

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	10/06/2024 16:39 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2024 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERVICE ROAD OF UPPER BUKIT TIMAH ROAD OPEN CAR PARK (S0139)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8365Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MIMI ZINAUNG
NRIC No	S9174153I
Email Address	gohchinhaw86@gmail.com
Mobile Phone No	(Phone) +65-90914294
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	GOLF GTI 2.0 A
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	1984

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA025302

DRIVER

Name of Driver	GOH CHIN HOW (WU ZHENHAO)
NRIC No	S8623091G
Date Of Birth	19/08/1986

Occupation	Outdoor
Driving Pass Date	06/12/2005
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90468348
Alt. Phone Number	-
Email Address	gohchinhaw86@gmail.com
Address	APT BLK 409B NORTHSHORE DRIVE #03-248 (S) 822409
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	0
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH 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	SKW906K
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)	-

SKETCH PLAN

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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/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 (Name as in NRIC/ID card)

Sketch Plan

moving off hit at my Vehicle A rear left bumper

A) SMH 8365Z
B) SKW 906K

Describe Circumstance of the Accident

Please see police report

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

I/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

10 JUNE 24 15:15PM

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

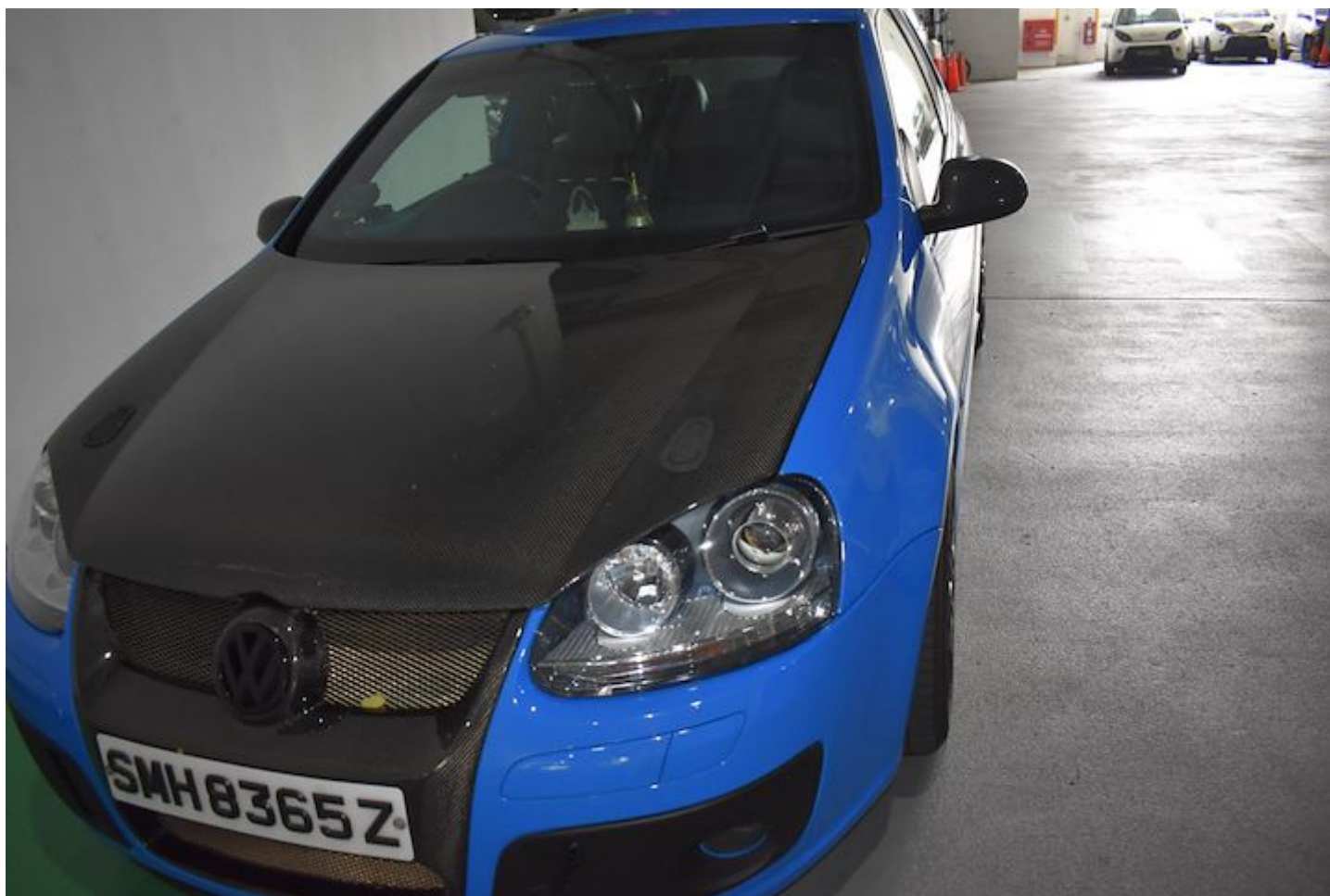




































**SINGAPORE
POLICE FORCE**



D/20240610/7041

1 of 2

POLICE REPORT (NP299)

Report No. D/20240610/7041

Police Station Of Origin
Clementi Division HQ
6 Lempeng Drive SINGAPORE 128496
Tel No:1800-7740000

Date/Time Report Made 10/06/2024 14:22	Vide Report No.	Station Diary No.
Name Of Informant Goh Chin How	Address 409B NORTSHORE DRIVE #03-248 NORTSHORE RESIDENCES II SINGAPORE 822409	
ID Type / ID No. NRIC NO / S8623091G	Contact No. Home/Office: Mobile: 90468348	
Nationality SINGAPORE CITIZEN	Email Address gohchinhow86@gmail.com	
Occupation Sales	Sex Male	Age 37
	Date of Birth 19/08/1986	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 10/06/2024 12:40 - 10/06/2024 12:40	Location Of Incident HIT AND RUN	

Brief details.

I PARK MY CAR AT CARPARK (S0139) LOT 22 AT ABOUT 12:14PM. AT ABOUT 12:45PM, I WENT BACK TO MY CAR AND REALISED THAT THE REAR LEFT BUMPER HAS BEEN HIT. I RETRIEVE MY CAR DASHCAM FOOTAGE, ABLE TO TRACE BACK THE ACCIDENT RECORD. NUMBER PLATE SKW906K WHITE COLOUR BMW HAD HIT MY CAR. MY CAR NUMBER PLATE SMH8365Z BLUE COLOUR VOLKSWAGEN GOLF.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2024 14:22
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Timah NPP Kiosk



**SINGAPORE
POLICE FORCE**



D/20240610/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20240610/7041

Subjects Involved			
Victim			
Person Name	Goh Chin How		
ID Type	NRIC NO	ID No	S8623091G
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Sales	Address	409B NORTHSHORE DRIVE #03-248 NORTHSHORE RESIDENCES II SINGAPORE 822409
Mobile No	90468348	Is Informant A Victim?	Yes
Person Name	Goh Chin How (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2024 14:22
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Timah NPP Kiosk



INTERVIEW FORM

Name (Driver) : Goh Chin How

Policy No : MA 025302

Vehicle No : SMH 8365Z

Place of Accident : Service road of upper Bukit Timah Rd - open carpark

Insured Driver's relationship with Insured : Spouse

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : None

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

Third Party Vehicle No (if any) : SHW 906K

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:
Hit + Run

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
No

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] 10 JUNE 24 15:15PM
Driver (Name & Signature) / Date
I, affirmed the above information is given to my best knowledge

[Signature]
Attended by (Name & Signature) / Date

Workshop Name: _____

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