

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	20/08/2024 16:00 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 15:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE NEAR STEVEN ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ3204R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE MIN HAO DERIC
NRIC No	SXXXX421A
Email Address	IMHDERIC@GMAIL.COM
Mobile Phone No	(Phone) +65-97355436
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
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	1000
Vehicle Fuel	Petrol
First Registration Date	10/01/2023
Chassis no	-
Effective Date/Time of Ownership	27/10/2023 12:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA035518

DRIVER

Name of Driver	LEE MING SHANG, DANIEL
NRIC No	SXXXX277C
Date Of Birth	11/01/1987
Occupation	Indoor
Driving Pass Date	26/10/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87799337
Alt. Phone Number	-
Email Address	LEEMSD.87@GMAIL.COM
Address	BLK 216B BOON LAY AVENUE 10-215 SINGAPORE 642216
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JQJ5438
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	NORMAN MAH
Gender	Male

PASSENGER 2

Name	JORDAN CHUA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN AND PLOCE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JQJ5438
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 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 SKZ6590G
 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 -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GW7288L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 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	DANIEL LEE MING SHANG
Gender	Male
Phone No	(Phone) +65-8779337
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES IN THE NECK AREA, 3 DAYS MC
Injured person in which vehicle?	SNJ3204R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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 its 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:

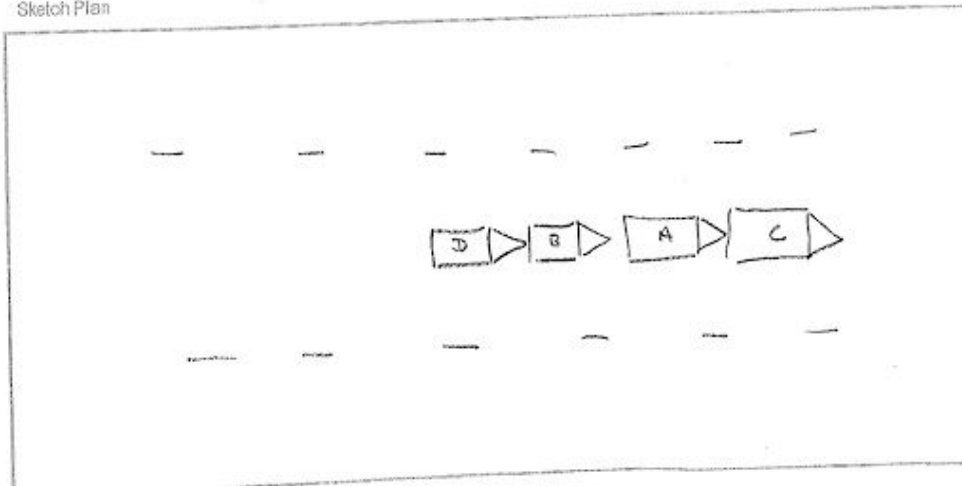
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 and 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.

Policyholder's Signature / Date & Time

Actual 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

Date of Accident : 19/8/24 Time : 3:17 PM Location : PIE NEAR STEVEN RD EXIT

My Vehicle A : SAJ 3204R Vehicle B : J03 5438 Vehicle C : SK2 6590G

Vehicle D : GW 7288 L

Refer to the police report

☐ 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 :

Workshop Email Address :

☐ Note : Please take note that your insurer have a 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

