

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	26/11/2024 16:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/11/2024 19:22 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7963E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VIENNA DIONNE CHIA CHYE JUAN
NRIC No	S9547974Z
Email Address	VIENNACHIA@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91896327
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
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	1591
Vehicle Fuel	Petrol
First Registration Date	13/07/2010
Chassis no	KMH DU41BMAU020201
Effective Date/Time of Ownership	01/08/2020 03:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0060691

DRIVER

Name of Driver	VIENNA DIONNE CHIA CHYE JUAN
NRIC No	S9547974Z
Date Of Birth	27/12/1995
Occupation	Indoor
Driving Pass Date	29/10/2014
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	10 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91896327
Alt. Phone Number	-
Email Address	VIENNACHIA@HOTMAIL.COM
Address	BLK 994B BUANGKOK LINK 13-331 SINGAPORE 532994
Address complement	-
Postcode	-
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	GBF5339K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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


VEH A: 5JX7963E
VEH B: G8F55391C
VEH C:

IMPORTANT NOTICE

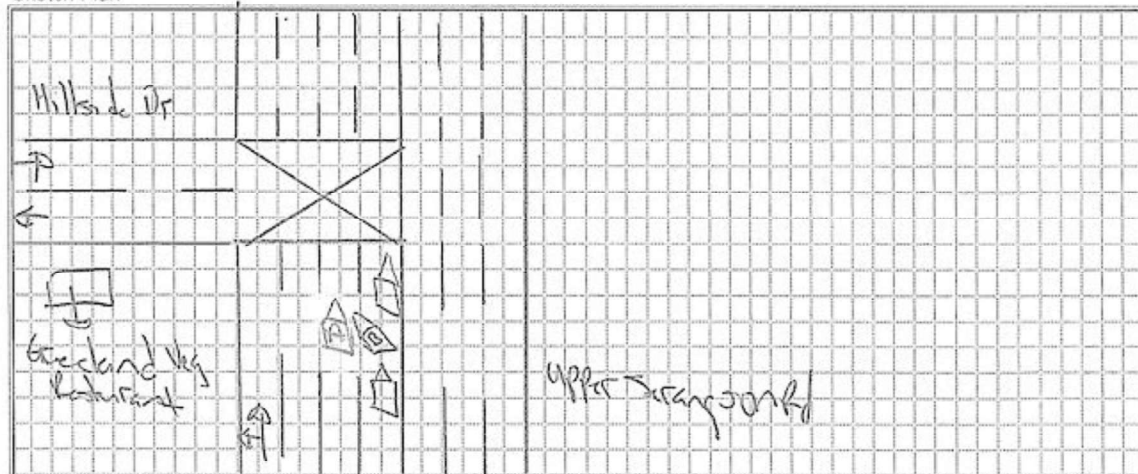
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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.


Policyholder's Signature / Date & Time

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


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

Sketch Plan



Describe Circumstance of the Accident

DATE OF ACCIDENT: 25 November 2024 TIME OF ACCIDENT: 7.22PM
VEH A: SX793E VEH B: GBF5339K VEH C: NIL

I was travelling straight on my own lane along Upper Serangoon Road near to postal code 534659, when a lorry was changing lane. Upon noticing that the lorry, GBF5339K, was trying to filter out, I braked immediately.

Junction of upper serangoon Rd & Hilsid Dr.

