

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	19/06/2024 15:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/06/2024 06:30 (SGT)
Exact Location of Accident	Onraet Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH3836C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOO SIEW MING
NRIC No	S1716402C
Email Address	SOOSIEWMING@GMAIL.COM
Mobile Phone No	(Phone) +65-96722288
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S400
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	3000

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA040684

DRIVER

Name of Driver	SOO SIEW MING
NRIC No	S1716402C
Date Of Birth	30/07/1965
Occupation	Outdoor

Driving Pass Date	08/08/1991
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96722288
Alt. Phone Number	-
Email Address	SOOSIEWMING@GMAIL.COM
Address	249 BUKIT BATOK EAST AVE 5 #03-78
Address complement	-
Postcode	650249
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT - T/20240619/2088

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	SKV3674P
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)	-

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3. Information provided must be as truthful and accurate as possible. Any willful 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 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 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 be 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 and 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 be 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 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

Onroad

A

B

C

1 Jun 2022

Describe Circumstance of the Accident

I was driving my vehicle A (SNN3836C) along PIE Changi after Oraiet Rd exit on the first lane. From the mirror, I noticed vehicle B (SKV3674P) driving closely behind me. Vehicle B went to the second lane to overtake me. While he was cutting back into the first lane, Vehicle B right rear bumper side swiped my left front bumper. We then came to a halt and took pictures, Vehicle B refused to give me his details.

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)

v2.0-2022

7


**SINGAPORE
POLICE FORCE**


T:20240619/2088

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No: T/20240619/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2024 08:41		Vide Report No.:		Station Diary No. 12	
Informant's Particulars					
Name of Informant: SOO SIEW MING			Address: 249 BUKIT BATOK EAST AVENUE 5 #03-178 SINGAPORE 650249		
ID Type / ID No.: NRIC NO : S1716402C			Contact No.: Home/Office: Mobile: 96722288		
Nationality:			Email:		
Sex: Male	Age: 58	Date of Birth: 30/07/1965	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Company director			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/06/2024 06:35	Type of Location: Band
Location: ONRAET ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB9629Y	Motor car				Seriously Damaged	1
SKV3674P	Motor car				Slightly Damaged	2
SNH3836C	Motor car				Slightly Damaged	0



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T/20240619/2088

Police Station Of Origin

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No: T/20240619/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOO SIEW MING	ID No.	S1716402C
Related Vehicle	SNH3836C (Motor car)	Contact No.	96722288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19/06/2024 at about 0635hrs, I was driving my vehicle bearing the registration plate number SNH3836C (V1) along PIE(Changi) after Oraiet Road exit, on the first lane. I was driving at about 80km/h and slowed down as I was approaching the bend. From the mirror, I noticed a car bearing the registration plate number SKV3674P (V2) driving closely behind me. During the bend, V2 went to the second lane to overtake me. Subsequently, he tried cutting back into the first lane and his right rear bumper side swiped my left front bumper. Upon the collision, we both came to a halt.

However, a taxi bearing the registration plate number SHB9629Y (V3) behind my vehicle, jam break to avoid collision. This sudden break caused a Malaysian vehicle (V4, unknown plate number) to collide with taxi's rear and the rider fell to the ground.

All parties alighted from the vehicle and rendered necessary helped. I wanted to exchange particulars with the driver of V1 but he refused.

Ambulance and Traffic Police attended the incident. The rider and a passenger from V3 was conveyed to hospital via ambulance.

The following vehicles sustained the following damages:

V1 - Scratches and dents on both front left bumper and fms

V2 - Scratches on rear right bumper

V3 - Dislodged rear bumper and rear left taillight

V4 - Severely damaged

My vehicle has a in-car camera.

**SINGAPORE
POLICE FORCE**

T/20240619/2088

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3
Report No. T/20240619/2088

Signature of Officer Recording The
E /
SGT 2 MUHAMMAD HAIRUL BIN
KAMARUL AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No. 65476201

NP168

Signature Of Informant

Date/Time:
19/06/2024 08:41

Classification Of Case:

eTiqa

MAX
8000102
COV Type: Comprehensive

CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1940 • ROAD TRANSPORT ACT 1967 (MALAYSIA) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)

CERTIFICATE No. MAL42084

1	Engine Mark and Registration Number of Vehicle	SNH3636C	
2	Name of Policyholder	SOO SIEW MING (SU XIANGMING)	
3	Effective Date of Commencement of Insurance for the purposes of the Act	28/05/2024	Engine No. 27682431003940 Chassis No. W002221422A464331 Hire Purchase: SSL HOLDINGS PTE LTD Excess (Named Drivers): \$51000.00 Excess (Unnamed Drivers): \$51500.00 Excess (Windscreen): \$5100.00
4	Date of Expiry of Insurance	27/05/2025	
5	Persons or Class of Persons entitled to drive: (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION	SUO SIEW MING (SU XIANGMING)	
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 SO 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 85 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' 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 General Insurance Association of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites.

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 for the Road Transport Act, 1967 (Malaysia).

For and on behalf of Etiga Insurance Pte. Ltd.
Approved Insurer

Authorized Signature

Etiga Insurance Pte. Ltd. 160, Cecil Street, 205224 Singapore
Chew Hui Ying, Cheryl #22-01, 160 Cecil Street, Singapore 048583 T +65 6336 0477 www.etiga.com.sg

Etiga Hotline 945 6887 8777 E www.etiga.com.sg

eTiqa

IMPORTANT NOTICE

This Certificate of Insurance is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate of Insurance must

ETIQ2
Insurance

INTERVIEW FORM

Name (Driver)

Soo Siew Hing

Policy No

80000102

Vehicle No

SNH 3836C

Place of Accident

ONRAET ROAD

Insured Driver's relationship with Insured

Owner

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

Third Party Vehicle No (if any)

SKV 3674P

No of passenger(s) in Third Party Vehicle

-

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 involved

Side Swipe

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)

Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name:

ETIQ2 Insurance Berhad (Company Reg. No. T091000443)
 1, South Bridge Road, #08-01 High Street Centre, Singapore 170001
 Tel: 65537000 Fax: 65537001

ETIQ2 Insurance Berhad (Company Reg. No. T091000443)
 1, South Bridge Road, #08-01 High Street Centre, Singapore 170001
 Tel: 65537000 Fax: 65537001