# **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 witholding 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 27/11/2024 17:53 (SGT) Reported by **Actual Driver** Date of Accident 26/11/2024 17:40 (SGT) Exact Location of Accident Singapore Additional Location Information Near Jalan Eunos Exit 9 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number SMP3329U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Liew Jie Zhi NRIC No SXXXX289J Email Address Keithlieww4678@gmail.com Mobile Phone No (Phone) +65-96672746 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Avante 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1591 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

# INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd Policy Number / Cover Note Number M0059329

DRIVER

Name of Driver Liew Jie Chun NRIC No SXXXX346C Date Of Birth 13/07/1988 Occupation Outdoor Driving Pass Date 13/02/2009 Driving License Pass Class Driving License Validity Valid Driving experience 15 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96672746 Alt. Phone Number Email Address Keithliew4678@gmail.com Address 457 Segar Road #07-131 Address complement Postcode 670457 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 Collided into Parked Vehicle Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο 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 Fileen 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? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to police report no: T/20241126/7122

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBR7108J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Mohammad Imran Bin Husin
NRIC No	TXXXX366Z
Contact Number	(Phone) +65-81657920
Address	<u>-</u>
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 gorrectly 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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:

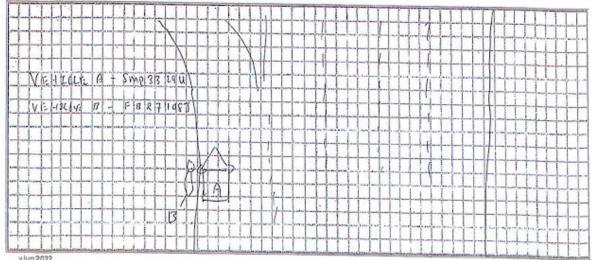
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



271124

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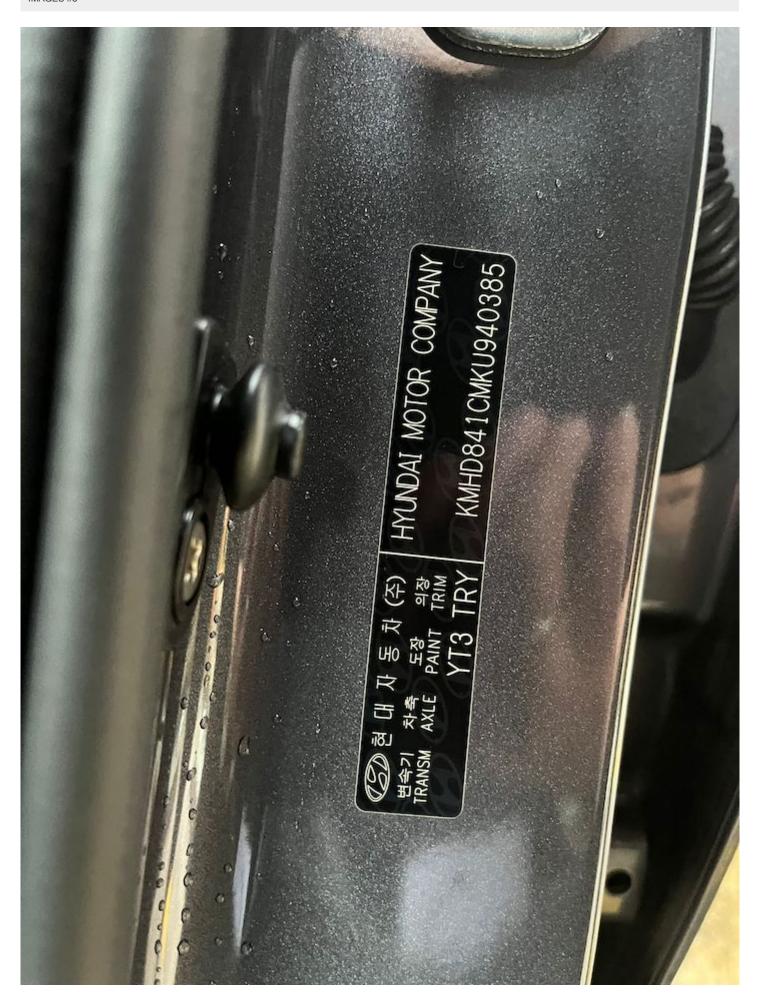








