

## 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 .....	27/11/2024 17:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	26/11/2024 20:00 (SGT)
Exact Location of Accident .....	67 Desker Rd, Singapore 209590
Additional Location Information .....	DESKER ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN422B
-----------------------------------	---------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD TAHA BIN AB AZIZ
NRIC No .....	S8519769Z
Email Address .....	MDTZELL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90624070
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	MERCEDES BENZ
Model .....	A45 AMG 4MATIC (R19 BI)
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 .....	1991
Vehicle Fuel .....	Petrol
First Registration Date .....	30/05/2014
Chassis no .....	WDD1760522J198090
Effective Date/Time of Ownership .....	21/05/2024 09:05 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA040477

#### DRIVER

Name of Driver .....	MUHAMMAD TAHA BIN AB AZIZ
NRIC No .....	S8519769Z
Date Of Birth .....	21/06/1985
Occupation .....	Outdoor
Driving Pass Date .....	28/07/2012
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	12 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90624070
Alt. Phone Number .....	-
Email Address .....	MDTZELL@GMAIL.COM
Address .....	BLK 114 PASIR RIS STREET 11 12-579 SINGAPORE 510114
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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

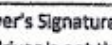
Vehicle Registration Number .....	SNN8663U
Vehicle Manufacturer .....	Mazda


Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	CHOUDHARY RISHA
Passport No/FIN .....	G0749790W
Contact Number .....	(Phone) +65-94871069
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT 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 Authorised 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 rescind 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. The 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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

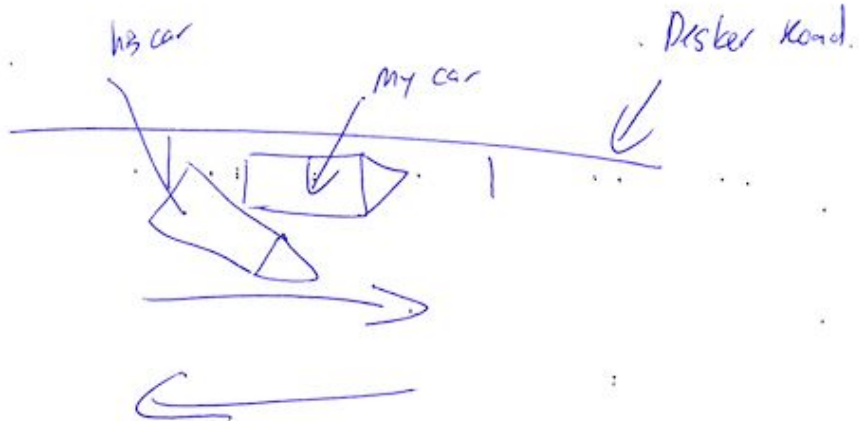
  
 Policyholder's Signature Date  
 & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On E date of 26/11/2024 at about 8:00pm, I was parked at a lot across Desker Road. When I come back to the car I saw a note stating that a car accidentally scratched my rear bumper and there was a few scratches and also damage on my carbon diffuser.

Manage to talk to him and he informs me that I should settle it through insurance.

My car number:

SNM422B

H3 car number:

SNM 8663U

nobody was injured.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At NTH

Claim OD / TP Own W/shop

Reporting Only

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:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



# **INTERVIEW FORM**

Name (Driver) : Muhammad Taha bin Ab Aziz

Policy No : MA040477

Vehicle No : SNH422B

Place of Accident : Diskor Road

Insured Driver's relationship with Insured : Owner

Drunk Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : SNH 866361

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital: 0

Type of collision and the extent/seriousness of the damages to all vehicles/Third Party property involved: Collision while parked.

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

Traffic Police report (attached) : 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  
I, affirmed the above information is given to  
my best knowledge

Attended by (Name & Signature) / Date  
Workshop Name: \_\_\_\_\_

etiqa Insurance Pte Ltd  
One Raffles Quay  
#32-01 North Tower  
Singapore 048563

T +65 63380477  
F +65 63392309

www.etiqa.com.sg  
L20097022, Ins. No. 1013, 1015

A Member of Maybank Group

Accident Information

1 Date of Accident : 26/11/2024 Time(base on 24hrs): 20:00  
 2 Location : Dexter road  
 3 Weather condition : Clear / Rain Road Surface : Dry / Wet  
 4 Claiming under : Own Damage \_\_\_\_\_ Third Party Yes Reporting Only \_\_\_\_\_  
 5 Injuries : Yes / No Type Of Collision : Collision while parked  
 6 Witness Name / Hp : N  
 7 Police Report : Yes / No Which Station : \_\_\_\_\_

VEHICLE A

Vehicle No : SNW422B Model : Mercedes 4A5  
 Policy Holder Name : Muhammad Taha bin AB Aziz  
 Policy I/C No. : 585147642 Contact: 165 90624070  
 Policy Address : Pasir Ris St 11 blk 114 #12-579  
 Policy No. : MA040477 Cover : Comp / 3<sup>rd</sup> pty / Fire n Theft  
 Insurance Company: ctiga No Of Pax 0 (including Driver)  
 1) Na Sex( Male / Female)  
 2) Na Sex(Male / Female)

Driver Particulars

Name : as above NIRC \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Pass Date: 28/07/2022 Gender : Male / Female Occupation: Indoor / Outdoor  
 Contact :HP 90624070 Office \_\_\_\_\_ Home \_\_\_\_\_  
 Email mdtzell@gmail.com Relationship: Spouse/Children/Friend/Relative  
Employee/ Hirer/Parent/Sibling

VEHICLE B : SNW8663U Model: Mazda Insurance : \_\_\_\_\_  
 Driver Name : Choudhary Rishu I/C No. : G0749790W  
 Contact No. : 165 90 9487 1069



















