

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 02/05/2023 12:49 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 01/05/2023 14:55 (SGT)
Exact Location of Accident 24 New Industrial Rd, Singapore 536210
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN7615M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN LICONG
NRIC No
Email Address AIL.COM
Mobile Phone No (Phone) +65
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 2400

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10826825R00

DRIVER

Name of Driver ANG CAI YING
NRIC No
Date Of Birth
Occupation Indoor

Date Of Driving Pass		
Driving experience	MONTHS	
Gender	Female	
Mobile Number	(Phone) +6	
Alt. Phone Number	-	
Email Address		IL.COM
Address		
Address complement	-	
Postcode		
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	Collision - Change/cross lane
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

AS I AM DRIVING DOWN THE SLOPE, KEEPING WITHIN MY LANE, A LORRY DRIVING UP SPEEDING AND OUT OF HIS LANE AND COLLIDED INTO MY VEHICLE.

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	GBL3898U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	XU WANJUN

Contact Number	(Phone) +65
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


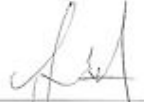
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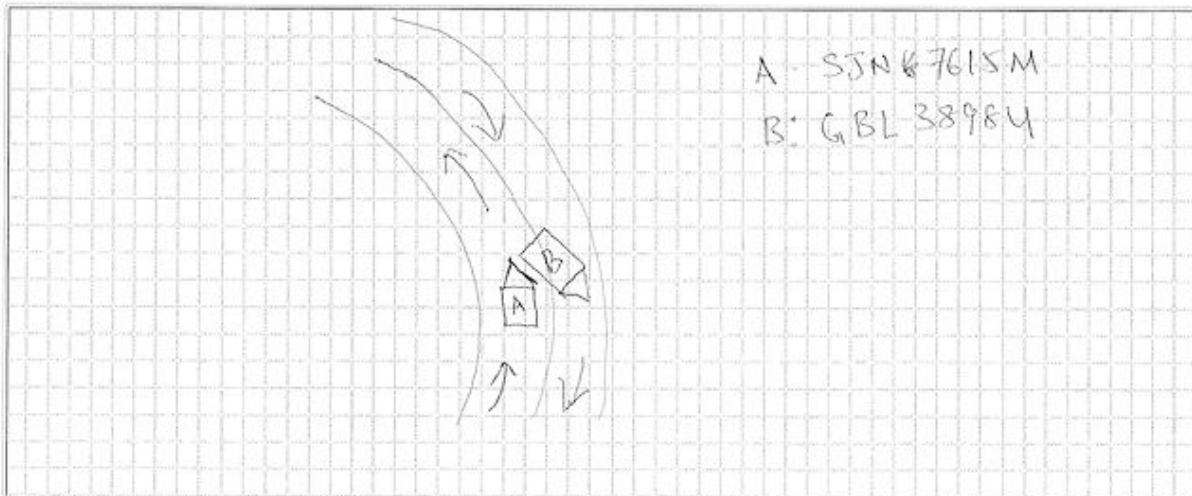
8. Consent under the Personal Data Protection Act (PDPA)

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.

 02/05/23 11:35AM	 02/05/23 11:35AM	
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

AS I AM DRIVING DOWN THE SLOPE, KEEPING WITHIN MY LANE, A TERRY WAS DRIVING UP AT A VERY SPEEDY AND OUT OF HIS LANE AND COLLIDED INTO MY VEHICLE.

Declaration

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

	2/5/23 11:35 AM		02/05/23 11:32 AM	
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: P10826825R00

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	: P10826825R00	Policy Issued On	: 21/11/2022
Policy Start Date	: 21/11/2022 (15:26)	Policy End Date	: 20/11/2023 (23:59)

Cover

Type of Cover	: Comprehensive / Authorised 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
Unnamed Driver 25 years and above	: S\$ 500.00
Unnamed Driver with 2 or more years' valid driving licence	: S\$ 500.00
Unnamed Driver below 25 years old	: S\$ 1,500.00
Unnamed Driver with less than 2 years' valid driving licence	: S\$ 1,500.00

Premiums

Gross Premium	: S\$ 932.55
Prevailing GST	: S\$ 65.28
Total Premium Payable	: S\$ 997.83

Policyholder

Name	: Lin Licong
Address	: 406C Northshore Drive #15-168 Singapore 823406
Email Address	: l.lichong87@hotmail.com
Mobile Number	: 96333814

Main Driver

Name	: Lin Licong
Date of Birth	: 08/08/1987
Gender / Marital Status	: Male / Married
Occupation	: Professional
Certificate of Merit	: Yes
Licence Held For	: More than 5 years
No. of Claims/Accidents (Last 3 Yrs)	: 0 At-Fault and 1 Not At-Fault

Vehicle Insured

Vehicle Registration Number	: SJN7615M
Chassis Number	: ACV403166068
Make & Model	: Toyota Camry 2.4
Vehicle Colour	: Blue
Year of First Registration	: 2009
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 30%
Vehicle Usage	: Private and Commuting
Modifications Declared	: Yes, Body Kit, Rims/ Tires, Solar Film

Driver Plan

Authorised Driver Plan. Household members of the Main Driver not named in the policy will not be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

None