Repair works @ Accord Auto Services pte ltd
dkms@mycarworkshop.com.sg

Declaration

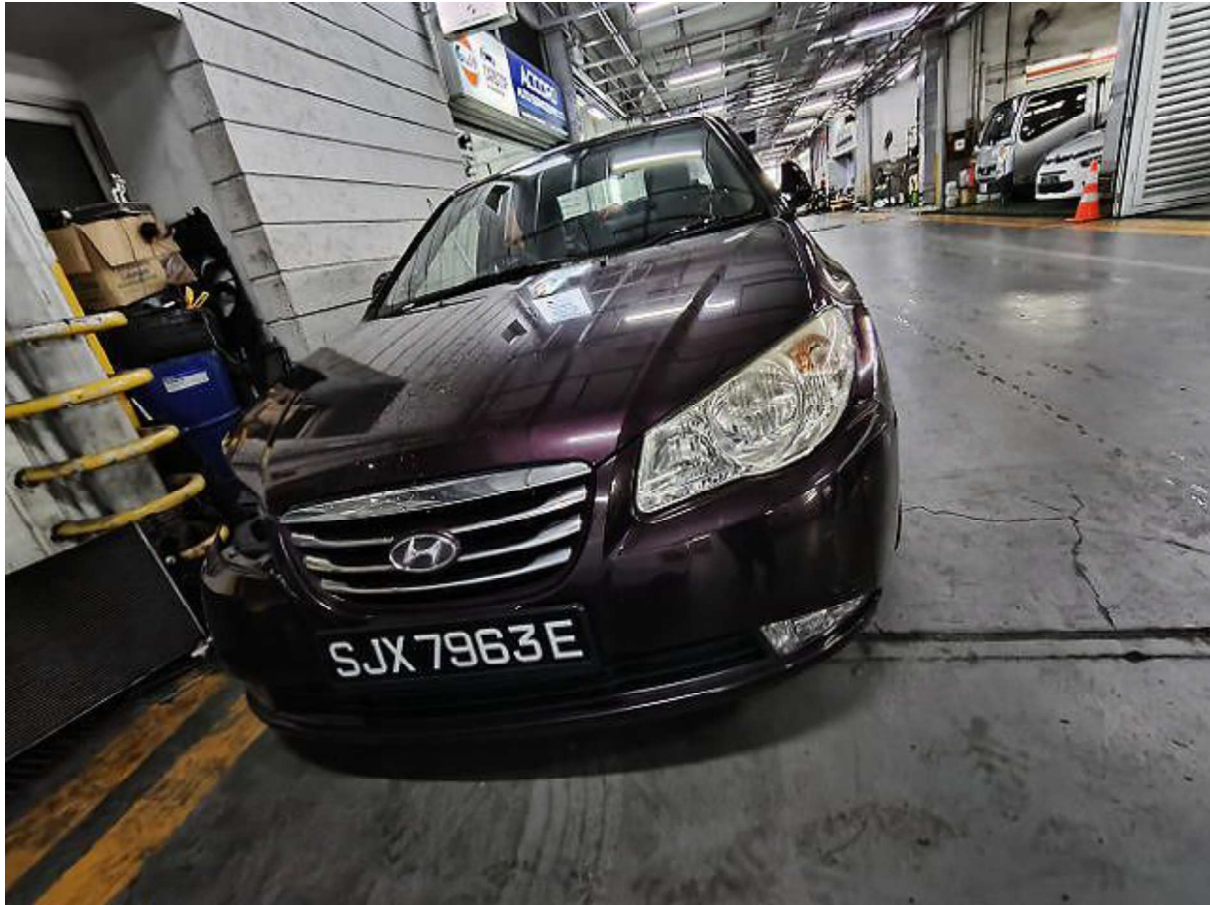
I/We declare the foregoing particulars are true in every respect.

