# **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.

- 4. The issue and acceptance of this is form by instrained 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 10/01/2023 15:10 (SGT) Reported by Date of Accident 09/01/2023 02:00 (SGT) Exact Location of Accident ECP, Singapore Additional Location Information TWDS CITY NEAR BEDOK EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK4646Z

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ADNAN BIN KADIMAN NRIC No S1545556Z Email Address DANIALADNAN3402@GMAIL.COM Mobile Phone No (Phone) +65-97830091 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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 Yes your vehicle? 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 P10751080R00

### DRIVER

Name of Driver MUHAMMAD DANIAL BIN ADNAN NRIC No S9639288E Date Of Birth 05/11/1996 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	19/09/2019 3 YEARS AND 4 MONTHS Male (Phone) +65-97830091 - DANIALADNAN3402@GMAIL.COM BLK 472 PASIR RIS DRIVE 6 #04-458 - 510472 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20230109/7010.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH TP
DETAILS OF OTHER	VEHICLE PROPERTY 1

SLV1047B

## Accident report SS2X231A000A

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

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)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SLV1047B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### 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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

- 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.
- 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.

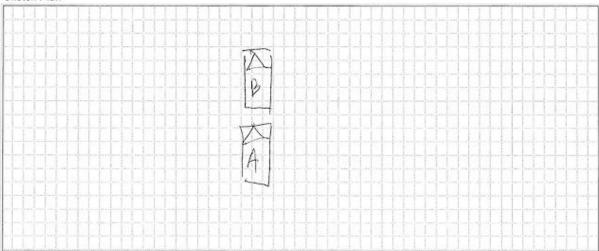
J A

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.	4-	Police	120054.	
644/	- (0	Ponce		
-				
-				
				100

Policyholder's Signature / Date & Time

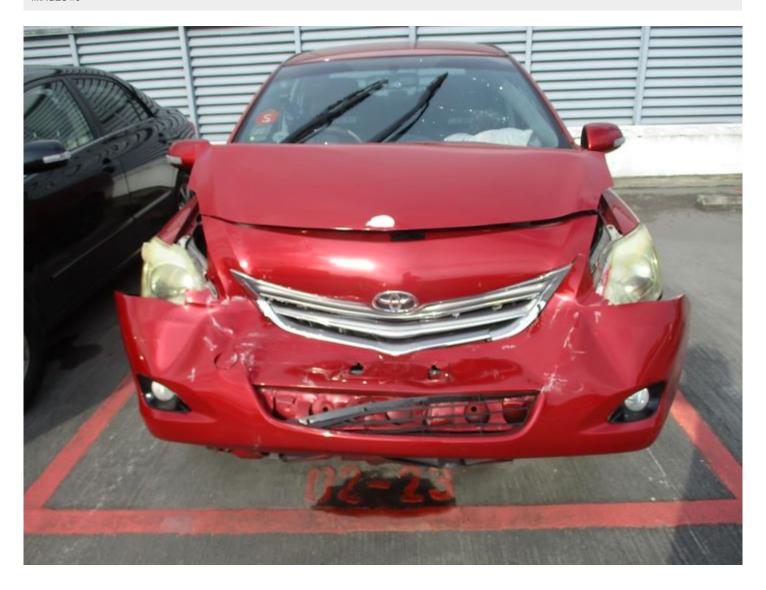
Driver's Signature (if driver is not the policyholder) / Date & Time

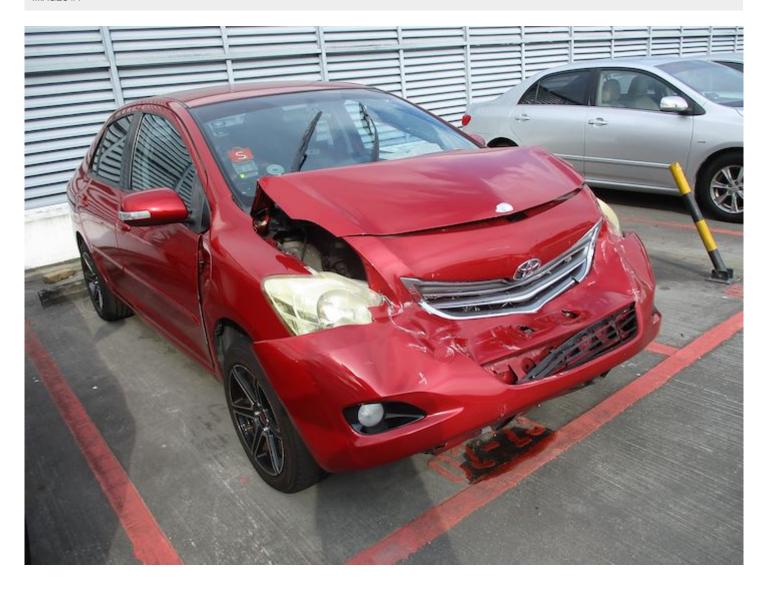
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

