

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 First Submission	03/08/2023 14:39 (SGT)
Reported by	Actual Driver
Date of Accident	02/08/2023 23:05 (SGT)
Exact Location of Accident	695 Hougang St. 61, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7028G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CINDY TOK AH TEE
NRIC No	S1778681D
Email Address	CINDYTOK1520@GMAIL.COM
Mobile Phone No	(Phone) +65-96561520
Alternative Phone No	+65-92357523

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	SHUTTLE 1.5G CVT
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	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10873163R00

DRIVER

Name of Driver	ANG WEI HONG
NRIC No	S8941723F
Date Of Birth	21/11/1989
Occupation	Indoor

Date Of Driving Pass	17/09/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92357523
Alt. Phone Number	-
Email Address	ANGWEIHONG@GMAIL.COM
Address	693 HOUGANG ST 61
Address complement	#04-120
Postcode	530693
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	CLAIRE PAN
Gender	Female

PASSENGER 2

Name	BEN ANG
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SHF671L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN WEE SAN
NRIC No	S0203770Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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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.
- (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:

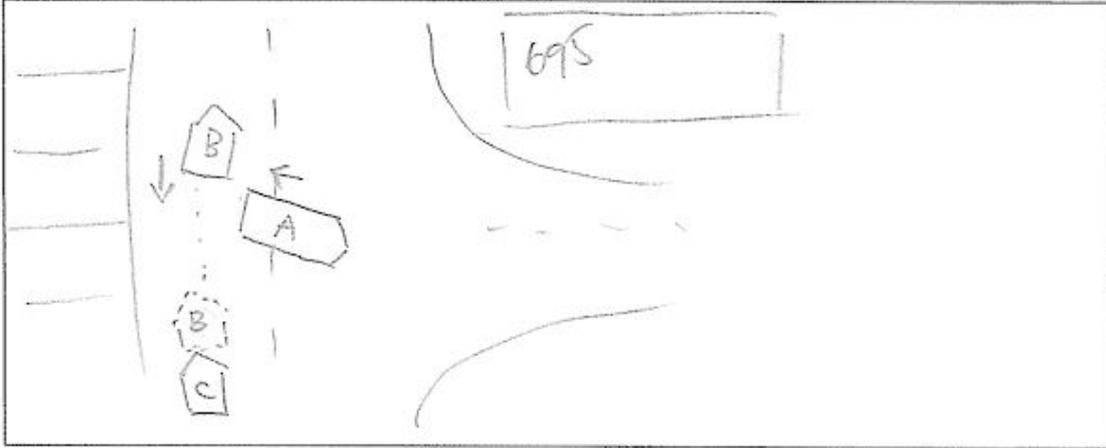
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

Zika
 Ah Lim Motor Company

Date of accident: 2 Aug 23 Time: ~11:05 Location: Hougang St 61 (Near BIK 695)
 My Vehicle A: SLX70284 Vehicle B: SHP671L Vehicle C: UNKNOWN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 11:05pm on 2 Aug 2023, my vehicle (SLX70284) collided with SHP671L at a carpark near BIK 695 Hougang St 61.

The incident occurred as both vehicles were reversing. After the collision and the driver and myself stepped out of the vehicle to take pictures / details, it can be seen from the picture that the reverse light of SHP671L was still engaged.

After pictures were taken and particulars taken down, we agreed to shift the vehicle to allow other parties to pass. This was when SHP671L continued to reverse and further crash into vehicle C. As I was not a party to this, the particulars between myself & vehicle C was not exchanged.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

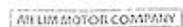
Remarks: Please forward a copy of my efile accident report to:
 My workshop :
 Email address :
 & myself :
 Email address :

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.