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

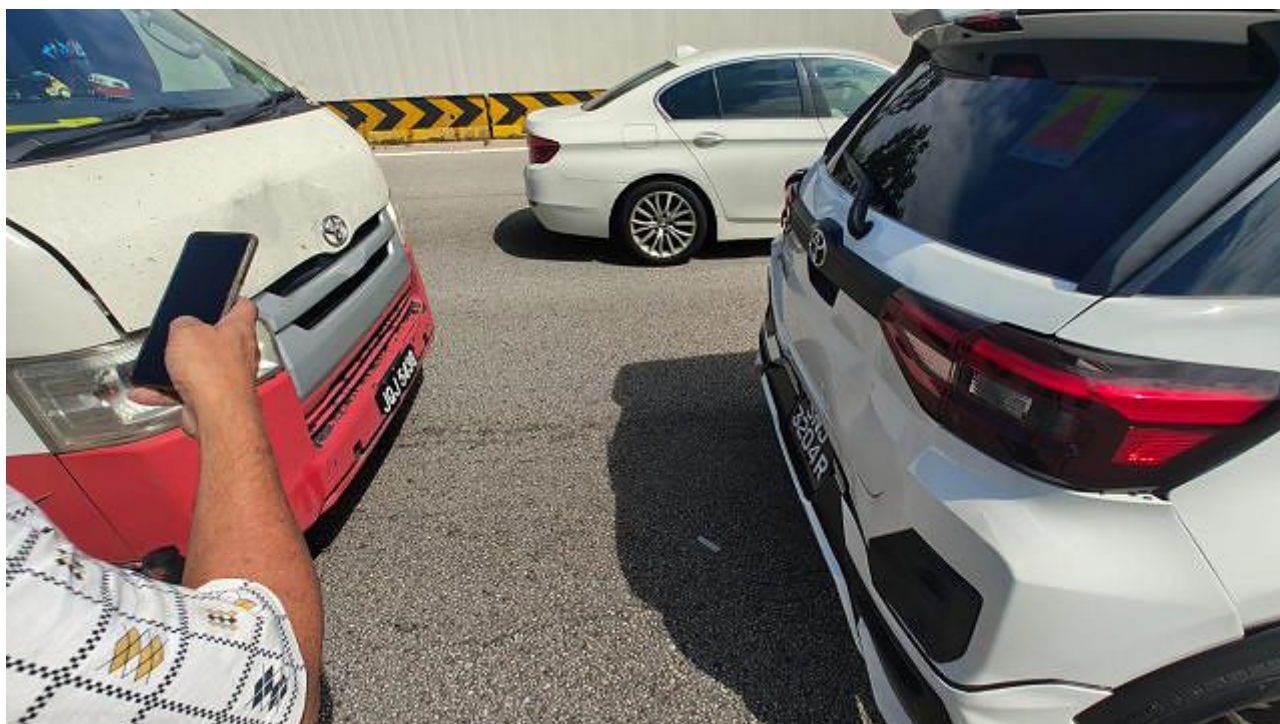
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



