

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	04/10/2024 11:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 19:59 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD SLIP ROAD EXIT QUEENSWAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6261G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU WEIJIE
NRIC No	S8709039F
Email Address	LIUWEIJIE.1@GMAIL.COM
Mobile Phone No	(Phone) +65-97261520
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Mx-5
Variant	MAZDA / MX5 2L AT RHT
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	1999
Vehicle Fuel	Petrol
First Registration Date	18/12/2009
Chassis no	JM0NC30F2A0201566
Effective Date/Time of Ownership	14/01/2021 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA012578

DRIVER

Name of Driver	LIU WEIJIE
NRIC No	S8709039F
Date Of Birth	09/04/1987
Occupation	Indoor
Driving Pass Date	14/03/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97261520
Alt. Phone Number	-
Email Address	LIUWEIJIE.1@GMAIL.COM
Address	91A TELOK BLANGAH STREET 31 #21-203
Address complement	-
Postcode	101091
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED AKETCH PLAN.

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	SMF590C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN JUNCONG
NRIC No	S8314203J
Contact Number	(Phone) +65-97311603
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

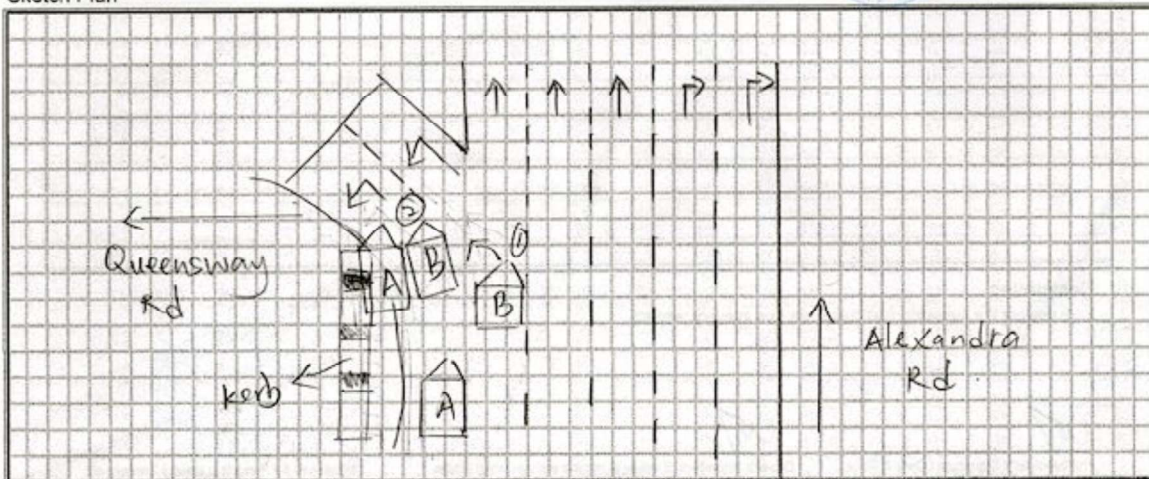
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

WJ
Policyholder's Signature / Date & Time
4/10/24

WJ
Driver's Signature (if driver is not the policyholder) / Date & Time
4/10/24

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

Sketch Plan



A: SML6261G B: SMF590C DOA: 3/10/24 7:59pm

1

Describe Circumstance of the Accident

I was travelling along Alexandra Rd slip road exit to Queensway, suddenly vehicle B who driving straight filtered to my lane on my right, I could not stop in time and vehicle B collided to my right side portion and rolled up to the kerb.
No one was injured.

