

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	19/12/2024 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/12/2024 15:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI AIRPORT BEFORE KIM KEAT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ354Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SWAN GEK
NRIC No	S1268911Z
Email Address	MIZSTO2@GMAIL.COM
Mobile Phone No	(Phone) +65-97712466
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	DOLPHIN
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	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0057024

DRIVER

Name of Driver	LI WEIXIONG WINSTON
NRIC No	S8127248D
Date Of Birth	30/08/1981
Occupation	Outdoor
Driving Pass Date	08/08/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84685081
Alt. Phone Number	-
Email Address	MIZSTO2@GMAIL.COM
Address	BLK 230J TAMPINES STREET 21 #12-669
Address complement	-
Postcode	23230
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	WONG OOI YEN
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

AS ABOVE DATE AND TIME, I WAS DRIVING ALONG PIE TOWARDS CHANGI AIRPORT ON LANE 2 ON A 4 LANES EXPRESSWAY. BEFORE KIM KEAT LINK, VEHICLE F (SMN7891X) SLOW DOWN AND STOPPED. I SLOWED DOWN MY VEHICLE (SNQ354Z) AND STOPPED ACCORDINGLY. OUT OF A SUDDEN, I HEARD A COLLISION AT THE REAR OF MY VEHICLE FOLLOWED BY AN IMPACT ON MY REAR FROM VEHICLE B (SKV6672A). DUE TO THE IMPACT, MY VEHICLE SURGED FORWARD AND HIT ONTO VEHICLE F REAR PORTION. I ALIGHTED AND FOUND OUT I WAS INVOLVED IN A 6 CARS CHAIN COLLISION INVOLVING VEHICLE C (SJV2599S), VEHICLE D (GBD5782Z) AND VEHICLE E (GBG2349X).

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 SKV6672A
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 VEHICLE B
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV2599S
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 VEHICLE C
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBD5782Z
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 VEHICLE D
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBG2349X
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	VEHICLE E
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMN7891X
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	VEHICLE F
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LI WEIXIONG WINSTON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNQ354Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WONG OOI YEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNQ354Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

Sketch Plan

Pre towards Changi	A	Vehicle A BNQ394Z
Airport before turn	F	Vehicle B SKY6672A
Right Link	A	Vehicle C SJV2599S
	B	Vehicle D GBD5782Z
	C	Vehicle E GBC72349X
	D	Vehicle F SMN789IX
	E	

Describe Circumstances of the Accident

As above date & time, I was driving along PIE towards Changi Airport on lane 2 on a 4 lane expressway. Before Kam Kest Link, vehicle F (SMN7891X) slow down and stopped. I slowed down my vehicle (SNQ3542) and stopped accordingly. Out of a sudden, I heard a collision at the rear of my vehicle followed by an impact on my rear from vehicle B (SKV6672A). Due to the impact, my vehicle surged forward and hit onto vehicle F rear portion. I alighted and found out I was involved in a 6 car chain collision involving vehicle C (SV25988), vehicle D (GPD57822) and vehicle E (GBG2349X).

Video Footage attached.

Declaration

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

Witnessed by Reporting Centre Personnel



INTERVIEW FORM

Name (Driver) : Li Weixiong, Winston

Policy No : M0057024

Vehicle No : SNQ354Z

Place of Accident : PIE towards Changi Airport before Kallang

Insured Driver's relationship with Insured : Link Mother

Drink Driving of Insured and/or Insured Driver : Nil

No of passenger(s) in Insured vehicle : 1

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

Third Party Vehicle No (if any) : SKV6672A

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

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

Type of collision and the extensiveness of the damages to all vehicles involved:
Head to rear 6 car chain collision.

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)

Driver (Name & Signature)

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

Attended by (Name & Signature)