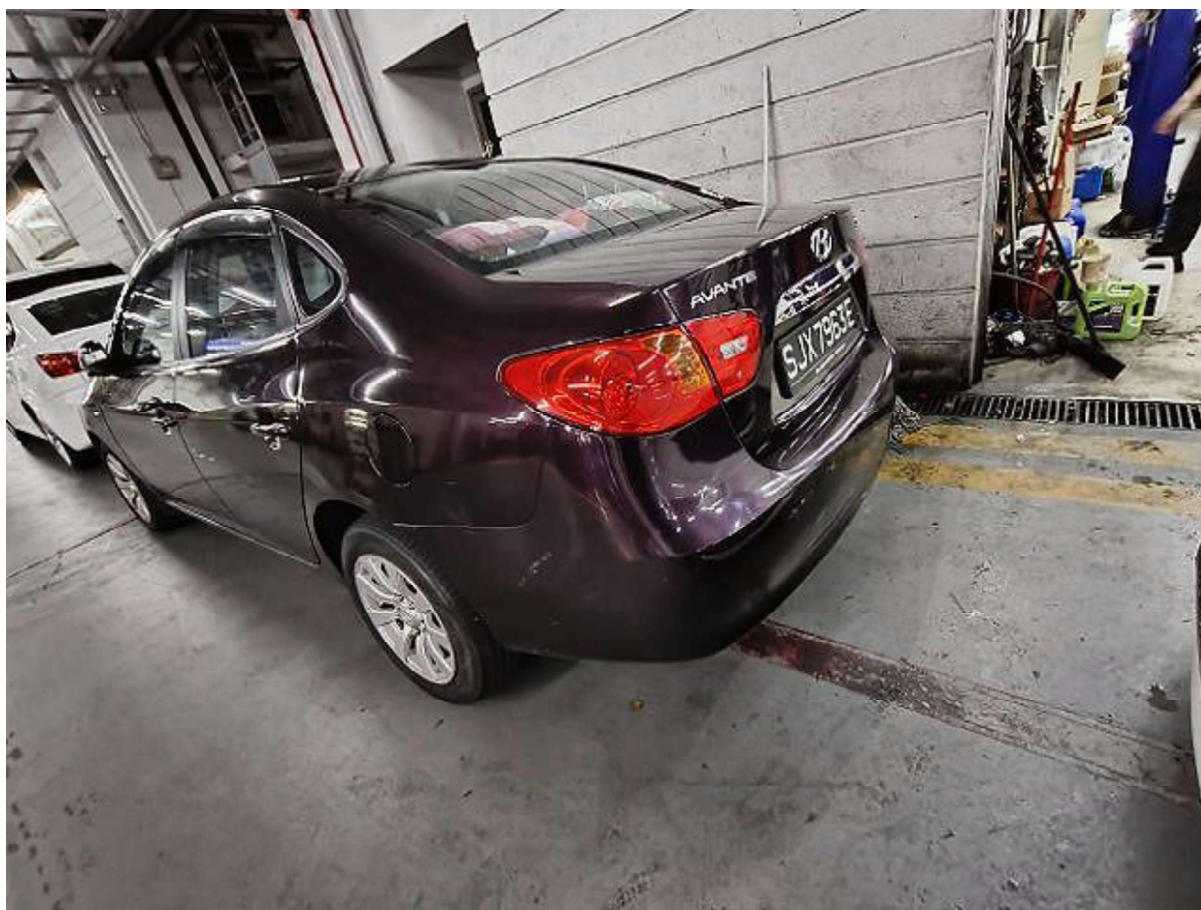
XZ

Policyholder's Signature / Date & Time

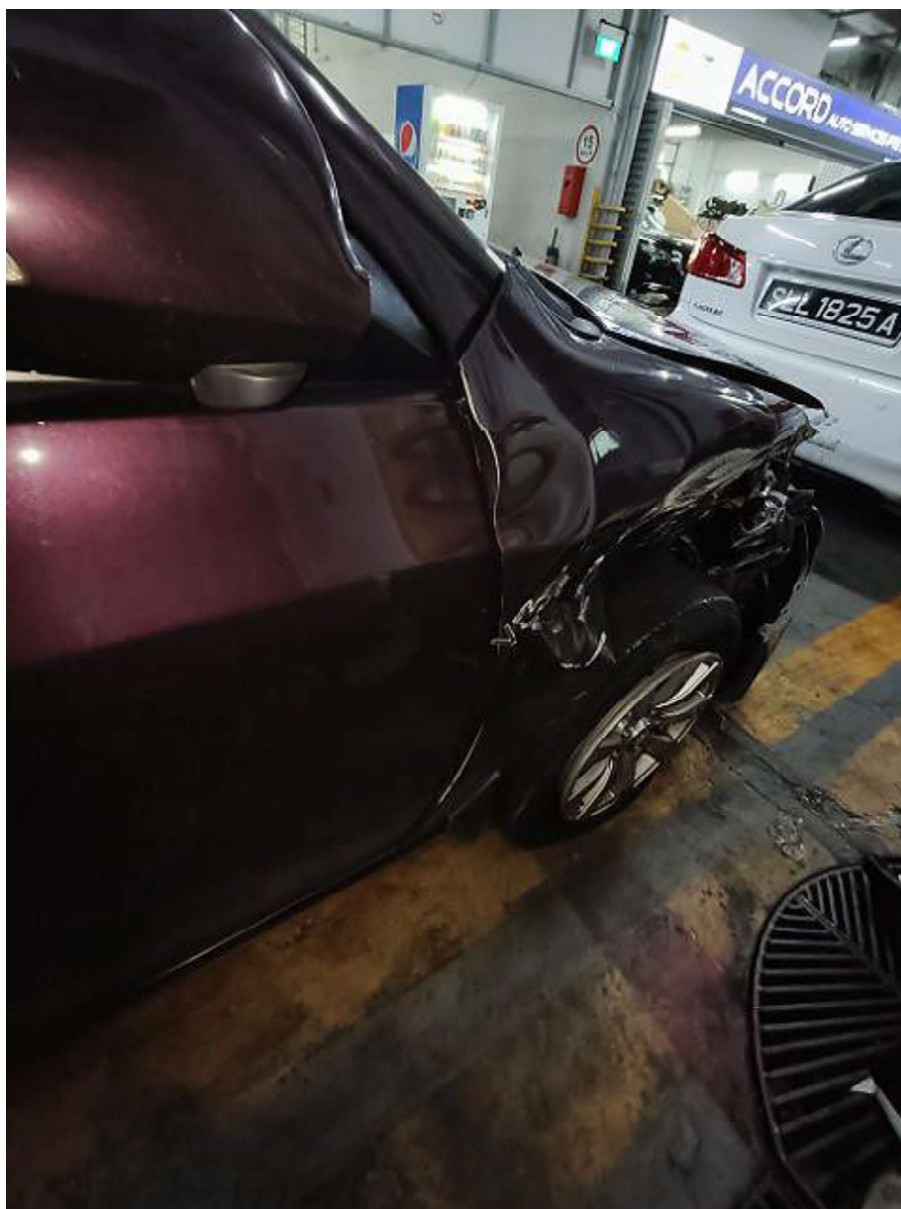
Driver's Signature (if driver is not the policyholder) / Date
& Time

