

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	28/10/2024 22:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/10/2024 16:25 (SGT)
Exact Location of Accident	1 S Canal Rd, Singapore 048508
Additional Location Information	South Canal Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD228J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Pak Lay David @ Muhammad Danial Bin Zulkifli
NRIC No	S8110095J
Email Address	info@wjauto.org
Mobile Phone No	(Phone) +65-91322228
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
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	Auto
CC	1796
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	MA020124

DRIVER

Name of Driver	Ng Pak Lay David @ Muhammad Danial Bin Zulkifli
NRIC No	S8110095J
Date Of Birth	01/04/1981
Occupation	Indoor
Driving Pass Date	21/04/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91322228
Alt. Phone Number	-
Email Address	info@wjauto.org
Address	Blk 264 Yishun Street 22 #08-143
Address complement	-
Postcode	760264
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	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)	2
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	-

PASSENGER 1

Name	Nurdiana Bte Shahabuddin
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please Refer To Police Report

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 SHC7133T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -

SKETCH PLAN

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 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/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.

[Signature]

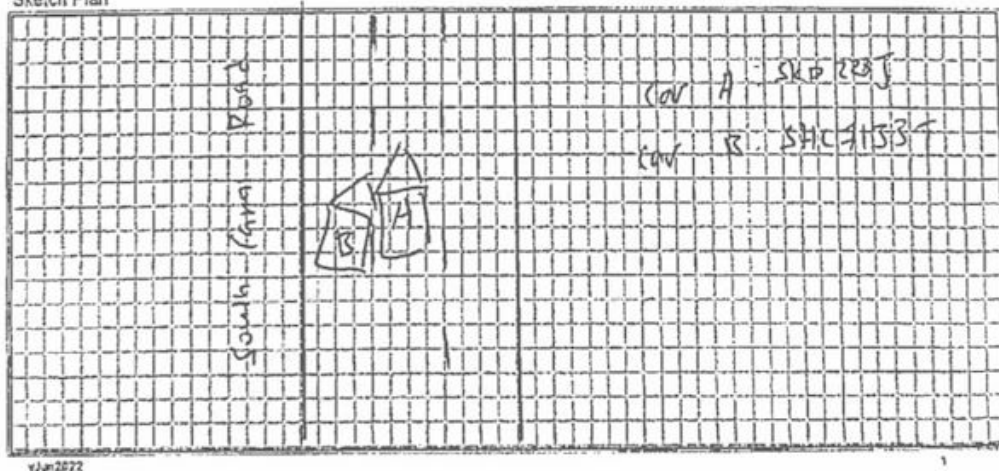
Policyholder's Signature / Date & Time

[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





v3-jan2022

Describe Circumstance of the Accident

Vehicle to police report.

Declaration
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)
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WJUN2022

2



























**SINGAPORE
POLICE FORCE**



T/20241026/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241026/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH HANG CHUANG	ID No.	S0952470C
Related Vehicle	SHC7133T (Taxi)	Contact No.	94312758
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	NG PAK LAY, DAVID	ID No.	S8110095J
Related Vehicle	SKD228J (Motor car)	Contact No.	91322228
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2024	Date Discharge	24/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	NURDIANA BTE SHAHABUDDIN	ID No.	S8702500D
Related Vehicle	SKD228J (Motor car)	Contact No.	87719799
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2024	Date Discharge	24/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On the stated date and time, I was driving SKD228J along the stated place. I was in my lane travelling straight when suddenly SHC7133T come out from his lane and cut into my lane causing a collision. Me and my wife went to see a doctor at I-Health medical clinic (Yishun) and was given 3 days of MC each.



**SINGAPORE
POLICE FORCE**



T/20241026/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20241026/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 14:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG PAK LAY, DAVID			Address: 264 YISHUN STREET 22 #08-143 SINGAPORE 760264		
ID Type / ID No.: NRIC NO / S8110095J			Contact No.: Home/Office: Mobile: 91322228		
Nationality: SINGAPORE CITIZEN			Email: DANIALDAVID22@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 01/04/1981	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other services managers			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2024 16:25	Type of Location: T-Junction
Location: SOUTH CANAL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7133T	Taxi	HYUNDAI	Kona	Yellow	No Damage	3
SKD228J	Motor car	MERCEDES BENZ	E250 CGI A	Multi-Colored		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKD228J	ETIQA INSURANCE BERHAD	MA020124	23/05/2024	22/05/2025



