

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	03/05/2023 18:57 (SGT)
Reported by	Actual Driver
Date of Accident	03/05/2023 09:29 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 6 TOA PAYHOH FILTER LEFT KIM KEAT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1881X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH SHENG ZHI PETER
NRIC No	S8411402B
Email Address	peterseah84@hotmail.com
Mobile Phone No	(Phone) +65-91804812
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10502134R01

DRIVER

Name of Driver	NG HSAW HUI REINA
NRIC No	S8851234J
Date Of Birth	19/12/1988
Occupation	Indoor

Date Of Driving Pass	19/08/2009
Driving experience	13 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81131390
Alt. Phone Number	-
Email Address	ng.reina@hotmail.com
Address	BLK 263 TOA PAYOH EAST
Address complement	#36-20
Postcode	310263
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 - 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?	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

REFER TO SKETCH PLAN

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	SMW4874T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S1803210D

Contact Number	(Phone) +65-97368458
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

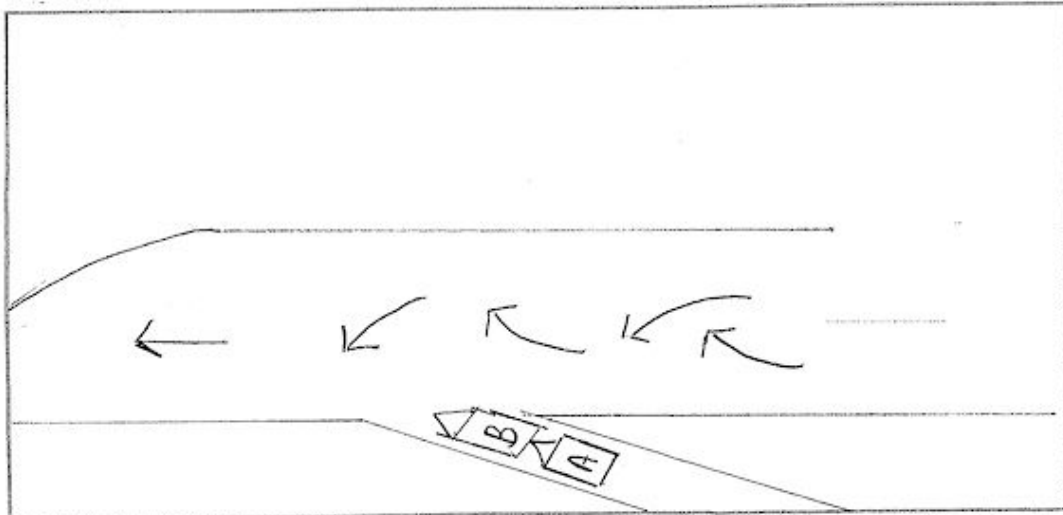
SKETCH PLAN

Insurer: Budget
Direct
Vehicle: SMY 1881X

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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.
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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



ALLIUM MOTOR COMPANY

Date of accident: 3/3/2023 Time: 9.29am Location: Lor 6 Toa payoh filter left to Kim
 My Vehicle A: SMH 1881K Vehicle B: SMW 4874T Vehicle C: Keat Link

SKETCH PLAN

Describe Circumstances of the Accident.

While driving out to the major road, the vehicle B stop suddenly and I collided into the rear of vehicle B.