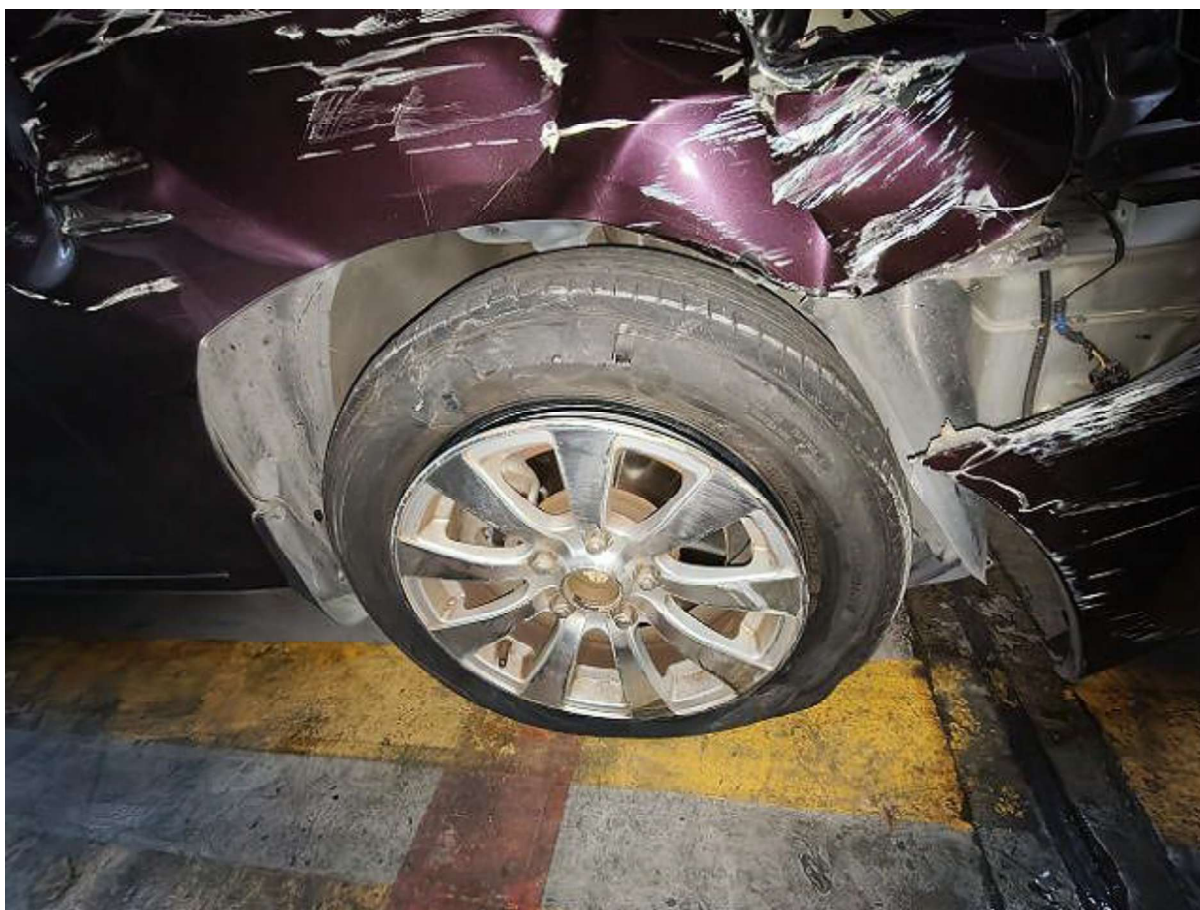
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

