

## 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 .....	23/11/2024 15:33 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/11/2024 19:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVENUE 6
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD4144S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NURUL IFFA BINTE ATAN
NRIC No .....	SXXXX128E
Email Address .....	nuruliffa.sg@gmail.com
Mobile Phone No .....	(Phone) +65-90097854
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
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 .....	1200
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 .....	MA040986

#### DRIVER

Name of Driver .....	ATAN BIN NOOR
NRIC No .....	SXXXX521C
Date Of Birth .....	10/02/1957
Occupation .....	Indoor
Driving Pass Date .....	23/01/1979
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	45 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90273052
Alt. Phone Number .....	-
Email Address .....	atan.noor@yahoo.com
Address .....	BLK 725 ANG MO KIO AVENUE 6 # 03-4146
Address complement .....	-
Postcode .....	560725
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Raining
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) .....	3
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 .....	MARLINAH BTE HUSSEIN
Gender .....	Female

#### PASSENGER 2

Name .....	HAZIRAH IRYNA BTE MUHAMMAD HAMZAH
Gender .....	Female

#### 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 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 1


Vehicle Registration Number ..... SGT8985S  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... NA / Unknown  
Name of Driver ..... SELVEY MANIKAM  
Contact Number ..... (Phone) +65-97539213  
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**

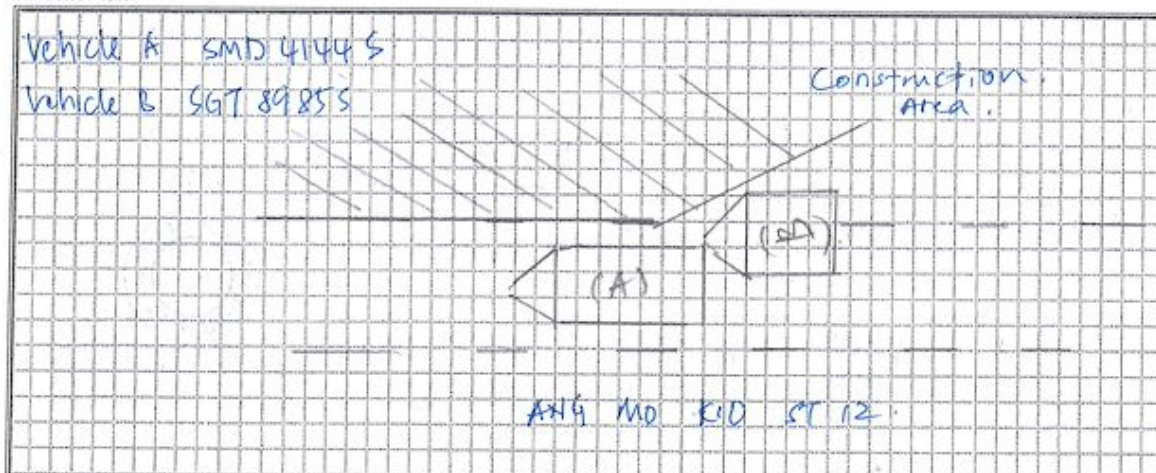
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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.

 9.17am  
23/11/24  
Policyholder's Signature / Date & Time

 23/11/24  
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



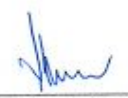
Describe Circumstance of the Accident

On 22 November 2024 about 19:20 hrs I was driving my vehicle SMD4144S along Ang Mo Kio Avenue 6 toward Yio Chu Kang Road at 3rd lane. Suddenly VEH(B) SG78589S from right lane move into my travel path to avoid construction work. Due to driver recklessness collided onto my vehicle right portion. I am lodging this report to claim against the third party for property damage claim.

Declaration

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

 23/11/24  
Policyholder's Signature / Date & Time

 23/11/24  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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



