DECLARATION

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

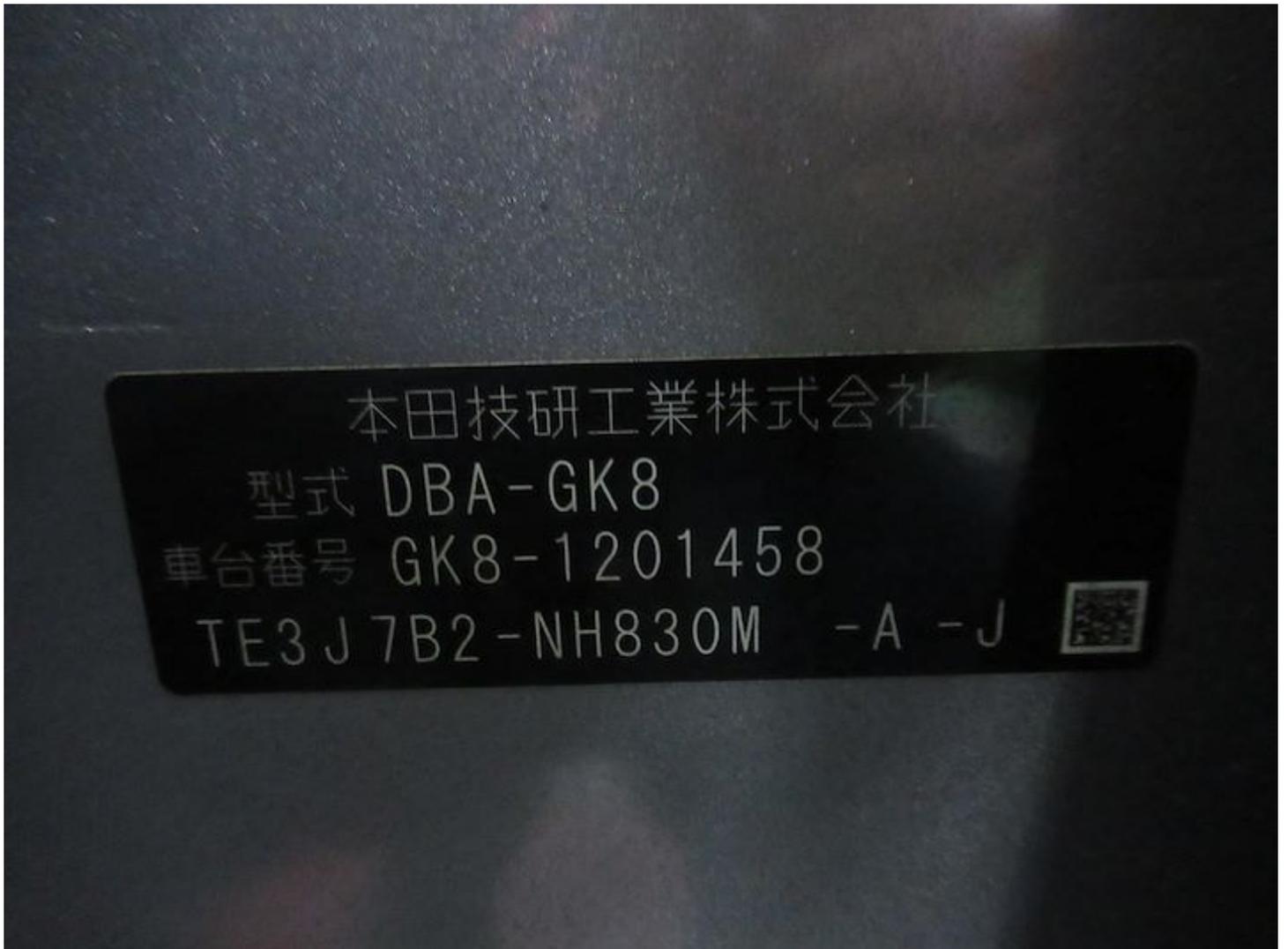
Policyholder's Signature: _____ Date & Time: _____
 Driver's Signature: [Signature] (If driver is not the policyholder) Date & Time: _____
 Reporting Centre Personnel's Signature: [Signature] Name: _____ NRIC/FIN No.: _____





