

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	25/04/2023 15:02 (SGT)
Reported by	Actual Driver
Date of Accident	25/04/2023 07:18 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6027U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DINO CHANKHAN
NRIC No	SXXXX564C
Email Address	JINGKANG2197@GMAIL.COM
Mobile Phone No	(Phone) +65-93363621
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10618528R01

DRIVER

Name of Driver	CHUA JING KANG
NRIC No	SXXXX745C
Date Of Birth	27/11/1997
Occupation	Indoor

Date Of Driving Pass	07/02/2018
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92391057
Alt. Phone Number	-
Email Address	JINGKANG2197@GMAIL.COM
Address	BLK 442 CHOA CHU KANG AVE 4 #10-353
Address complement	-
Postcode	680442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	NEPHEW
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN AND POLICE REPORT

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	SHA3189U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIANG
NRIC No	SXXXX932J
Contact Number	(Phone) +65-96991311
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA5760X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EDNA TAY PUAY LIN
NRIC No	SXXXX321E
Contact Number	(Phone) +65-96261264
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBL6225S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UDDIN MD ELEUS
Passport No/FIN	GXXXX550W
Contact Number	(Phone) +65-84635484
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	CHUA JING KANG
Gender	Male
Phone No	(Phone) +65-92391057
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK AREA
Injured person in which vehicle?	SMU6027U
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? No

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.

Sketch Plan

→	D	B	A	C	
→					
→					
→					
	KJE				

A: SMU602IU
B: 8HA3189U
C: 8KA5760X
D: 4BL6225S

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 25-04-23

Witnessed by Reporting Centre Personnel

Date of accident: 25-04-23 Time: 0718 Location: KJE
 My Vehicle A: SMU 6027U Vehicle B: SHA 3189U Vehicle C: SKA 5760X
 SKETECH PLAN D: GBL62258

Describe Circumstances of the Accident

Please refer to police report attached.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only
 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 25-04-23

Witnessed by Reporting Centre Personnel

(Signature)