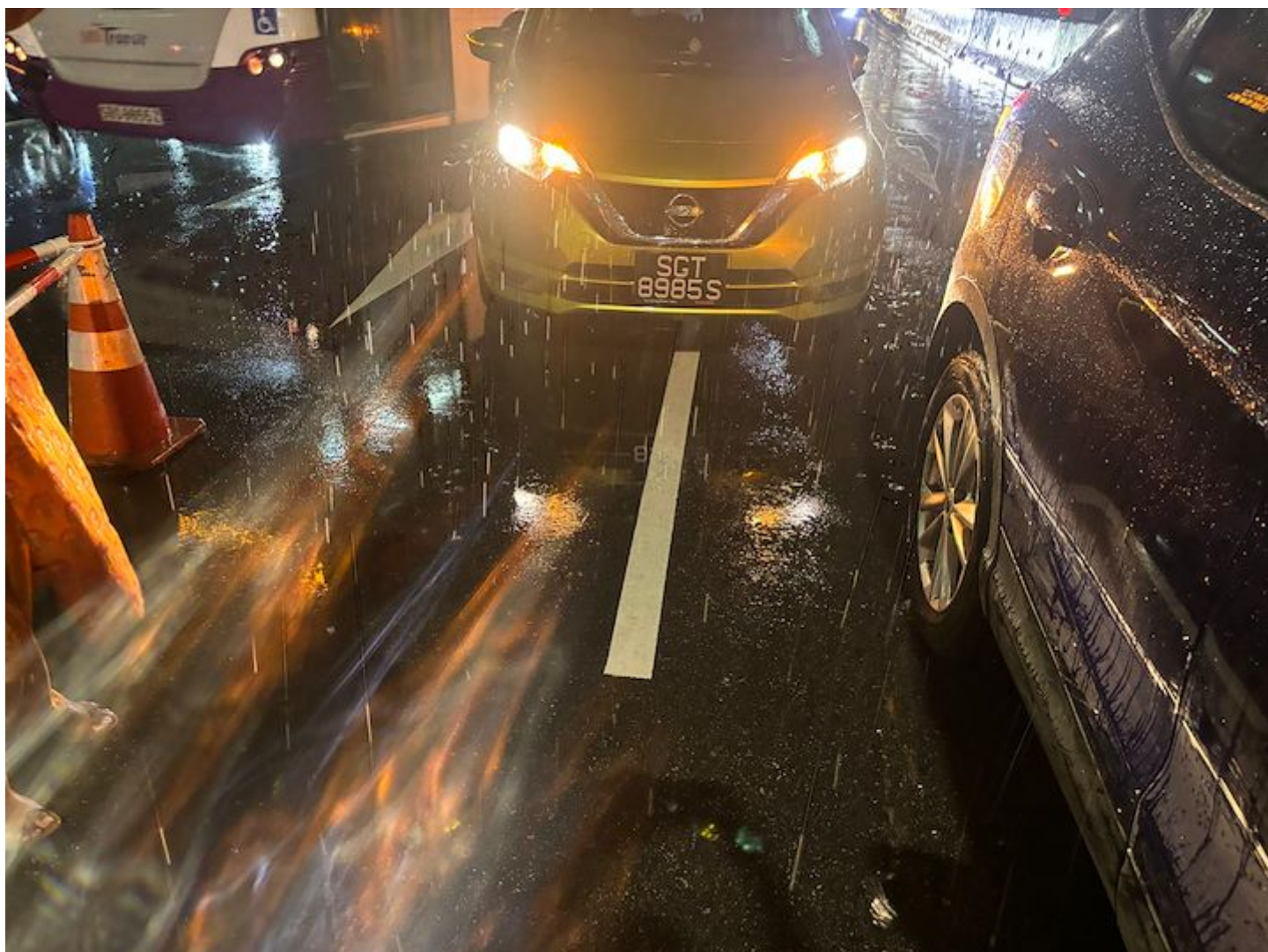




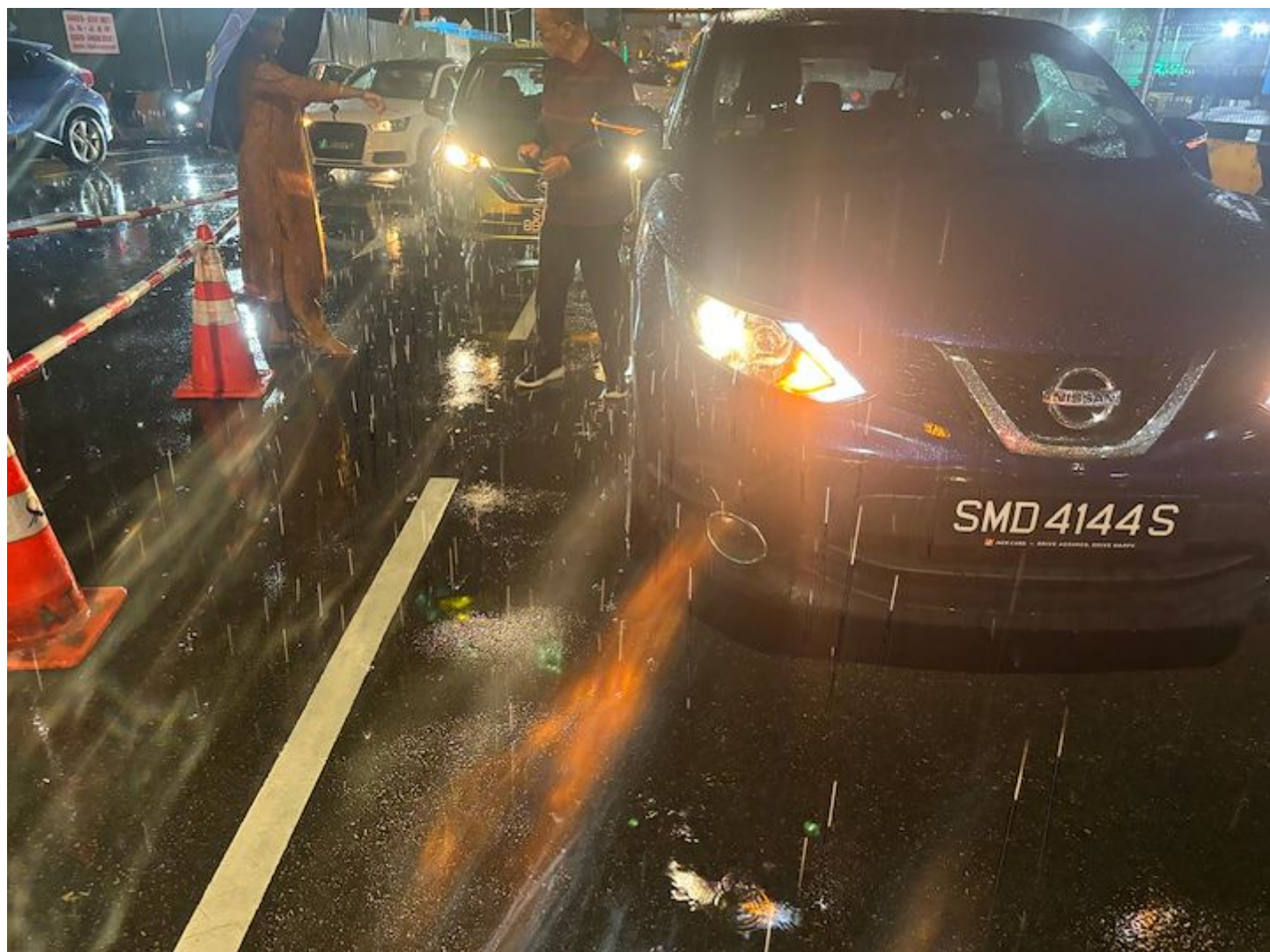




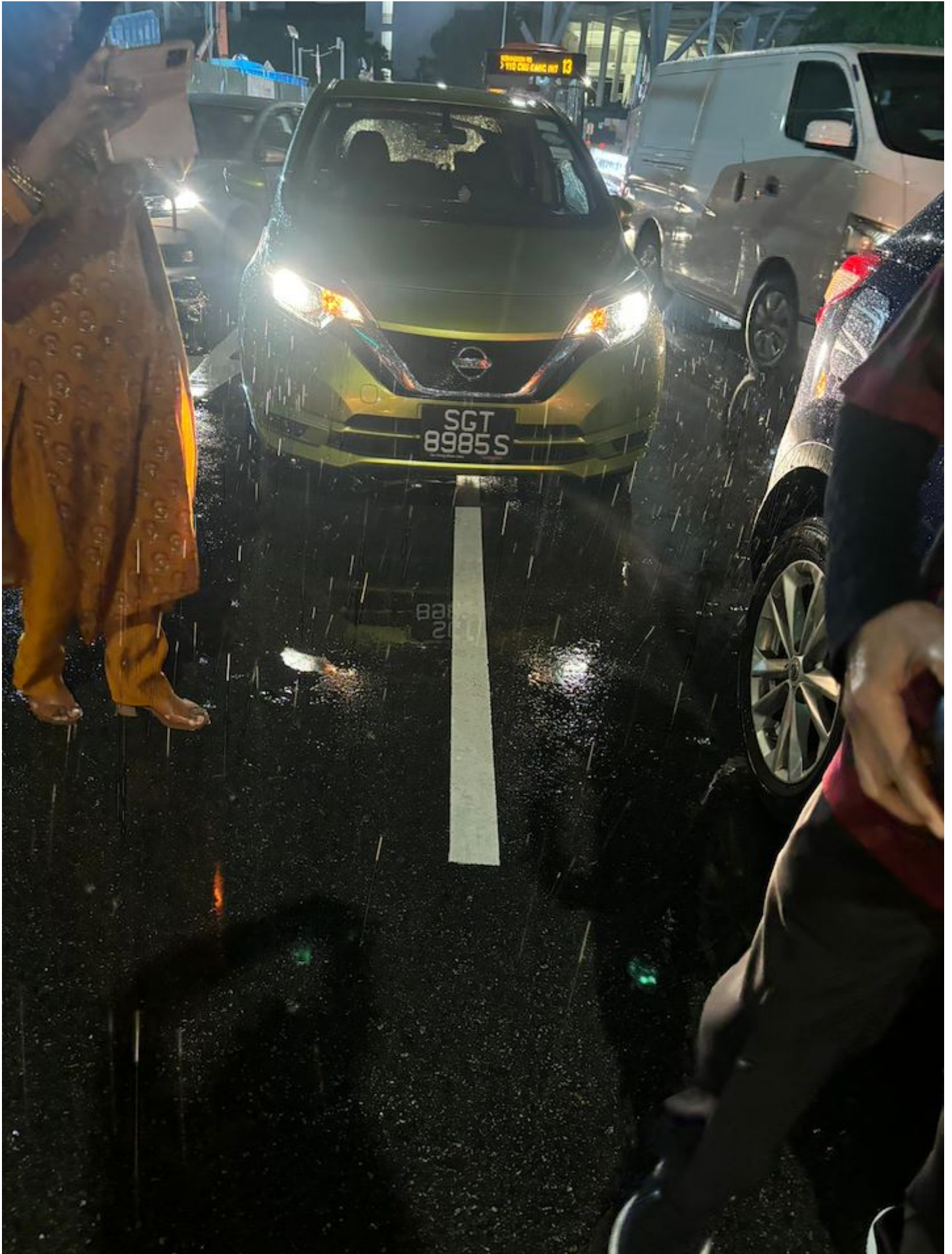






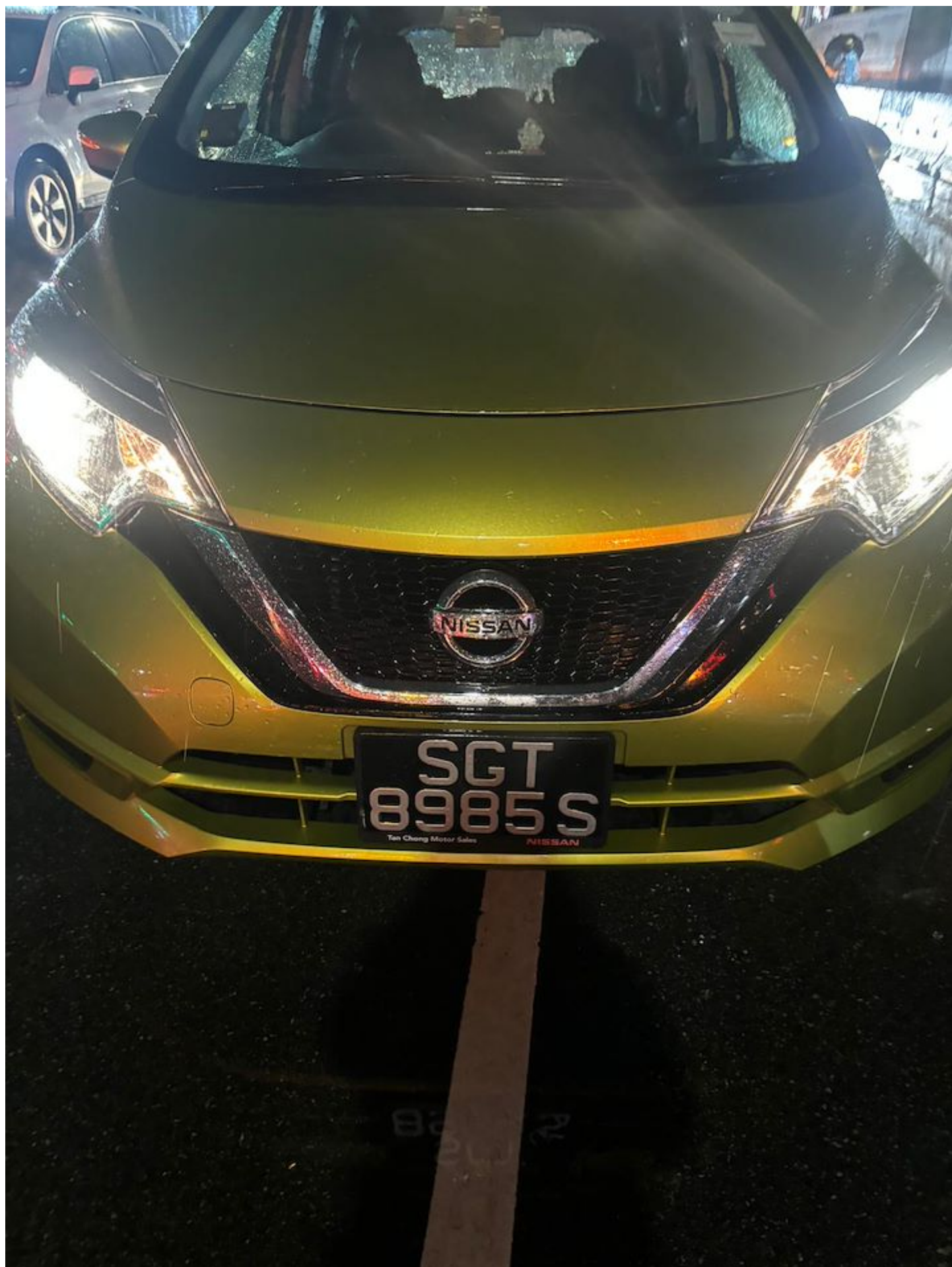




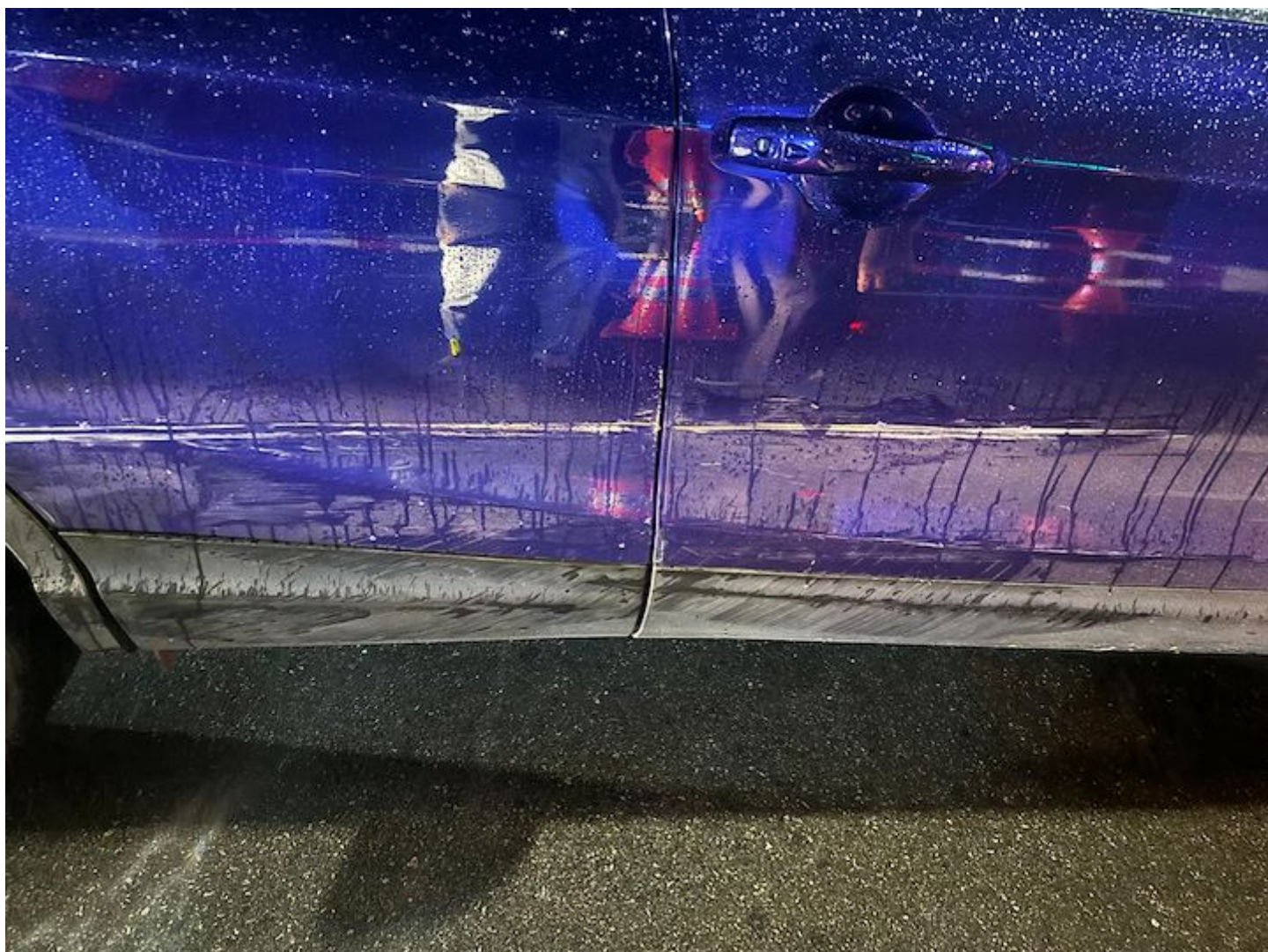
















ORIGINAL

**THE SCHEDULE**

Policy Number	: MA040986	Agency No	: 73000003
Policy Type	: Private Car	Agency Name	: ANDA INSURANCE AGENCIES PTE LTD
Insurance Start Date	: 07/06/2024	Issue Date	: 06/06/2024
Insurance End Date	: 06/06/2025 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: NURUL IFFA BINTE ATAN		