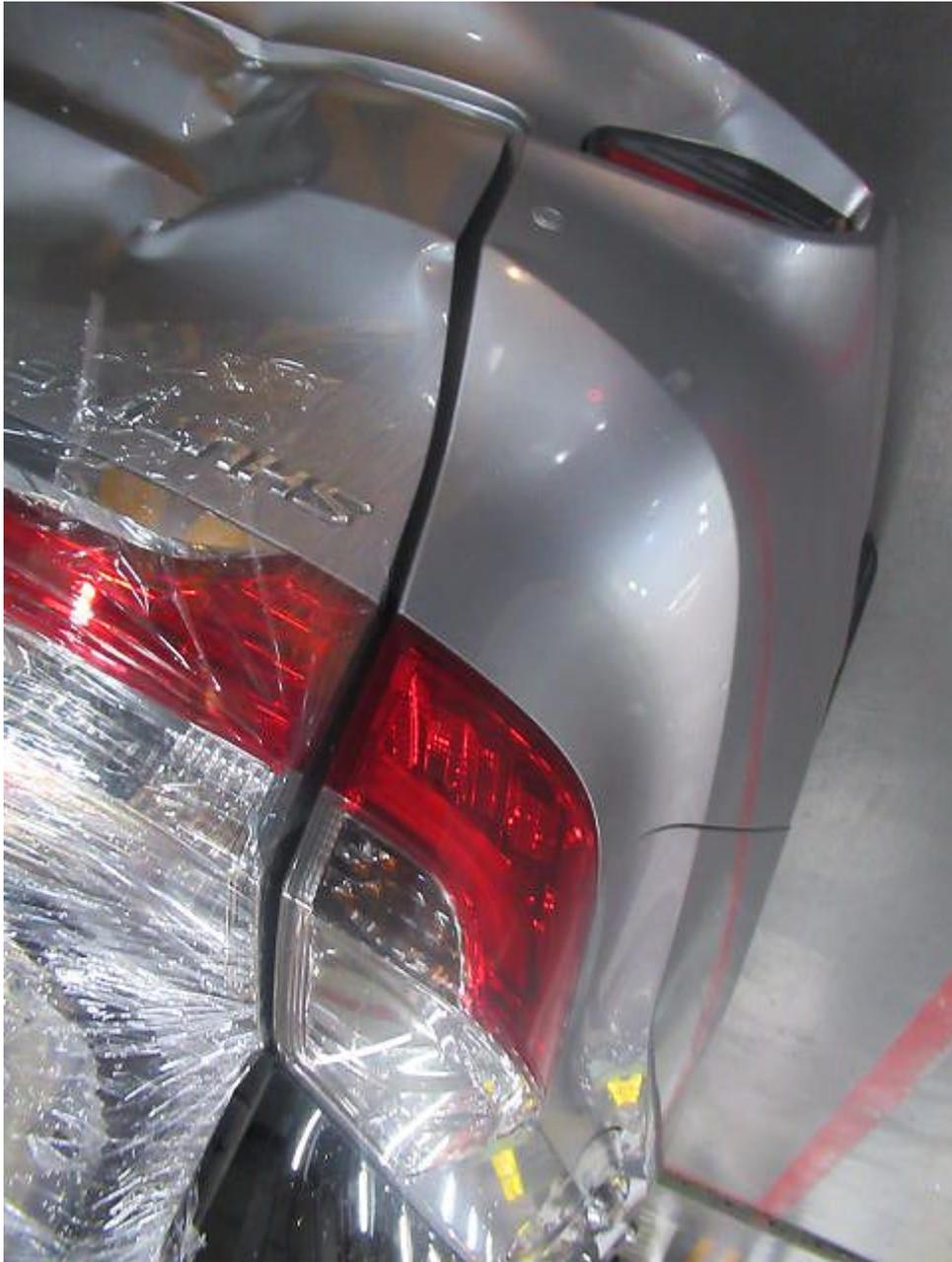






































It pays to choose

**Budget
Direct**
insurance

Policy Schedule

Comprehensive Car Policy
Policy Number: P10873163R00

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 : P10873163R00 Policy Issued On : 02/03/2023
Policy Start Date : 06/04/2023 (00:00) Policy End Date : 05/04/2024 (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

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\$ 462.65
Prevailing GST : S\$ 37.01
Total Premium Payable : S\$ 499.66

Policyholder

Name : Cindy Tok Ah Lee
Address : 693 Hougang Street 61 #04-120 Hougang Spring Singapore 530693
Email Address : cindytok1520@gmail.com
Mobile Number : 96561520

Main Driver

Name : Cindy Tok Ah Lee
Date of Birth : 03/04/1966
Gender / Marital Status : Female / Married
Occupation : Executive: (Civil Servant/ Private sector)
Certificate of Merit : Yes
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 : SLX7028G
Chassis Number : -
Make & Model : Honda Shuttle 1.5 G
Vehicle Colour : Silver
Year of First Registration : 2016
Sum Insured : Market Value
Off-Peak Car : Yes
NCD : 50%
Vehicle Usage : Private and Commuting
Modifications Declared : None

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