Declaration

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

WJ

Policyholder's Signature / Date & Time

4/10/24

WJ

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

4/10/24



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

























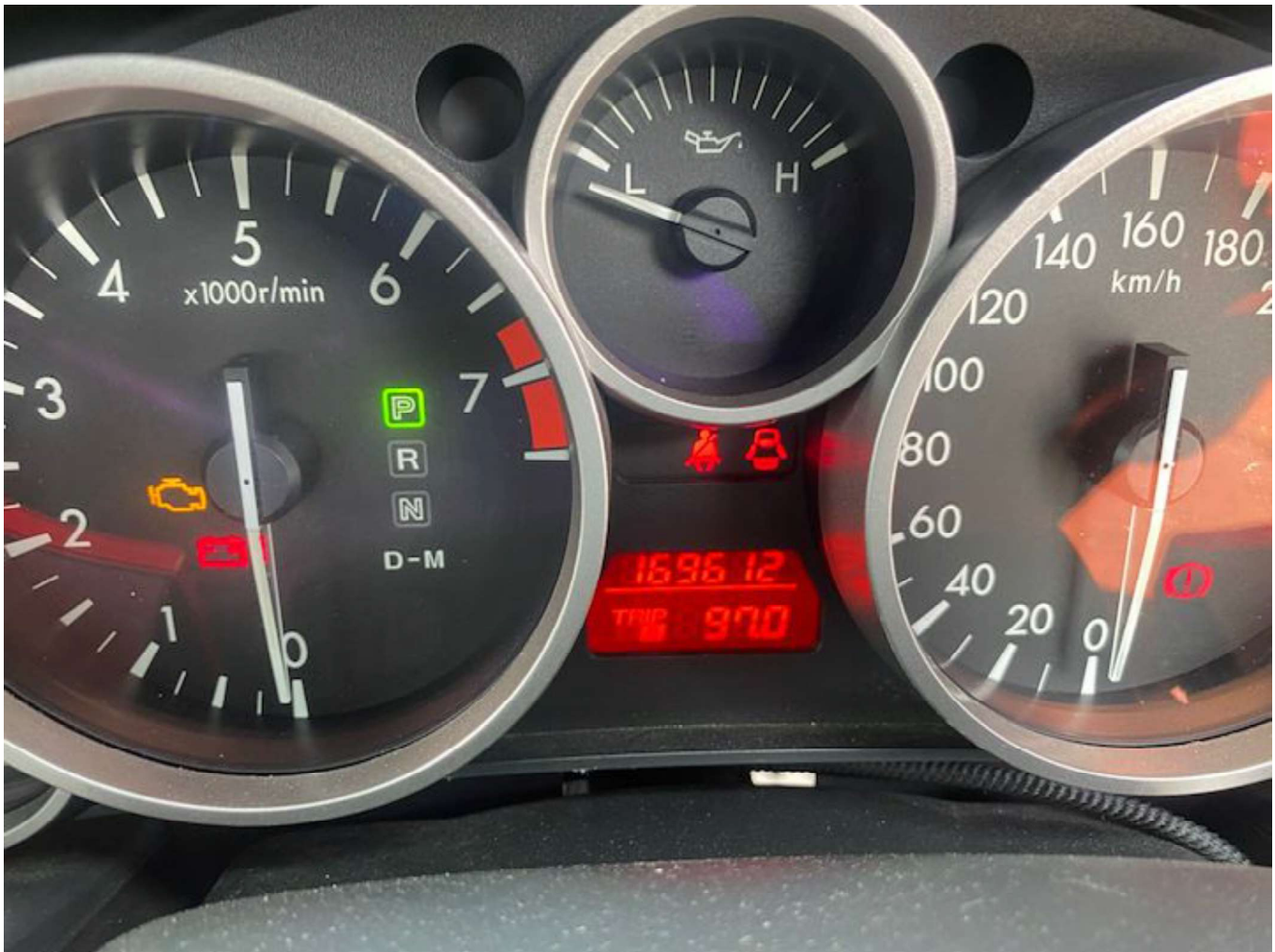




























INTERVIEW FORM

Name (Driver) : Liu WeiJie
 Policy No : MA012578
 Vehicle No : SML 6261G
 Place of Accident : Alexandra Rd slip rd to Queensway Rd.
 Insured Driver's relationship with Insured : Owner
 Drink Driving of Insured and/or Insured Driver : NA
 No of passenger(s) in Insured vehicle : 0
 Injury to Insured and/or Insured driver, please indicate which hospital: NA

Third Party Vehicle No (if any) : SMP590C
 No of passenger(s) in Third Party Vehicle : NA
 Injury to Third Party driver and/or passenger(s), please indicate which hospital: NA

Type of collision and the extensiveness of the damages to all vehicles involved:
Change/cross lane. Insured: Left & right side portion Scratched, right Side mirror broken,
Left & right front tyre rim scratched, Right front fender damaged. Third party-left side portion
Scratched.
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NA

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)

Liu WeiJie WJ 4/10/2024

Driver (Name & Signature)

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

Tie Siew Loh TL

Attended by (Name & Signature)

Workshop Name: Jin Auto Services PTE LTD

eTiQa Insurance Berhad (Company Reg. No. T09FC0054K)
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