20/08/2024





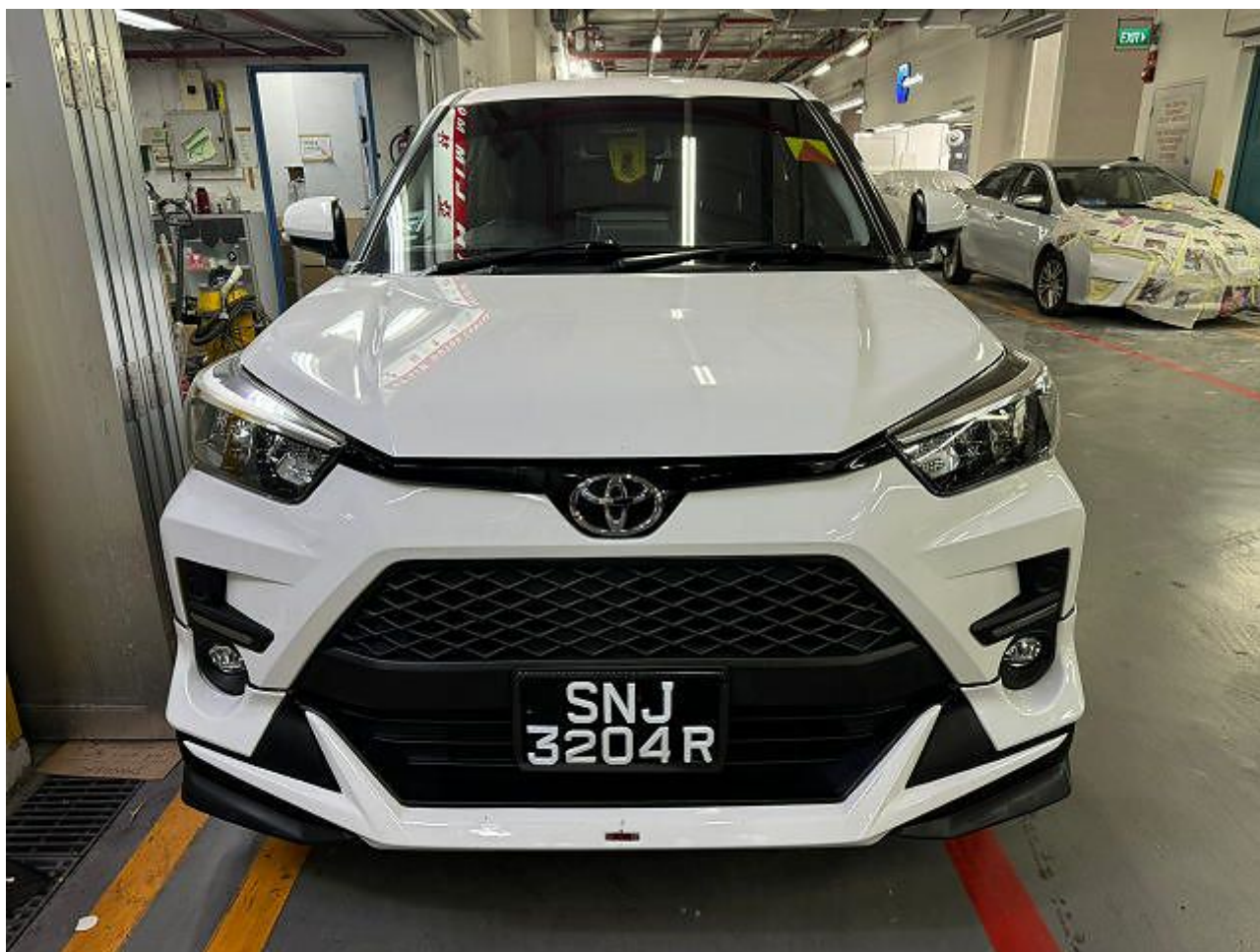






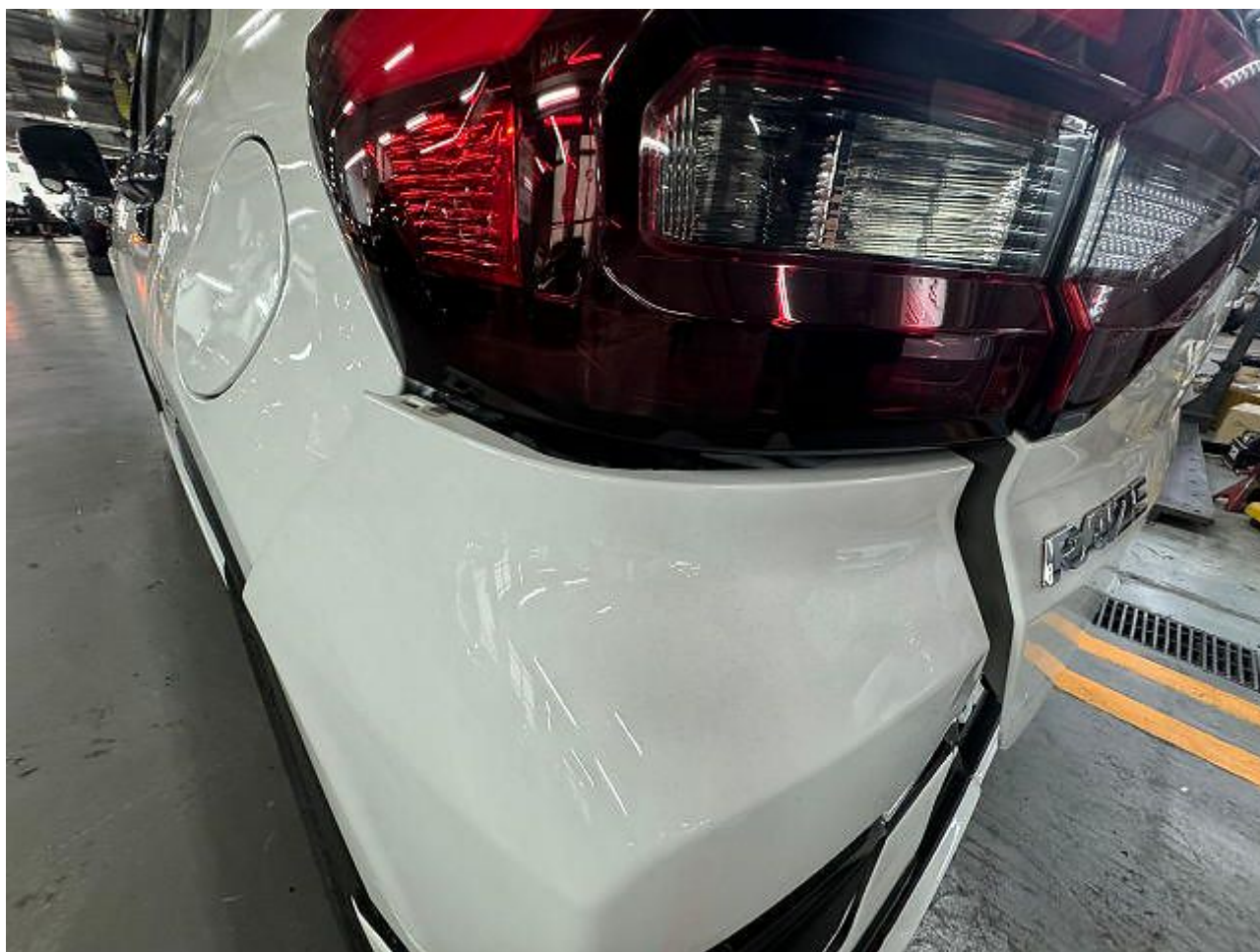


































































SINGAPORE POLICE FORCE



T/20240819/7120

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240819/7120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2024 19:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE MING SHANG, DANIEL			Address: 216B BOON LAY AVENUE #10-215 SINGAPORE 642216		
ID Type / ID No.: NRIC NO / S8702277C			Contact No.: Home/Office: Mobile: 87799337		
Nationality: SINGAPORE CITIZEN			Email: LEEMSD.87@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 11/01/1987	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Interior designer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/08/2024 15:15	Type of Location: Straight Road
Location: MALCOLM ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW 7288 L	Lorry			Silver		1
JQJ 5438	Motor van	TOYOTA	Hiace	White		0
SKZ6590G	Motor car	HONDA	Fit	White		1
SNJ3204R	Motor car					0



**SINGAPORE
POLICE FORCE**



T/20240819/7120

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240819/7120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE MING SHANG, DANIEL	ID No.	S8702277C
Related Vehicle	SNJ3204R (Motor car)	Contact No.	87799337
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

Chain accident with 4 cars. I am the 2nd car. 3rd was a foreign car.

1. SKZ 6590 G
2. SNJ 3204 R
3. JQJ 5438
4. GW 7288 L

video, photos and particular of the foreign vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240819/7120

3 of 3

Report No. T/20240819/7120

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
19/08/2024 19:40

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1B248KM004 Vehicle Registration No: 3NJ3204R
Name (as shown in NRIC) : Daniel Lee Ming Shang NRIC/FIN/Passport No : 58702277C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 216B Boon Lay ave #10-215 Singapore()
Contact (Tel) : _____ Mobile No. : 8779-9337
Email Address : leemsd.87@gmail.com
Date of Accident : 19/08/2024 Time of Accident : 3.17 pm
Place of Accident : Along Pic near Steven RD EXIT
Insurance Company: BTICA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To add in the policy holder name

