

## 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 .....	23/09/2024 16:19 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/09/2024 16:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TURNED RIGHT TOWARDS LORNIE RD FROM BUKIT TIMAH RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA5290L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RAVINDER SINGH JOGHEE
NRIC No .....	SXXXXX082H
Email Address .....	RAVELINO77@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90465746
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Carens
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 .....	1685
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 .....	MA016761

#### DRIVER

Name of Driver .....	RAVINDER SINGH JOGHEE
NRIC No .....	SXXXX082H
Date Of Birth .....	25/04/1977
Occupation .....	Outdoor
Driving Pass Date .....	16/02/1996
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	28 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90465746
Alt. Phone Number .....	-
Email Address .....	RAVELINO77@GMAIL.COM
Address .....	114 WOODLANDS AVENUE 5
Address complement .....	#01-32
Postcode .....	739017
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 .....	Chain Collision
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) .....	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 ATTACHED

#### 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 .....	SMR2815D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE XIANG WEI,ALEX
Contact Number .....	(Phone) +65-97511706
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 .....	SNN5982T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	MR CHONG
Contact Number .....	(Phone) +65-93837828
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

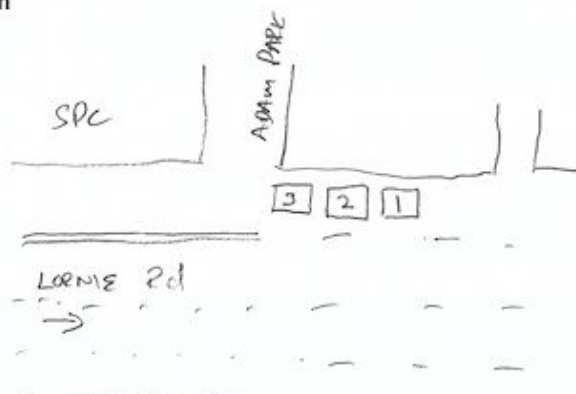
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

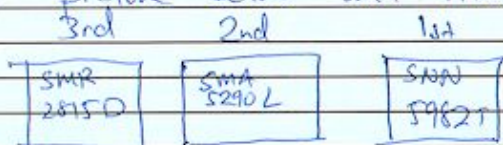
1- SNN 5982T  
2- SMA 5290 L  
3- SMA 2815 D

**Describe Circumstances of the Accident**

Accident happened at 22nd of Sept 2024 at around 4.45pm. I was turned ~~left~~ towards Lorive Rd from Bukit Timah Rd. ~~was about~~ Was proceeding to PIE (TUNAS). As I was slowly joining the main road towards Lorive Rd, then suddenly the car in front of me jammed brake. I managed to brake in time without colliding with the car in front of me. Within a split second, the car behind me hit me forcing my car forward ~~to~~ to hit the car in front of me.

After coming out of my car, I saw another 2 cars in front of me who had to make an immediate stop. Saw a red bus, who made a hard left turn into the minor rd. Suspect this was the cause of all the cars stopping, ~~which~~ resulted in my accident.

The picture below will illustrate the cars involved.



\*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

**Declaration**

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 Reporting Centre Personnel





















# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : RAVINDER SINGH JOGSE

Policy No : MA 016761

Vehicle No : SMA 52902

Place of Accident : TOUARDS LORINE RD

Insured Driver's relationship with Insured : —

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : SMR 28150

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
NO

Type of collision and the extensiveness of the damages to all vehicles involved:  
Chan 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)

Driver (Name & Signature)

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

Attended by (Name & Signature)

Workshop Name: Optima-Werkz Pte Ltd

**Etiqua Insurance Berhad** (Company Reg. No. T09FC0054K)  
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
T: +65 6336 0477 F: +65 6339 2109

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