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241026/7052

3 of 3

Report No. T/20241026/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
26/10/2024 14:23

Classification Of Case:

MX1
70000247
Cov. Type: Comprehensive



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. MA020124

- | | | | |
|--|--|--------------------------------------|-----------|
| 1. Index Mark and Registration Number of Vehicle | SKD228J | | |
| 2. Name of Policyholder | NG PAK LAYDAVID @ MUHAMMAD DANIAL BIN ZULKIFLI | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 23/05/2024 | Excess: Named Drivers | S\$ 600 |
| | | Excess: Unnamed Drivers | S\$ 1,100 |
| | | Excess: Windscreen | S\$ 100 |
| 4. Date of Expiry of Insurance | 22/05/2025 | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No : 27186030133911 | |
| | | Chassis No : WDD2073472F079603 | |
| | | Hire Purchase : Index Credit Pte Ltd | |

(A) THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

NG PAK LAYDAVID @ MUHAMMAD DANIAL BIN ZULKIFLI

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 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 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 or www.lia.org.sg or 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 30/03/2024 15:14:52

For and on behalf of **eTiqa Insurance Pte. Ltd.**
Approved Insurer


Authorised Signature

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : NG PAK LAT DAUD @ MUHAMMED DANIAL BIN ZULKIFLI

Policy No : MA 020124

Vehicle No : SKD 2283

Place of Accident : SOUTH CANAL ROAD

Insured Driver's relationship with Insured : OWNER

Drink Driving of Insured and/or Insured Driver : -NA-

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:
I-HEALTH MEDICAL CLINIC

Third Party Vehicle No (if any) : SHC 71337

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/Third Party property involved:
SIDE SWIPE

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)

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

ERIC CHONG
Attended by (Name & Signature) / Date
Workshop Name: BH AUTO PTE LTD

a Insurance Pte Ltd
Raffles Quay
01 North Tower
Singapore 048583

55 63360477
55 63392109

www.etiqa.com.sg
1997 Reg. No. 204334907K

A Member of  Maybank Group

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26 / 10 / 2024 (dd/mm/yy) Time of Accident: 16 : 25 (24-HR-FORMAT)
 Vehicle No.: SKD 2283 Vehicle Make & Model: MERC E250
 *Transmission : ☐ Manual ☒ Auto *C.c : 2499. 1796
 Exact location of Accident: SOUTH CANAL ROAD
 Policyholder's Name: NG PAK LAY DAVID @ MUHAMMAD DANIAL BIN ZULKIFFI NRIC/FIN/REG No.: S81100953
 *Policyholder's email address : info@wjauto.org
 Driver's Name: NG PAK LAY DAVID @ MUHAMMAD DANIAL BIN ZULKIFFI NRIC/FIN/REG No.: S81100953
 *Driver's email address : info@wjauto.org
 Driver's Contact No.: 9132 2228 Company Contact No (If any): _____
 Date of birth: 01/04/1981 Driving Pass Date: 21/04/2006
 Driver's Address: BLK 264 YESHUN ST 22 #08-143 SC760264
 Insurance Company: ETZQA
 Policy No.: MA020124 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft
 Relationship between Owner & Driver: (Please **CIRCLE** one only)
☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____
 What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____
 Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 2
 *Passenger Name: MURDIANA BTG SHAHABUDDIN Gender: Male / ☒ Female
 *Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
 Was there any video captured by your car Car camera? ☒ Yes / ☐ No NG PAK LAY DAVID @ MUHAMMAD DANIAL
 Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: MURDIANA BTG SHAHABUDDIN
 Injured Person in Which Vehicle : _____ Any injured conveyed to hospital by ambulance? : ☐ Yes ☒ No
 Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHL 71337
 Driver's Contact No: _____ Insurance Company : _____
 *No. of Passenger/(including Driver) : _____
 (If policyholder is not sure or did not check, please state so in the description portion of the report)
 2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
 Driver's Contact No: _____ Insurance Company : _____
 *No. of Passenger/(including Driver) : _____
 (If policyholder is not sure or did not check, please state so in the description portion of the report)
 *Independent Witness (If Any): _____ Contact No: _____
 Preferred Workshop Name: _____ Contact No: _____