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

Witnessed by Region Centre Person



AH LIM MOTOR COMPANY











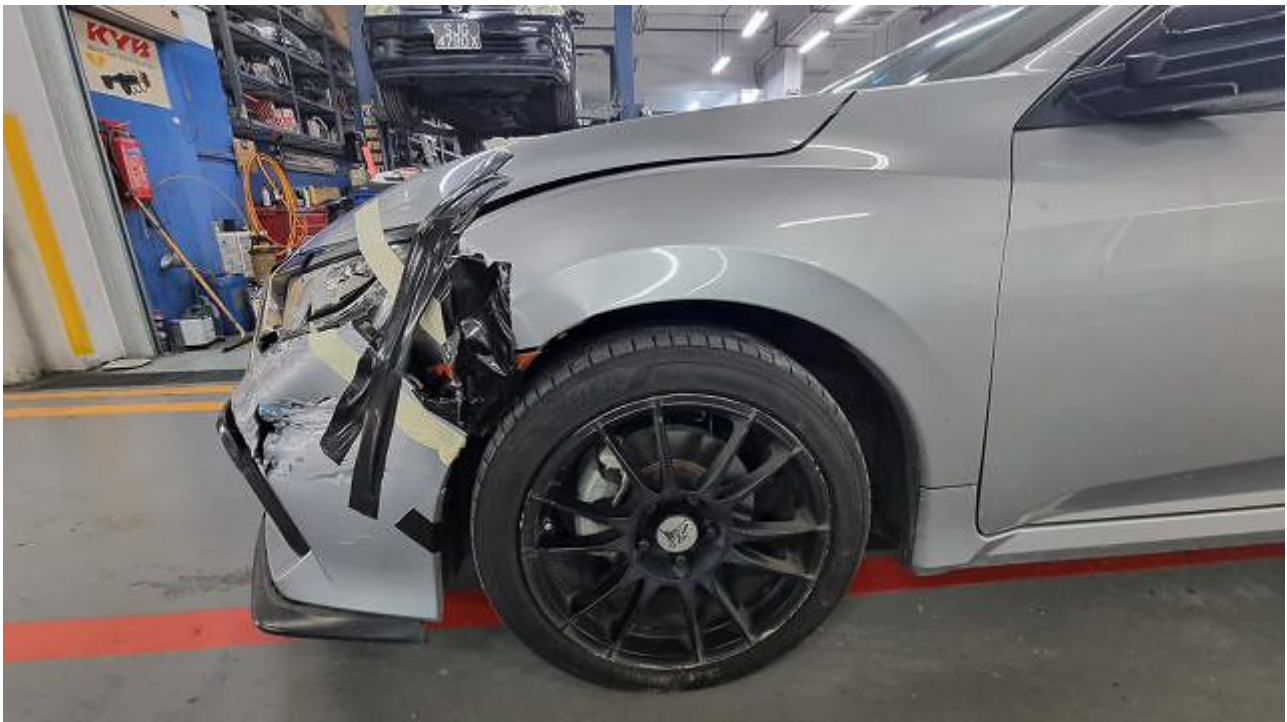




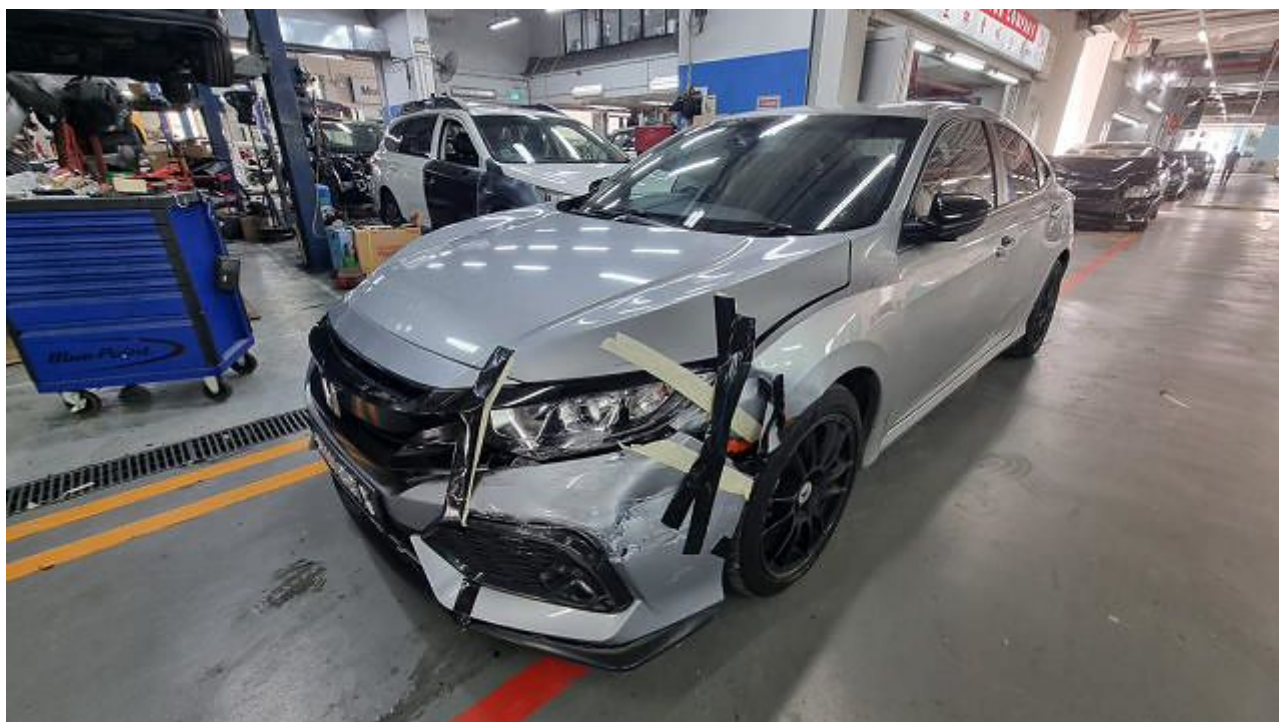






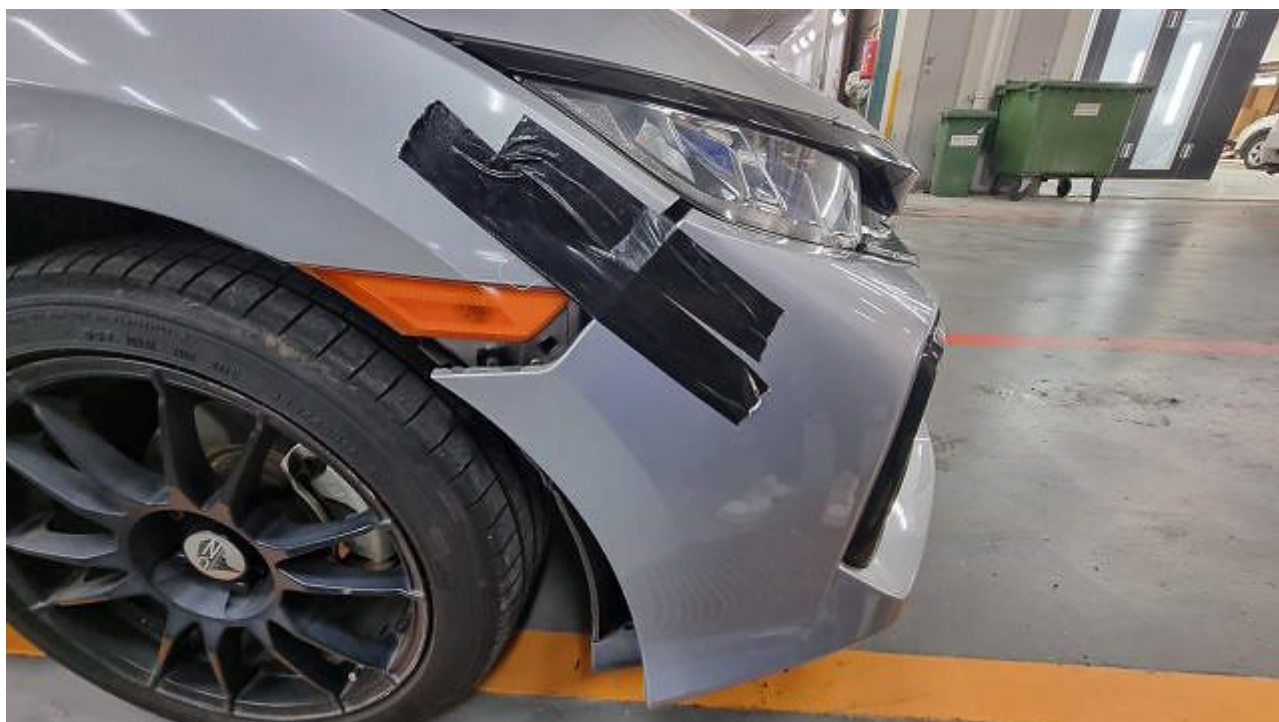




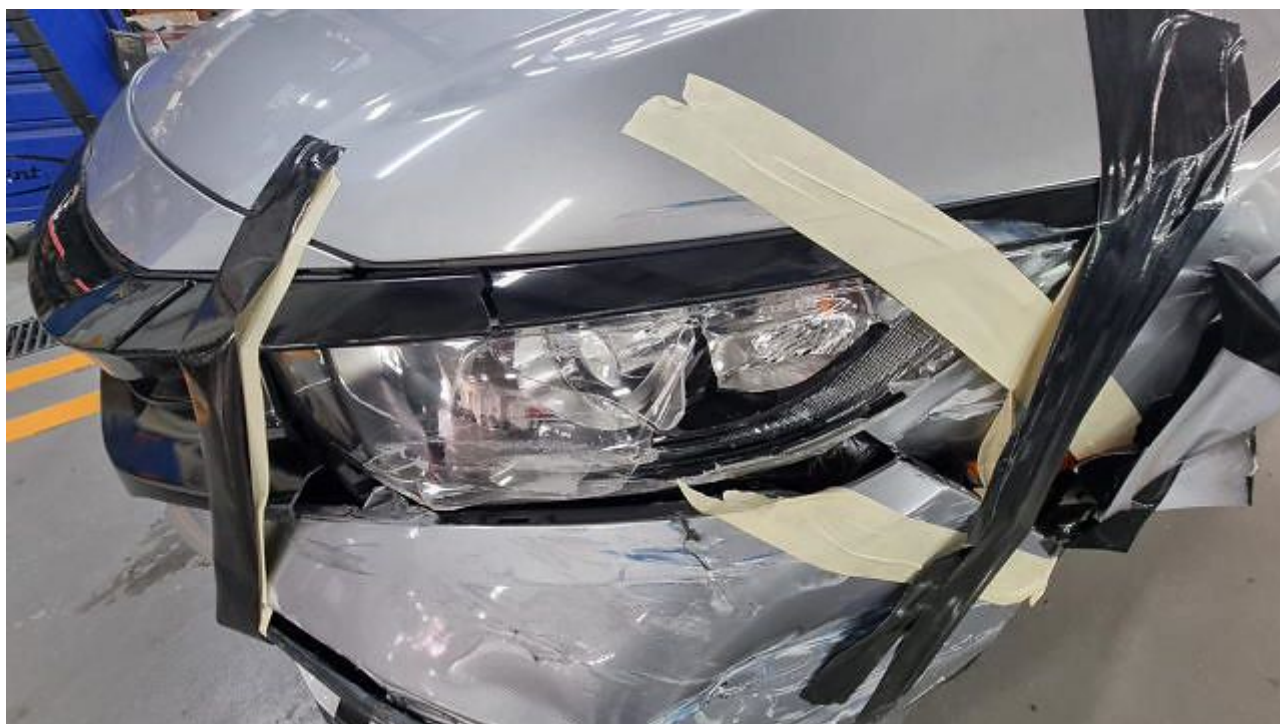














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← Car Policy Documen...



It pays to choose

**Budget
Direct
insurance****Policy Schedule**Comprehensive Car Policy
Policy Number: P10502134R01

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 : P10502134R01	Policy Issued On : 10/11/2022
Policy Start Date : 18/01/2023 (00:00)	Policy End Date : 17/01/2024 (23:59)	

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\$ 800.00

Additional Excess (All excess amounts are subject to GST, if applicable)	
Windscreens	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\$ 727.65
Prevailing GST	S\$ 50.94
Total Premium Payable	S\$ 778.59

Policyholder	
Name	Seah Sheng Zhi Peter
Address	261 Toa Payoh East #35-20 Toa Payoh Apex Singapore 310263
Email Address	peterseash4@hotmail.com
Mobile Number	91804812

Main Driver	
Name	Peter Seah Sheng Zhi
Date of Birth	16/04/1984
Gender / Marital Status	Male / Married
Occupation	Professional
Certificate of Merit	Yes
License Held For	More than 5 years

Vehicle Insured	
Vehicle Registration Number	SHH1881X
Chassis Number	-
Make & Model	Honda Civic 1.6
Vehicle Colour	Silver
Year of First Registration	2019
Sum Insured	Market Value
Off-Peak Car	No
NCD	30%
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)	Date of Birth	License Held For
Ng Hsaw Hui Reina	19/12/1988	More than 5 years

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as Budget
190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111

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