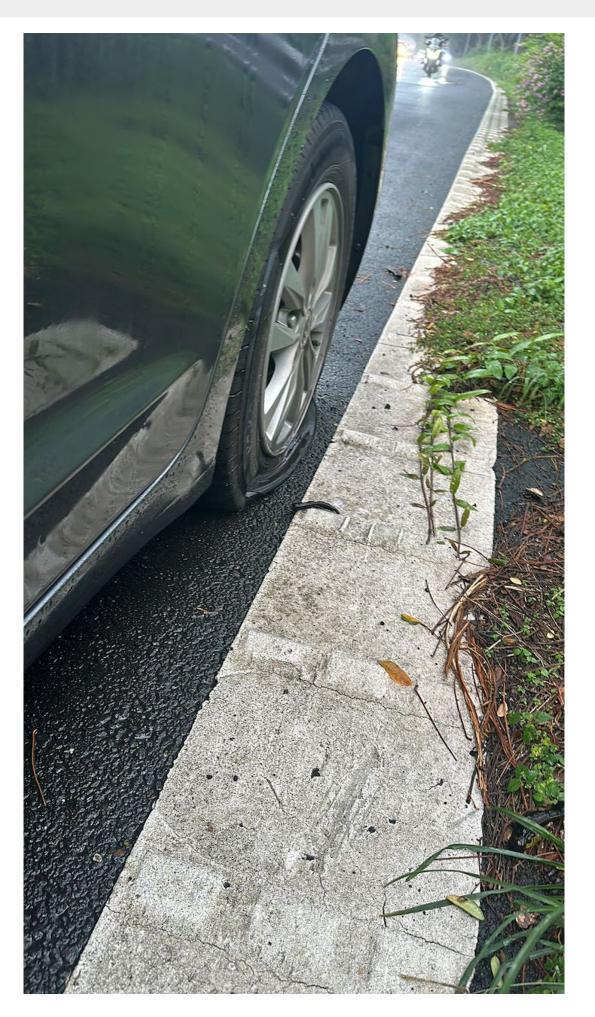






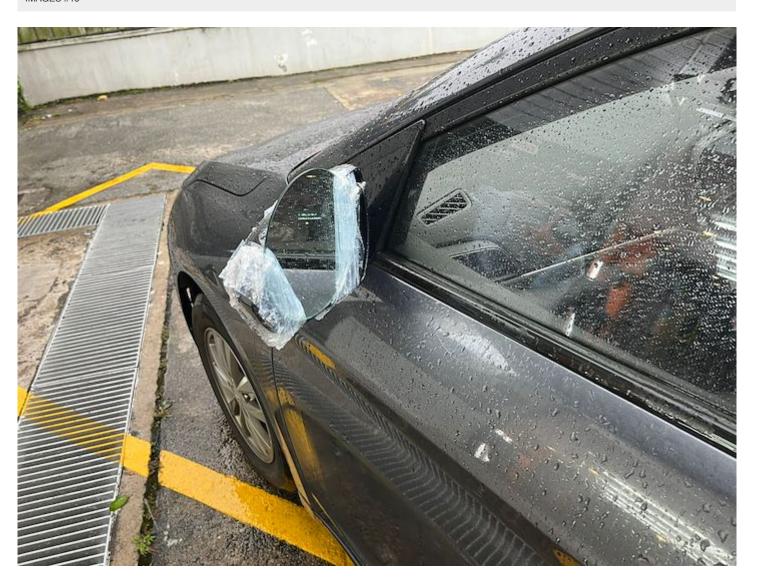


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241126/7122

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 26/11/2024 20:23		Vide Report No.:	Station Diary No.:			
Informant	t's Particular	8				
Name of LIEW JIE	Informant: CHUN		Address: 457 SEGAR ROAD #07-13	1 SINGAPORE 670457		
ID Type / ID No.: NRIC NO / \$8824346C			Contact No.: Home/Office:	Mobile: 96672746		
Nationality: SINGAPORE CITIZEN		N	Email: KEITHLIEW4678@GMAIL.COM			
Sex: Age: Date of Birth: Male 36 13/07/1988		Type of Informant: Driver				
Race: Chinese			Language: English			
Occupation Private-h	on: ire car driver		Driving Licence Information Class:	n: Date of Expiry:		

General Information	of the Accident		ALASS STORY		
Type of Accident:	Non-Injury Others	Di No	rink Drive: o	Date/Time of Accident: 26/11/2024 17:40	Type of Location: Expressway near jln Eunos exit 9
JALAN DAUD  Weather: Raining		Road Surf Wet	face:		
Traffic Flow: One Way			Traffic Control: Not Controlled		affic Volume: avy
One Way Type of Collision: Moving Vehicle Against - Parked Vehicle		icle	research .		yone conveyed by abulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMP3329U	Motor car			107.07.07.00	0.0000000000000000000000000000000000000	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20241126/7122

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

Report No. T/20241126/7122

### CONTINUATION OF REPORT

Driver		N. Carlotte	The State of the S	15.11		I consider the same of the sam
Name	LIEW JIE CHUN			ID No	,	S8824346C
Related Vehicle	SMP3329U (Motor car)			SMP3329U (Motor car) Contact N		96672746
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

### Brief Details.

Picked up passenger from Changi Airport to Jurong East. Along PIE towards TUAS, while on the way, my vehicle tyre pressure suddenly dropped drastically and it went flat, so I had to stop at the side of the highway and contacted EMAS for towing.

My vehicle was in parked position with hazard light turned on while waiting, around 5-10 mins later. Suddenly a bike swerved from the left and broke my side mirror off. Accident took place near Jln Eunos Exit 9.

Rider details as follow

Name: Mohammad Imran Bin Husin

Bike plate: FBR7108J



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



3 of 3 Report No. T/20241126/7122

CONTINUATION OF REPORT

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: 26/11/2024 20:23
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case:
NP168	