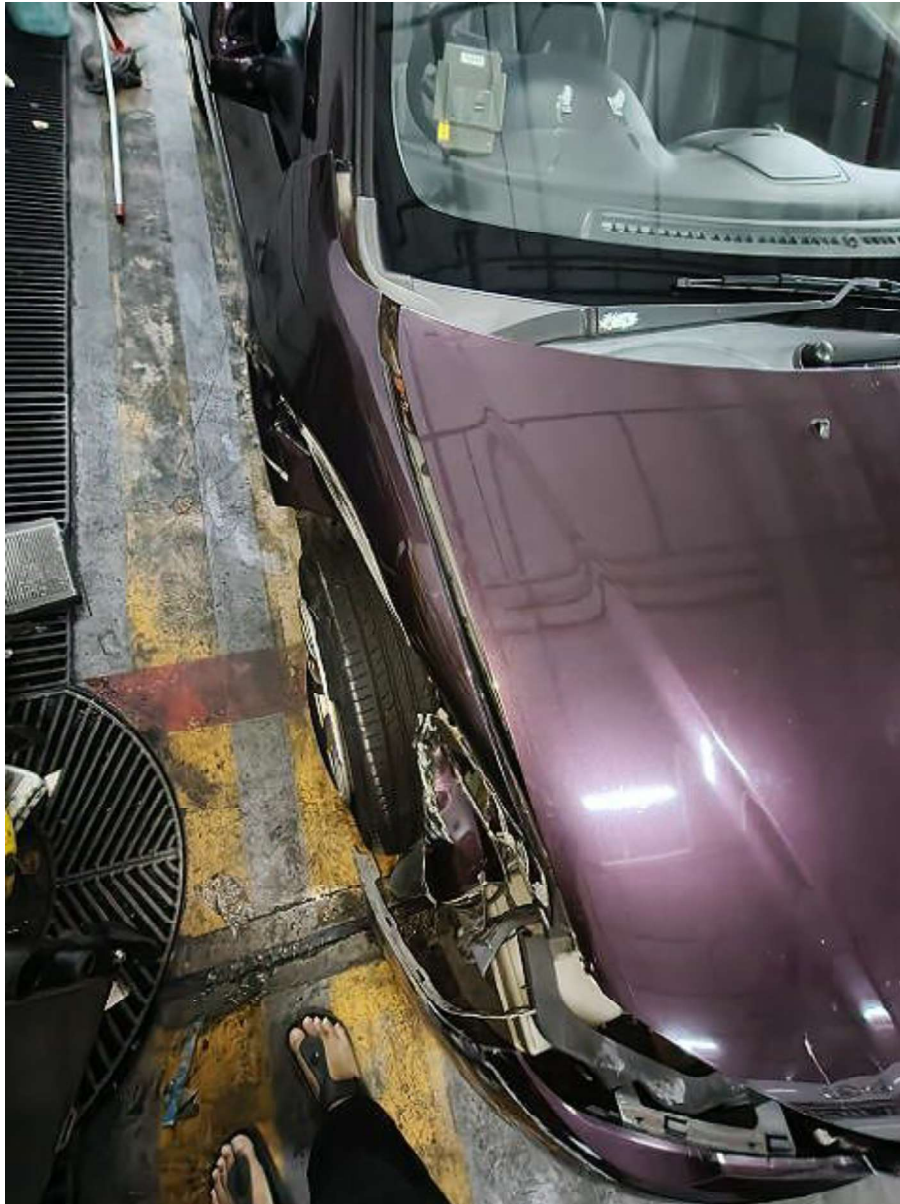


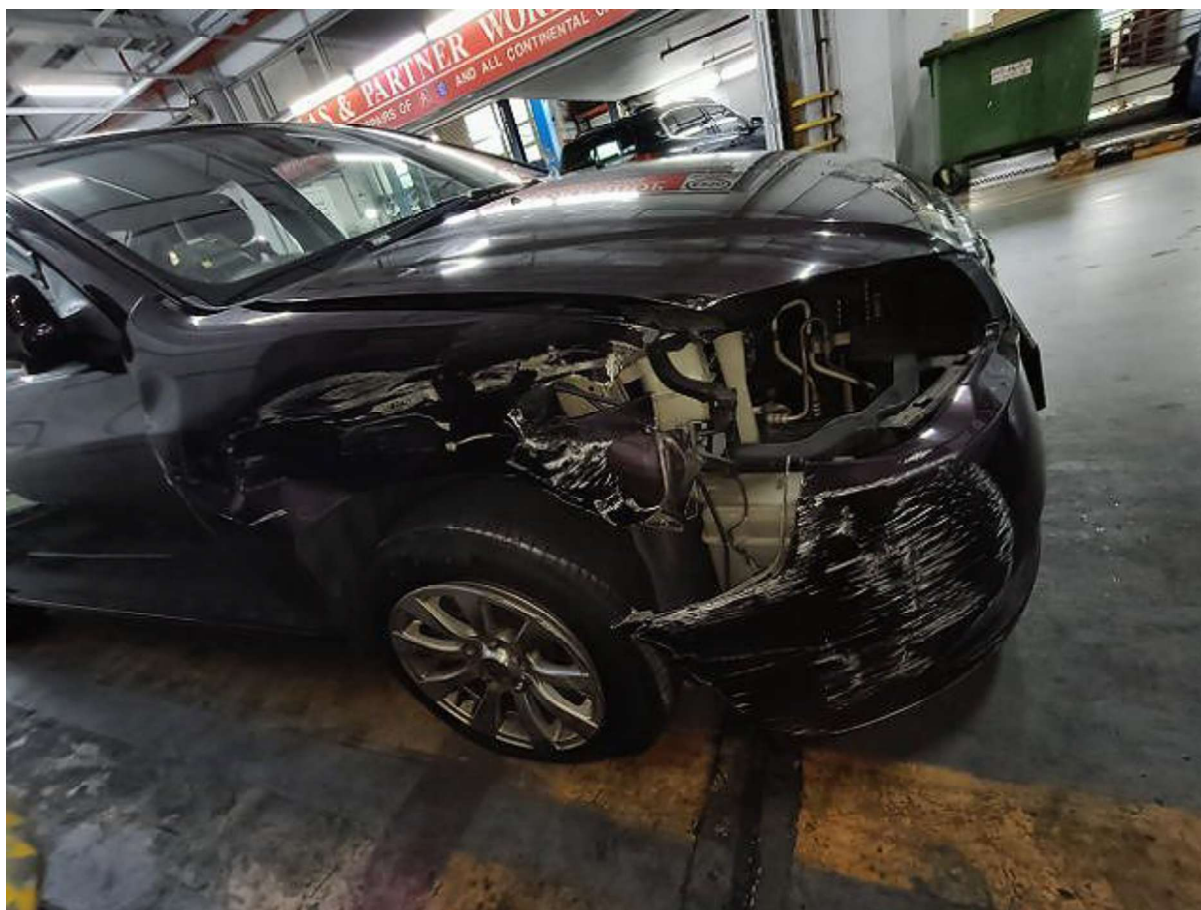




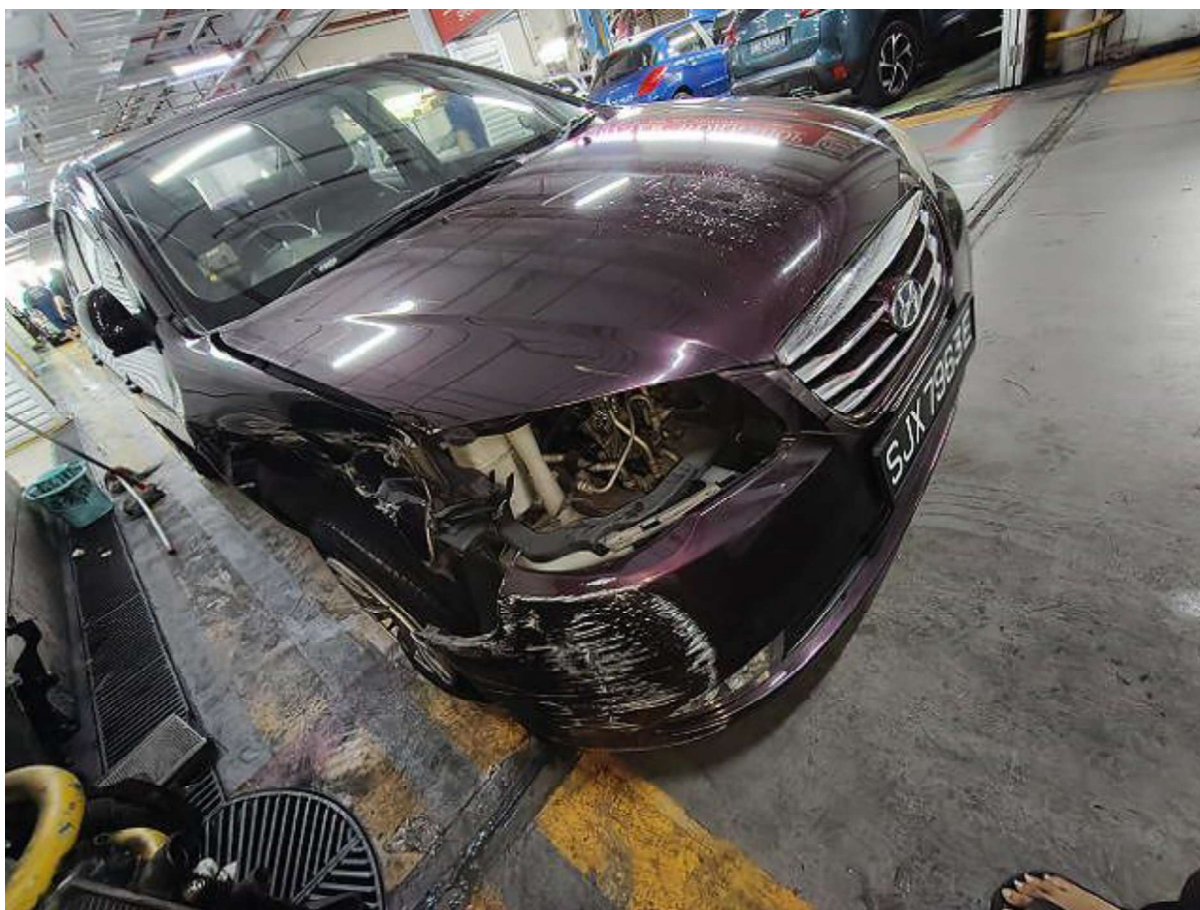


















INTERVIEW FORM

Name (Driver): Vienne Pionne Chia Chye Joon

Policy No: M0060691

Vehicle No: J5X70163E

Place of Accident: Along Upper Serangoon Rd.

Driver's Relationship with insured: Owner

Drink Driving of Insured and/or Driver: -

No of Passenger(s) in Insured Vehicle: 1 pax.

Injury to Insured and/or Driver, Please indicate which hospital: -

Third Party Vehicle No (if any): QSF533912

No of Passenger(s) in TP Vehicle: 2 pax.

Injuries to Third Party Driver and/or passenger(s), Please indicate which hospital: -