Insured's Address	: 483 YIO CHU KANG ROAD #02-07 CASTLE GREEN Singapore 787057		

Annual Premium	: S\$	755.23
Premium Due	: S\$	755.23
Premium GST	: S\$	67.97
Total Due	: S\$	823.20

Insured Name  
NURUL IFFA BINTE ATAN

Risk No. 0001 Motor Private Car

Registration	: SMD41448	Make/Model	: Nissan Qashqai 1.2 DIG-T Lite
Type of Cover	: Comprehensive	Engine No	: HRA2271510A
Body Type	: Sport Utility Vehicle - Auto	Year of Regn	: 2016
Capacity cc's	: 1197	Chassis No	: SJNFRAJ11U1648460
Certificate Ref	: MX1	Authorised Workshop	: Yes
NCD Protector	: Covered	Safe Driver Discount	: 5.00 %
No Claim Discount	: 50.00 %		

Excess: Named Drivers	SGD 600
Excess: Unnamed Drivers	SGD 1,100
Excess: Windscreen	SGD 100
Premium Due	: SGD 755.23
Premium GST	: SGD 67.97
Total Due of this risk	: SGD 823.20

Named Drivers : NURUL IFFA BINTE ATAN  
ATAN BIN NOOR

Hire Purchase : OCBC Bank Ltd

The following benefits apply to this risk

FLOOD &/OR OTHER CONVULSION OF NATURE AND STRIKE, RIOT & CIVIL COMMOION

MA040986

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Etiqua Insurance Pte. Ltd. (Co. Reg No: 2013319050)  
One Raffles Quay, #22-01 North Tower, Singapore 048583. T+65 6336 0477 www.etiqua.com.sg

eTiQa

Insurance

INTERVIEW FORMName (Driver) : ATAN BIN NOORPolicy No : MA040 986Vehicle No : SMD 4144SPlace of Accident : ANG MO KIO STREET 12Insured Driver's relationship with Insured : FATHERDrink Driving of Insured and/or Insured Driver : NILNo of passenger(s) in Insured vehicle : 3

Injury to Insured and/or Insured driver, please indicate which hospital:

NILThird Party Vehicle No (if any) : SET 8589 SNo of passenger(s) in Third Party Vehicle : 1

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

NIL

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

SIDE SWIPE, scratch and dented to the back and front doors (RIGHT side) and other

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

NILTraffic 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)

ATAN BIN NOOR 23/11/24

Driver (Name &amp; Signature) / Date

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

Shauqyani

Attended by (Name &amp; Signature) / Date

Workshop Name: Su Brothers Motor Workshop Pte Ltd.

Etiqa Insurance Pte Ltd  
One Raffles Quay  
#22-01 North Tower  
Singapore 048583

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