

## 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              | 06/04/2023 17:43 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 04/04/2023 17:00 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | DRIVE WAY OF RAFFLES INSTITUTION    |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SLP538P |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | NG KIA HUNG          |
| NRIC No                  | S7016533C            |
| Email Address            | GUINEA19@YAHOO.COM   |
| Mobile Phone No          | (Phone) +65-96617228 |
| Alternative Phone No     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Subaru                    |
| Model  | Impreza                   |
| 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 | P10368252R02                                       |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TONA TUOMINEN |
| NRIC No        | S7045359B     |
| Date Of Birth  | 19/12/1970    |
| Occupation     | Indoor        |

|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass .....   | 14/06/1993                      |
| Driving experience .....   | 29 YEARS AND 10 MONTHS          |
| Gender .....   | Female                          |
| Mobile Number .....  | (Phone) +65-96387228            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | GUINEA19@YAHOO.COM              |
| Address .....  | BLK 9 RIVERVALE CRESCENT #12-21 |
| Address complement .....   | -                               |
| Postcode .....   | 545086                          |
| Is the driver the policyholder? .....                              | No                              |
| If No, Relationship of the Driver with the Insured .....           | Spouse                          |
| 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) .....   | 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 .....   | KIMI TUOMINEN NG |
| Gender ..... | Male             |

#### 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

ON 04/04/2023 AT ABOUT 1700HRS, I WAS WAITING TO PARK MY VEHICLE ALONG THE PREMISES OF RAFFLES INSTITUTION AND SUDDENLY A VEHICLE B REVERSED WITHOUT CAUTIOUS AND WITHOUT CHECKING HER BLINDSPOT AND HIT ONTO THE RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER ONBOARD

#### 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 ..... | SLZ1461S |
|-----------------------------------|----------|

|   |             |
|---|-------------|
| 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) .....     | -           |

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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:

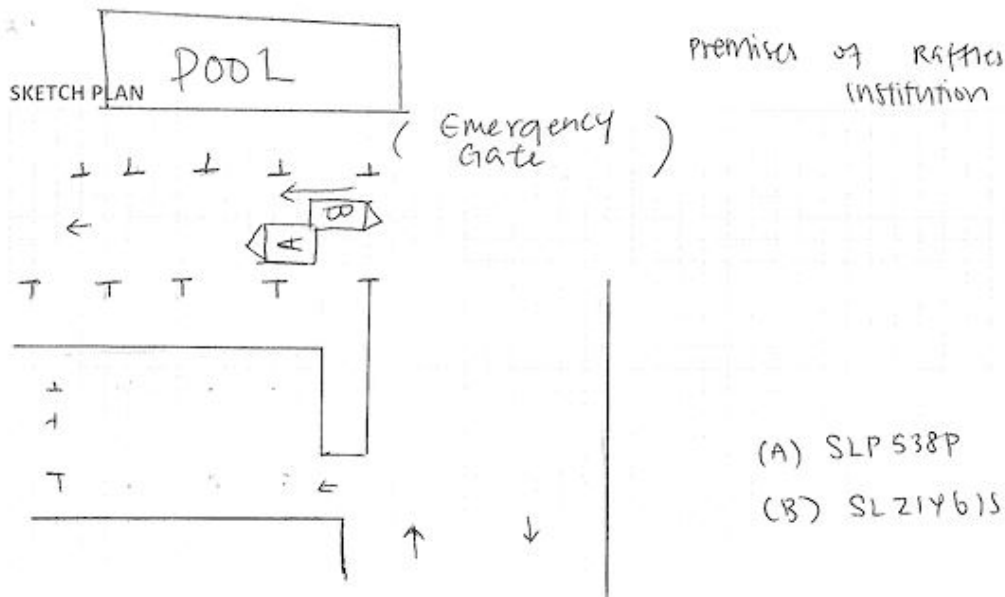
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop \_\_\_\_\_  
via email / fax  
Signature: \_\_\_\_\_



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/04/2023 at about 1700hrs, I was waiting to park my vehicle along the premises of Raffles Institution and suddenly, a vehicle (B) reversed without caution and without checking her blindspot and hit into the right portion of my vehicle (A) causing damage to my vehicle.

I have 1 passenger onboard.

(A) SLP538P

(B) SLZ14615

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:

6/4/23

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



































It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10368252R02

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 P10368252R02 (Comprehensive / Named Driver Plan / Any Workshop)

|  |   |                            |
|--|---|----------------------------|
| 1) Vehicle Registration Number   | : | SLP538P                    |
| Chassis Number   | : | JF1GT3KC5HG005335          |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act   | : | 25/05/2022 (00:00)         |
| 3) Date / Time of Expiry of Insurance  | : | 24/05/2023 (23:59)         |
| 4) Excess (i) Policy   | : | S\$ 600.00                 |
| (ii) Windscreen  | : | S\$ 100.00                 |
| 5) Policyholder  | : | Ng Kia Hung                |
| 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  | : | Ng Kia Hung (19/05/1970)   |
| Named Driver(s) / Date of Birth  | : | Tona Tuominen (19/12/1970) |
| 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   | : | 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 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  
 23/04/2022

 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