

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 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 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	01/10/2024 17:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 18:20 (SGT)
Exact Location of Accident	Jln Buroh, Singapore
Additional Location Information	SI IP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1408U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TECK KWEE
NRIC No	S7538745H
Email Address	JIMNG27@YAHOO.COM
Mobile Phone No	(Phone) +65-97462666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
Variant	T4 M
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1969
Vehicle Fuel	-
First Registration Date	12/02/2020
Chassis no	7JRZSALADLG044613
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA028022

DRIVER

Name of Driver	NG TECK KWEE
NRIC No	S7538745H
Date Of Birth	27/12/1975
Occupation	Indoor
Driving Pass Date	08/03/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97482668
Alt. Phone Number	-
Email Address	JIMNG27@YAHOO.COM
Address	76 FLORA ROAD #02-34 THE GALE
Address complement	-
Postcode	506917
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 - Head to Rear
Weather Conditions	DRIZZLING
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY I

Vehicle Registration Number	SNR9508M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
-	CHAN JIAN HAO
Contact Number	S9135619H
Address	(Phone) +65-96276738
Address complement	194B BUKIT BATOK WEST AVE 6 #16-231
Postcode	-
Insurance Company Name	652194
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
	-

SKETCH PLAN

IMPORTANT NOTICE

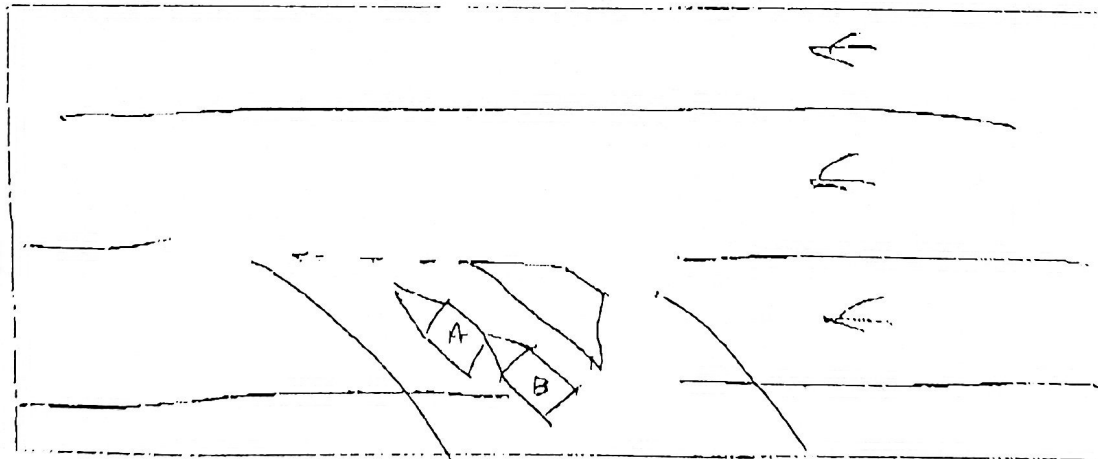
1. Please refer to Section 1 of the Details of the attached to be read upon filing this form.
2. This form must be completed by the Policyholder only by hand writing.
3. Information provided must be as truthful and accurate as possible. Any falsified or incorrect statement or submission of material facts may allow the insurer to reject the policy claims.
4. The giving and acceptance of this Form by insurance companies is not a signifying of policy validity 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 member to the General Insurance Claims Centre established by the General Insurance Association of Singapore (GIACC) for processing, and that copies of this report will be made available upon application by interested parties.
7. The completion of this report by the insured is voluntarily entered into in full knowledge of the report at the time and to engage the subscriber in the available claims.
8. Consent under the Personal Data Protection Act (PDPA)
1. In respect of insurance, agent and claims data
2. I, as a member of the Insurance and the General Insurance Association of Singapore (GIACC) hereby permitted to collect, use, disclose, transfer and provide personal information set out in this form and any other personal information provided by me or
3. provided by my insurer (collectively the "Personal Information") for health and insurance claim in Personal Information to all insurance
4. Insurance (collectively) involved in the accident (collectively the "Accident") and/or other related claim at the time of the accident and the
5. Insurance referred to as the "Insurers". This includes the provision of a third party authority of Singapore and may relevant
6. Insurance agency/authority (such as the Insurer) for the purpose of:
7. Insurance (including and/or dealing with my claims including the settlement of the claims and the necessary investigations relating to the claims)
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[Signature]

$$V_{\text{eff}} = \frac{1}{2} \left(\frac{1}{2} \frac{d^2 V}{dx^2} \right)_{x=x_0} x^2 + \frac{1}{6} \left(\frac{1}{6} \frac{d^3 V}{dx^3} \right)_{x=x_0} x^3 + \frac{1}{24} \left(\frac{1}{24} \frac{d^4 V}{dx^4} \right)_{x=x_0} x^4 + \dots$$

Value of Property: \$100,000
 (Please print or type name)

ישראל ויזם



A : SMS 14094

B: SNR 9506m

Describe Circumstance of the Accident

VEHICLE NO. _____

CONTACT NUMBER _____

LOCATION _____

ACCIDENT DATE & TIME _____

E-MAIL _____

On 30th Sep, 6:20pm I was driving out from Jalan Bush and at the junction, I stopped my car (SMS 14094) to look out for on going cars along Jalan Bush.

It was a very heavy traffic along Jalan Bush. I stopped my car to check for clearance.

While I was stopped my car stationary, within less than 5 sec, I heard a loud bang from the rear of my car.

I put on hazard light and get out of the car to check and saw vehicle (SMR 9506m) hit onto my rear right side of the car, resulting in severe damage to the right rear lights & bumper.

☐ Claim own policy
☐ Claim third party
☒ Claim own policy & other vehicles
☐ For recovery of cost only

Policy No. MA028022

Insurer. Shg A

Vol No. SMS14094

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ CLAIM OWN POLICY & OTHER VEHICLES ☐ FOR RECOVERY OF COST ONLY

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature & Date & Time

 Witness's Signature & Date & Time

 Witnessed by (Witnessing Officer's Name & Signature)