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature] 21/08/2024
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

MX1
70000263
Cov. Type: Comprehensive



CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MA035518

1. Index Mark and Registration Number of Vehicle	SNJ3204R			
2. Name of Policyholder	LEE MING HAO, DERIC			
3. Effective Date of Commencement of Insurance for the purposes of the Act	27/10/2023	Excess: Named Drivers	S\$	600
		Excess: Unnamed Drivers	S\$	1,100
		Excess: Windscreen	S\$	100
4. Date of Expiry of Insurance	09/01/2025			
5. Persons or Classes of Persons entitled to drive		Engine No	: 1KRK023011	
		Chassis No	: A200A0021717	
		Hire Purchase	: GB HELIOS PTE. LTD.	

(A) THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

LEE MING HAO, DERIC

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iv) 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 (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdlic.org.sg).

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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GOPPKEL 08/07/2024 14:18:19

For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer


Authorised Signature

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Lee Ming Shang Daniel

Policy No : MA 035518

Vehicle No : SNJ 3204 R

Place of Accident : P.I.E

Insured Driver's relationship with Insured : BROTHER

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : 2

Injury to Insured and/or Insured driver, please indicate which hospital:
MOUNT Elizabeth

Third Party Vehicle No (if any) : JQ3 5438 , SK2 6590G , GW7288L

No of passenger(s) in Third Party Vehicle : NIL

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NIL


Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
CHAIN COLLISION

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NIL

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Daniel 20/8/24
Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

 Gwen 20/8/2024
Attended by (Name & Signature) / Date

Workshop Name: AH LIM MOTOR COMPANY

Etiqua Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

www.etiqua.com.sg
Company Reg. No. 20133909K

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