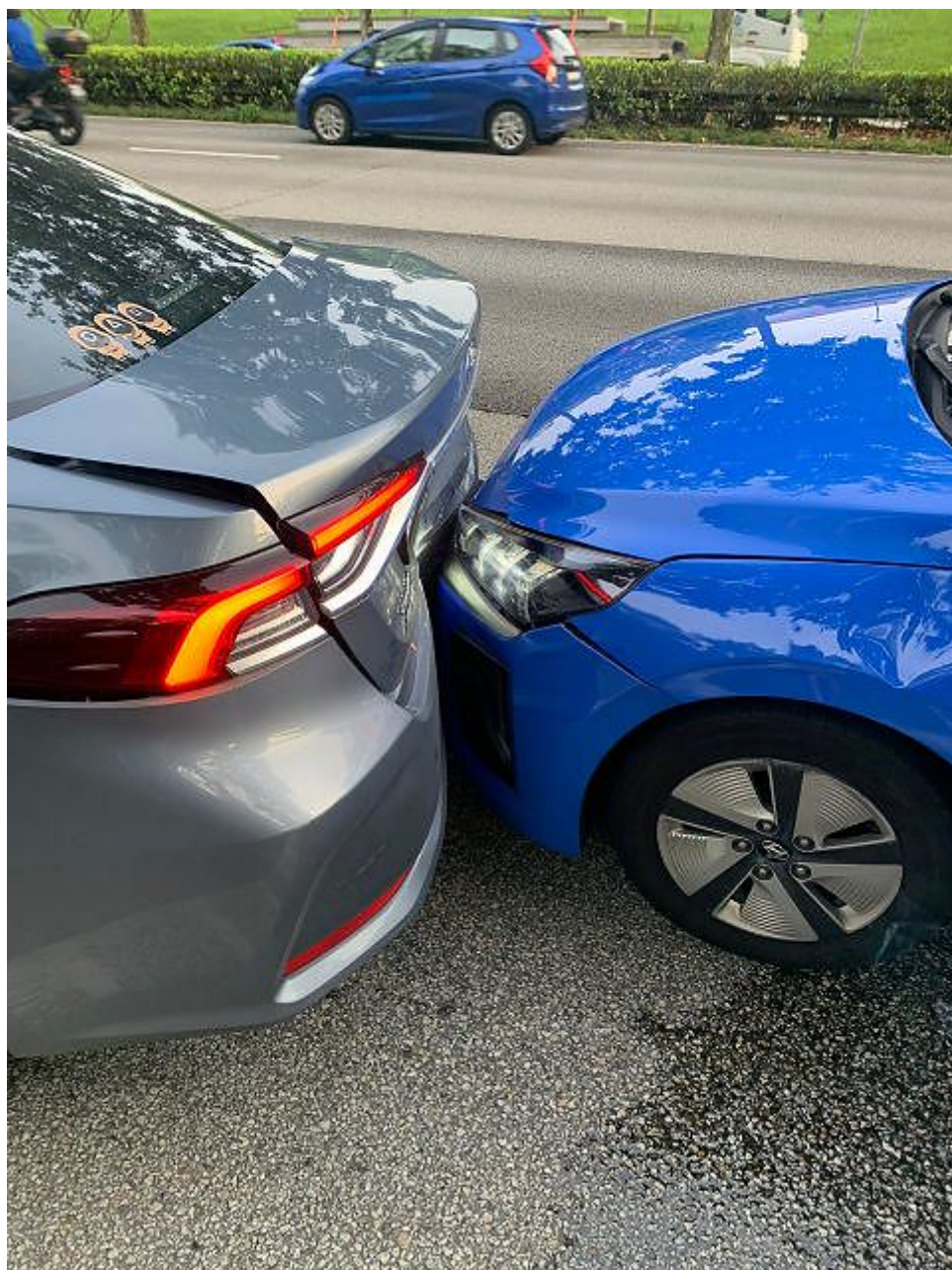










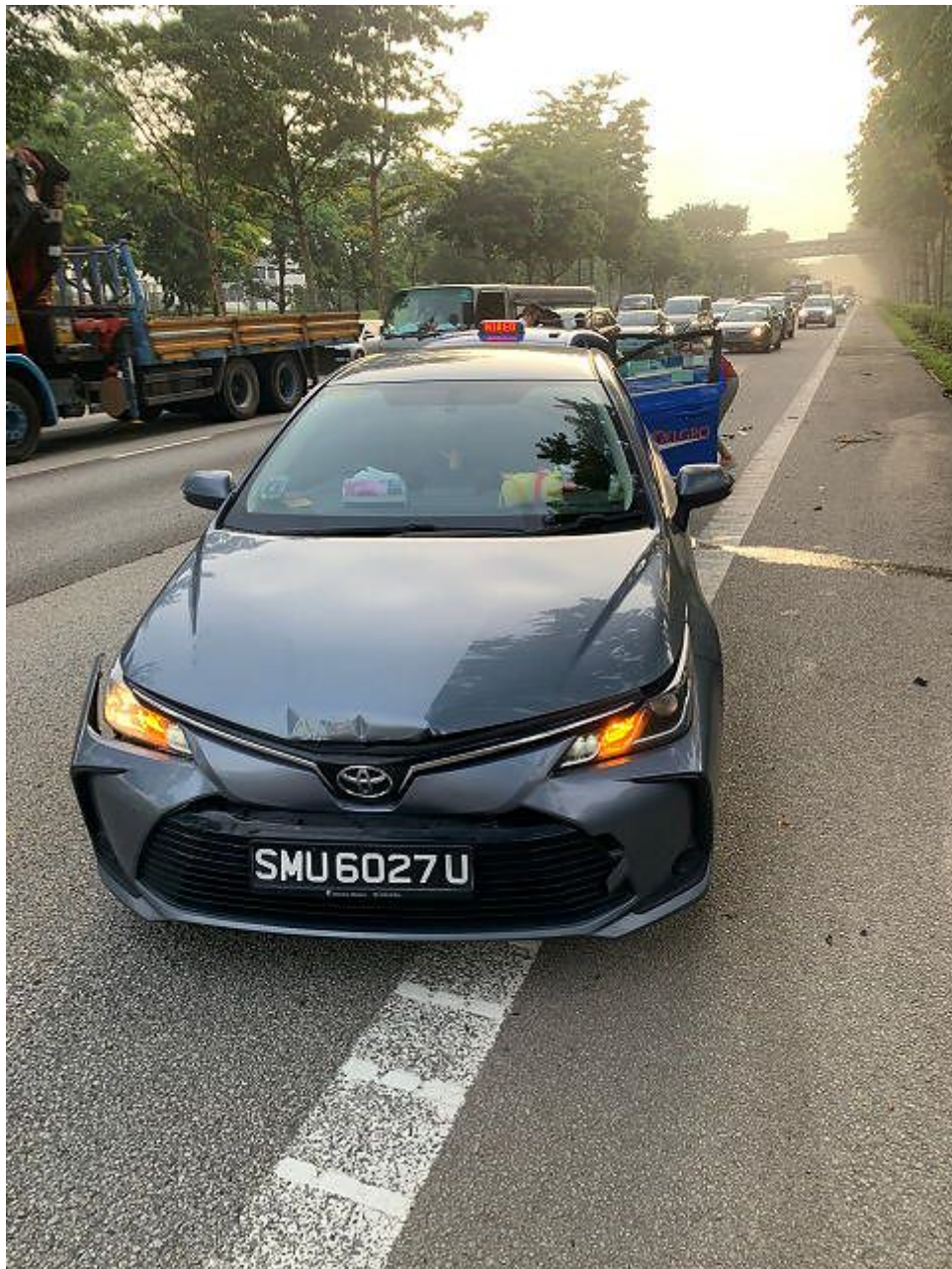


















































**SINGAPORE
POLICE FORCE**



T/20230425/2039

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20230425/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2023 12:55	Vide Report No.: J/20230424/0035	Station Diary No.: 39
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Informant's Particulars

Name of Informant: CHUA JING KANG	Address: APT BLK 442 CHOA CHU KANG AVENUE 4 #10-353 SINGAPORE 680442		
ID Type / ID No.: NRIC NO / S9742745C	Contact No.: Home/Office: Mobile: 92391057		
Nationality: SINGAPORE CITIZEN	Email: jingkang2197@gmail.com		
Sex: Male	Age: 25	Date of Birth: 27/11/1997	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: DELIVERY	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/04/2023 07:20	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBL6225S	Van					2
SHA3189U	Car					1
SKA5760X	Car					0
SMU6027U	Car					0



**SINGAPORE
POLICE FORCE**



T/20230425/2039

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230425/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	UDDIN MD ELEUS	ID No.	G8421550W
Related Vehicle	GBL6225S (Van)	Contact No.	84635484
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	S7623932J
Related Vehicle	SHA3189U (Car)	Contact No.	96991311
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	EDNA TAY PUAY LIN	ID No.	S7825321E
Related Vehicle	SKA5760X (Car)	Contact No.	96261264
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20230425/2039

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230425/2039

CONTINUATION OF REPORT

Driver			
Name	CHUA JING KANG	ID No.	S9742745C
Related Vehicle	SMU6027U (Car)	Contact No.	92391057
