

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	10/01/2023 15:10 (SGT)
Reported by	Both
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
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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 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	P10751080R00

DRIVER

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

Date Of Driving Pass	19/09/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97830091
Alt. Phone Number	-
Email Address	DANIALADNAN3402@GMAIL.COM
Address	BLK 472 PASIR RIS DRIVE 6 #04-458
Address complement	-
Postcode	510472
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230109/7010.

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	WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1047B
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)	-

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

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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.

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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

SMB

Describe Circumstance of the Accident

Refer to police report.

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)













**SINGAPORE
POLICE FORCE**



T/20230109/7010

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

Date/Time Report Made: 09/01/2023 09:57		Vide Report No.: G/20220109/0052		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD DANIAL BIN ADNAN			Address: 472 PASIR RIS DRIVE 6 #04-458 SINGAPORE 510472		
ID Type / ID No.: NRIC NO / S9639288E			Contact No.: Home/Office: Mobile: 97830091		
Nationality: SINGAPORE CITIZEN			Email: danieladnan3402@gmail.com		
Sex: Male	Age: 26	Date of Birth: 05/11/1996	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

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 PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

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



**SINGAPORE
POLICE FORCE**



T/20230109/7010

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

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Report No. T/20230109/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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 granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	FOK PAK CHUEN	ID No.	S1117226A
Related Vehicle	SLV1047B (Car)	Contact No.	92700193
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MUHAMMAD DANIAL BIN ADNAN	ID No.	S9639288E
Related Vehicle	SMK4646Z (Car)	Contact No.	97830091
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

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 broke 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.



SINGAPORE
POLICE FORCE

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



T/20230109/7010

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Report No. T/20230109/7010

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20230109/7010

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

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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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/01/2023 09:57

Classification Of Case:

NP168

It pays to choose

**Budget
Direct
insurance**

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	: 24/05/2022
Policy Start Date	: 08/07/2022 (00:00)	Policy End Date	: 07/07/2023 (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\$ 875.78
7% GST	: S\$ 61.30
Total Premium Payable	: S\$ 937.08

Policyholder

Name	: Adnan Bin Kadiman
Address	: 472 Pasir Ris Drive 6 #04-458 Singapore 510472
Email Address	: tawil5180@gmail.com
Mobile Number	: 83187985

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
No. of Claims/Accidents (Last 3 Yrs)	: 0 At-Fault and 0 Not At-Fault

Vehicle Insured

Vehicle Registration Number	: SMK4646Z
Chassis Number	: -
Make & Model	: Toyota Vios 1.5
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

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
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