

## 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 .....	02/09/2024 11:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/08/2024 07:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	569 (MSCP) ANG MO KIO ST52
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGF6686S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AM GLOBAL PTE LTD
Company Reg No .....	200906353H
Email Address .....	YT@AMGLOBAL.COM.SG
Mobile Phone No .....	(Phone) +65-88870881
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	X-trail
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 .....	2000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA010816

#### DRIVER

Name of Driver .....	NG SAY TIEN, DANIEL
NRIC No .....	S7812555A
Date Of Birth .....	03/05/1978
Occupation .....	Indoor
Driving Pass Date .....	07/09/1998
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88870881
Alt. Phone Number .....	-
Email Address .....	YT@AMGGLOBAL.COM.SG
Address .....	596D ANG MO KIO STREET 52 #20-307
Address complement .....	-
Postcode .....	564596
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	6
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) .....	0
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

ON 31 AUGUST 2024 AT AROUND 7.30AM, I GO TO MY PARKED CAR AT 569 MSCP TO PICK UP MY CAR AND FOUND OUT THAT MY NISSAN X-TRAIL WAS HIT BY MITSUBISHI LANCER SKZ424T. OWNER OF THIS VEHICLE WAS TAN JIN KEE. MSCP LEVEL WAS AT DECK 2B. A TOTAL OF 6 CARS WAS HIT BY THIS CAR. TWO TRAFFIC OFFICERS WERE ON SCENCE TO INVESTIGATE AND I WAS ADVISED TO FILE AN INSURANCE CLAIM.

#### 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 .....	SKZ424T
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Lancer
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN JIN KEE
NRIC No .....	S0021085D
Contact Number .....	(Phone) +65-97846720
Address .....	520 ANG MO KIO AVE 5 #07-4224
Address complement .....	-
Postcode .....	560520
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 .....	PD1492X
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Urvan
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 .....	SLU8496Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 4

Vehicle Registration Number .....	SLM5660B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 5

Vehicle Registration Number ..... SGZ9909A  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... NA / Unknown  
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) ..... -

around

Describe Circumstance of the Accident

On 31<sup>st</sup> August 2024 at 7.30am, I go to my parked car at 596 MSCP to pick up my car and found out that my Nissan X-Trail was hit by Mitsubishi Lancer SKZ424T. Owner of this vehicle was Tan JIN KEE. MSCP level was at Deck 2B. A total of 6 cars was hit by this car. Two traffic officers were on scene to investigate and I was advised to file an insurance claim. ~~and~~ h.

Declaration

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



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

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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.