Workshop Name: _____

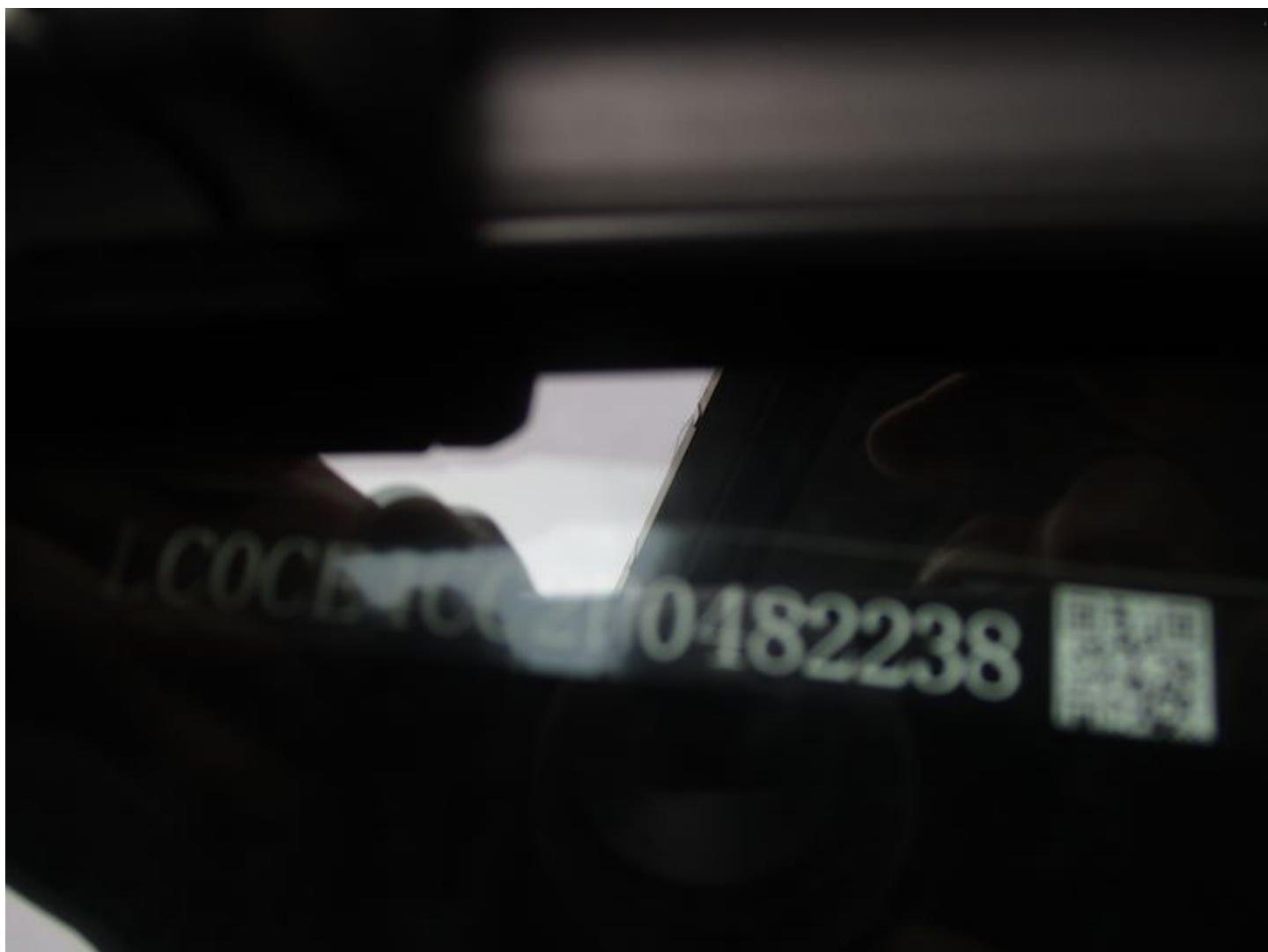
etiqa Insurance Berhad (Company Reg. No. T097C0054K)
5 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Member of the Group



























MX1
70000237
Cov. Type: Comprehensive

eTiqa

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. M0057024

- | | | | | |
|--|--------------|-------------------------|------|----------------------------|
| 1. Index Mark and Registration Number of Vehicle | SNQ354Z | | | |
| 2. Name of Policyholder | Tan Swan Gek | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 26/03/2024 | Excess: Named Drivers | \$\$ | 800 |
| | | Excess: Unnamed Drivers | \$\$ | 800 |
| 4. Date of Expiry of Insurance | 25/03/2026 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No | : | - |
| | | Chassis No | : | LC0CE4CC2P0482238 |
| | | Hire Purchase | : | Hong Leong Finance 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.

Tan Swan Gek

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).

GOPLLEL 02/04/2024 15:43:59

For and on behalf of Etika Insurance Pte. Ltd.

Approved Insurer

Authorised Signature