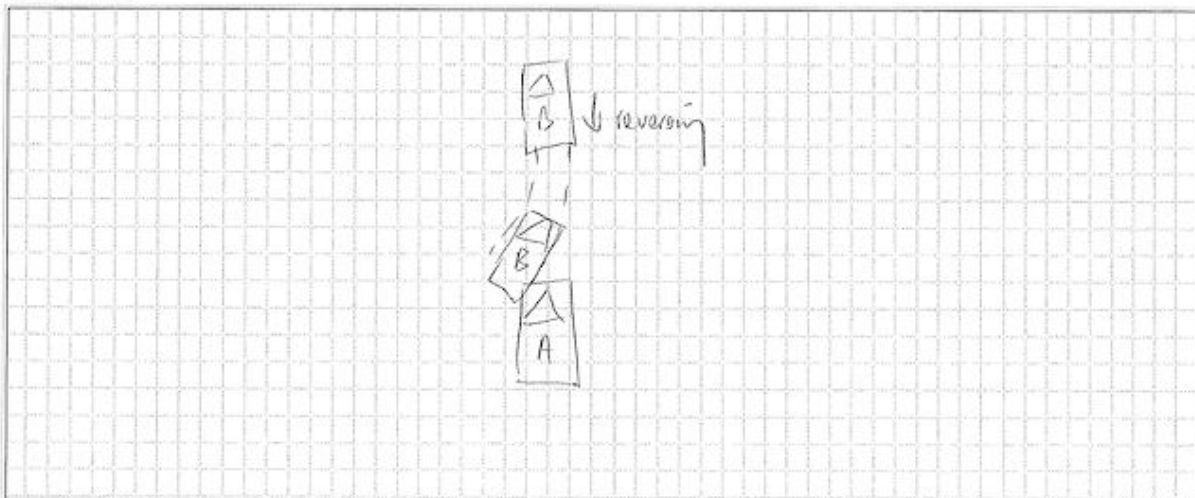
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 30/11/22 13:16hrs

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

Describe Circumstance of the Accident

My vehicle is staying behind vehicle B when suddenly vehicle B reversed and collided into my vehicle's front left portion.

Declaration

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

 30/11/22 13:16HKL

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: P10778796R00

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 : P10778796R00 Policy Issued On : 29/07/2022
 Policy Start Date : 26/08/2022 (00:00) Policy End Date : 25/02/2024 (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

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\$ 809.58
 7% GST : S\$ 56.67
 Total Premium Payable : S\$ 866.25

Policyholder

Name : OLIVEIRO DION MARK
 Address : 488B TAMPINES STREET 45 #03-149 Singapore 521488
 Email Address : dm_oliveiro@hotmail.com
 Mobile Number : 97683761

Main Driver

Name : OLIVEIRO DION MARK
 Date of Birth : 14/09/1988
 Gender / Marital Status : Male / Single
 Occupation : Worker/ Skilled Worker: (Civil Servant/ Private sector)
 Certificate of Merit : Yes
 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 : SJV9806Z
 Chassis Number : KNAFW611MA5203332
 Make & Model : Kia Cerato Forte Koup 1.6
 Vehicle Colour : Black
 Year of First Registration : 2010
 Sum Insured : Market Value
 Off-Peak Car : No
 NCD : 50%
 Vehicle Usage : Private and Commuting
 Modifications Declared : Yes, Exhaust System, Suspension

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
OLIVERO COLIN JUDE	19/11/1956	More than 5 years	0	0
CHIA CHENG LIAN	02/11/1956	More than 5 years	0	0
BRYAN MARK OLIVEIRO	11/05/1991	More than 5 years	0	0

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**
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