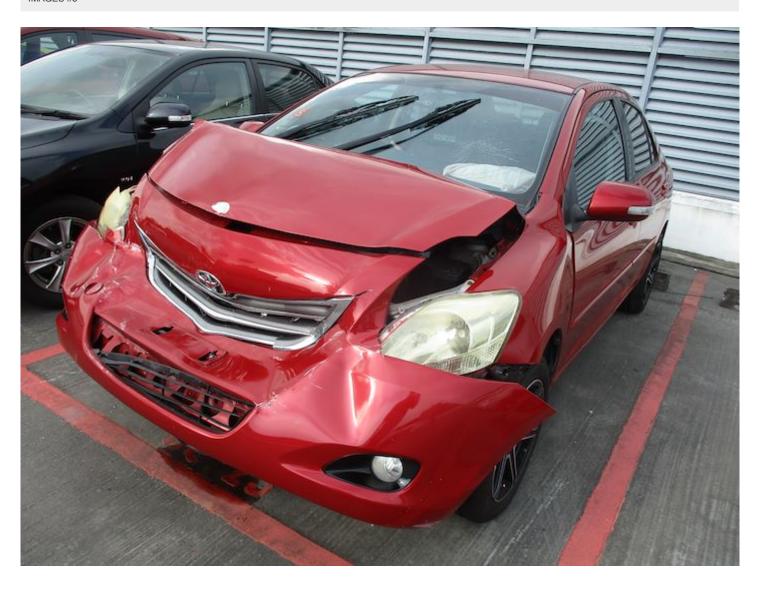
2















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20230109/7010

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 123 09:57	Made:	Vide Report No.: G/20220109/0052	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: MAD DANI	IAL BIN ADNAN	Address: 472 PASIR RIS DRIVE 6 #04	-458 SINGAPORE 510472		
	/ ID No.: D / S96392	88E	Contact No.: Home/Office: Mobile: 97830091			
	Nationality: SINGAPORE CITIZEN		Email: danialadnan3402@gmail.com			
Sex: Male	Age: 26	Date of Birth: 05/11/1996	Type of Informant:			
Race: Malay			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2023 08:00	Type of Location Straight Road	
Location:  MARINE PAR  Weather: Clear	ADE ROAD	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHB2182P	Car			Yellow		0
SLV1047B	Car					1
SMK4646Z	Car					0



T/20230109/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230109/7010

## CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No							
No. of Pedestrian	edestrians Injured: NIL Use of Pe					edestrian Crossing; NA		
Driver						3.11.		
Name	NG CHEOWN HAN			ID No.		S1255603I		
Related Vehicle	SHB2182P (Car)			Contact No.		98958790		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL		
Date	NIL		Date		NIL			
No. of Days gran	2.11				NIL	-2		
Driver								
Name	FOK PAK CHUEN				+	S1117226A		
Related Vehicle	SLV1047B (Car)			Contact No.		92700193		
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL		
Date	NIL		Date		NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL			
Driver				7-10		358(2515 Re. 1110)		
Name	MUHAMMAD DANI	AL BIN AD	NAN	ID No	8	S9639288E		
Related Vehicle	SMK4646Z (Car)			Contact No.		97830091		
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date	NIL		Date		NIL			
No. of Dave gran	ed Medical Leave	NIL	Degree of					

## Brief Details.

Around 0800hrs, I was driving vehicle (SMK4646Z) along ECP (City) for work. Near the exit of Bedok (a 2 -lane road), a vehicle (SLV1047B) suddenly breaked in front of me and I tried to E-brake however I was not in time and collided into the rear. Airbags was deployed and the shock of the collision caused my left ear and left side of my head to have a ringing effect. My right forearm also hit the dashboard causing slight pain. I will be visiting a doctor after this. I was attended to by traffic police and my in-car camera SD card was taken.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 4 Report No. T/20230109/7010

CONTINUATION OF REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4 Report No. T/20230109/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2023 09:57
Officer In Charge Of Case: TP / TPIB / MOHAMMED FEROZ BIN HUSSIEN	Classification Of Case:
Contact No.: 65476206	

It pays to choose



## Policy Schedule

Comprehensive Car Policy Policy Number: P10751080R00

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 P10751080R00 Policy Issued On Policy End Date 24/05/2022 Policy Start Date 08/07/2022 (00:00) : 07/07/2023 (23:59)

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)

S\$ 600.00

Additional Excess (All excess amounts are subject to GST, if applicable)

\$\$ 100.00 Named Driver below 25 years old \$\$ 500.00 Named Driver with less than 2 years' valid driving licence \$\$ 500.00

Premiums

Gross Premium 7% GST \$\$ 875.78 S\$ 61.30 S\$ 937.08 Total Premium Payable

Policyholder

Name Adnan Bin Kadiman

Address 472 Pasir Ris Drive 6 #04-458 Singapore 510472

tawil5180@gmail.com Email Address

Mobile Number

Main Driver

Name Adnan Bin Kadiman Date of Birth 19/08/1962 Gender / Marital Status Male / Married

Occupation Worker/ Skilled Worker: (Civil Servant/ Private sector)

Certificate of Merit No

Licence Held For

More than 5 years 0 At-Fault and 0 Not At-Fault No. of Claims/Accidents (Last 3 Yrs)

Vehicle Insured

Vehicle Registration Number SMK4646Z

Chassis Number

Toyota Vios 1.5

Make & Model Vehicle Colour Red Year of First Registration 2010 Sum Insured Market Value Off-Peak Car No NCD 20%

Vehicle Usage Private and Commuting

Modifications Declared None

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)

507 W7		Licence		ims/Accidents t 3 Years)
Driver(s)	Date of Birth	Held For	At-Fault	Not At-Fault
Muhammed Hazwan Bin Adnan	29/11/1990	More than 5 years	0	0
Muhammed Danial Bin Adnan	05/11/1996	4 years	0	0

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