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/04/2023	Date Discharge	25/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 25/04/2023 at about 0720hrs, I was traveling in my vehicle (SMU6027U) along KJE towards PIE. The traffic was heavy and slow. Suddenly, I felt an impact from the rear. The impact caused my vehicle to move forward and collided into another vehicle (SKA5760X). We all got down to make a check. I discovered my front bonnet was dented, front right bumper was dislodged, both sides of rear bumper detached, rear bumper and boot dented and broken. I called for tow truck and waited. Subsequently, ambulance, LTA and Traffic Police arrived. The Traffic police officer took down our particulars and told us to lodge a traffic accident report. As I do not require immediate medical attention, I left in the tow truck.

At about 1100hrs, I felt pain in my back and my neck as such I went to Mount Alvernia Hospital to see a doctor and received 3 days MC.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230425/2039

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Report No. T/20230425/2039

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 3 Chong Wei Ling Serene

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/04/2023 12:55

Officer In Charge Of Case:

TP / GIT /

STAFF SGT NUR HAFIZAH BINTE NORIZAN

Contact No.: 96189347

Classification Of Case:

NP168

It pays to choose

**Budget
Direct**
insurance

Certificate of Insurance

 Comprehensive Car Policy
 Policy Number: P10618528R01

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 P10618528R01 (Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number	:	SMU6027U
Chassis Number	:	-
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	21/08/2022 (00:00)
3) Date / Time of Expiry of Insurance	:	20/08/2023 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	DINO CHANKHAN
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered. 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	:	DINO CHANKHAN(21/01/1982)
Named Driver(s) / Date of Birth	:	Chua Leong Hin (22/02/1965)
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	:	United Overseas Bank 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
 17/08/2022

 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