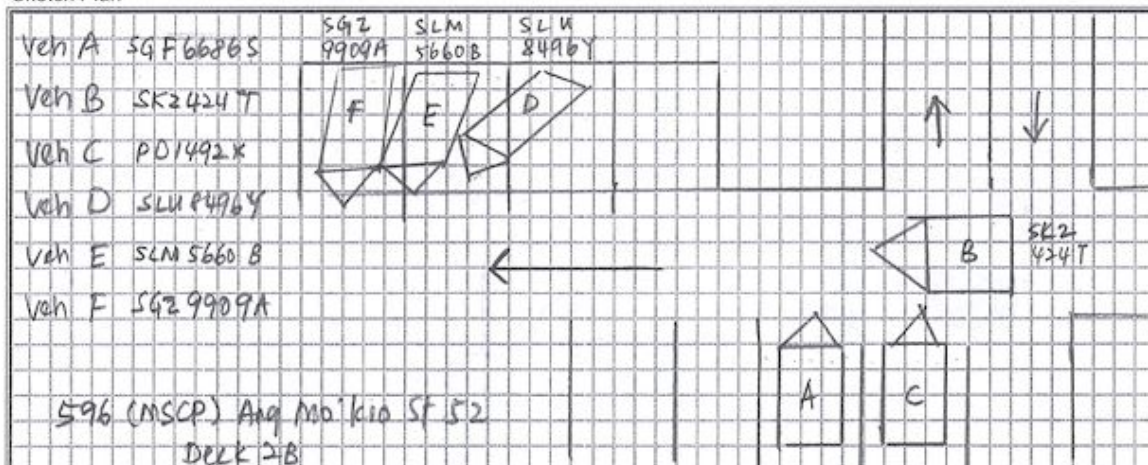
Policyholder's Signature / Date & Time

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



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

## Sketch Plan



vJun2022

SGF 6686S

PD 1492X

1















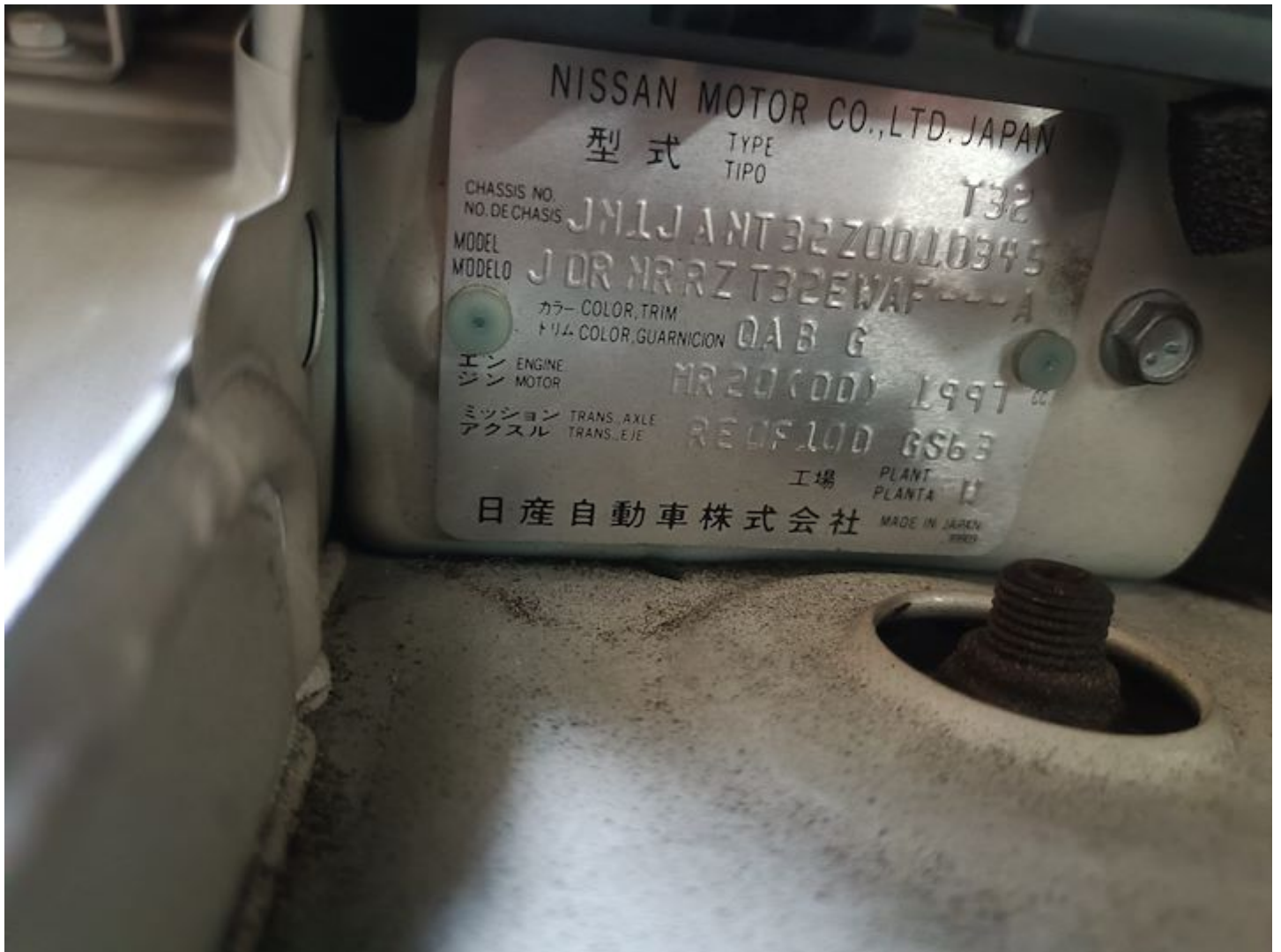






















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS3M24920001 Vehicle Registration No: SGF 66865  
 Name (as shown in NRIC): NG SAY TIEN, DANIEL NRIC/FIN/Passport No: S7812555A  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 596D Ang Mo Kio Street 52 # 20-307 Singapore (564596)  
 Contact (Tel): 88870881 Mobile No.: \_\_\_\_\_  
 Email Address: yt@amglobal.com.sg  
 Date of Accident: 31/08/2024 Time of Accident: 07.15  
 Place of Accident: 569 (MSCP) Ang Mo Kio St 52  
 Insurance Company: Efiga Insurance Pte Ltd. (MA010816)

**(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:

Driver Date of Birth 03-05-1987 ahead to  
03-05-1978.

Add-on sketch plan 1

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date:

MX4  
70000092  
Cov. Type: Comprehensive

eTiqa

### 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.** MA010816

- |  |                   |                         |                              |
|--|-------------------|-------------------------|------------------------------|
| 1. Index Mark and Registration Number of Vehicle                           | SGF6686S          |                         |                              |
| 2. Name of Policyholder  | AM GLOBAL PTE LTD |                         |                              |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 23/10/2023        | Excess: Named Drivers   | \$5 500                      |
|  |                   | Excess: Unnamed Drivers | \$5 1,000                    |
| 4. Date of Expiry of Insurance   | 22/10/2024        |                         |                              |
| 5. Persons or Classes of Persons entitled to drive                         |                   | Engine No               | : MR20120279C                |
|  |                   | Chassis No              | : JN1JANT32Z0010345          |
|  |                   | Hire Purchase           | : Hong Leong Finance Limited |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Ng Say Tien Daniel

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 FOR THE POLICYHOLDER'S BUSINESS.  
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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.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).

TIQUSRGI 15/09/2023 16:04:23

For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signature



# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : NG SAY TIEN, DANIEL

Policy No : MA 010816

Vehicle No : SGF 6686 S

Place of Accident : 596 (MSCP) Ang Mo Kio st 52

Insured Driver's relationship with Insured : EMPLOYEE

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : -

Injury to Insured and/or Insured driver, please indicate which hospital:  
No

Third Party Vehicle No (if any) : SKZ 424 T

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

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

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

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

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)


[Signature]  
Driver (Name & Signature) / Date  
I, affirmed the above information is given to  
my best knowledge

[Signature]  
Attended by (Name & Signature) / Date  
Workshop Name: \_\_\_\_\_

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

T +65 63360477  
F +65 63392109

www.etiqa.com.sg  
Company Reg. No. 201331905K

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