Type of Collision & the extensiveness of the damages to all vehicle / Third Party property involved: Crash & lane

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

Traffic Police report (enclosed): Yes ☒ No ☐

Please obtain a copy of the driving license of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date 8/2
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date 8/2
Workshop Name: Ah Lim Motor Company

eTiQa Insurance Pte Ltd
One Raffles Quay,
#22-01 North Tower,
Singapore 048563

T +65 6336077
F +6563392109

www.etiqa.com.sg
Company Reg Lic. 2013319056

MX1
70000263
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. MD060691

1. Index Mark and Registration Number of Vehicle	SIX7963E			
2. Name of Policyholder	VIENNA DIONNE CHIA CHYE JUAN			
3. Effective Date of Commencement of Insurance for the purposes of the Act	01/08/2024	Excess: Named Drivers	S\$	600
		Excess: Unnamed Drivers	S\$	1,100
		Excess: Windscreen	S\$	100
4. Date of Expiry of Insurance	31/07/2025			
5. Persons or Classes of Persons entitled to drive		Engine No	: G4FCAU848739	
		Chassis No	: KMH0U41BMAU020201	
		Hire Purchase	: Maybank Singapore Limited	

(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.

VIENNA DIONNE CHIA CHYE JUAN

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).

GOPLLIL 14/06/2024 13:08:54

For and on behalf of Etika Insurance Pte. Ltd.

Approved Insurer

Authorised Signature