

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	16/07/2024 12:22 (SGT)
Reported by	Owner
Date of Accident	14/07/2024 06:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH ROAD OPPOSITE KK HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD688C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW ZHAO WE,NICHOLAS
NRIC No	SXXXX708C
Email Address	NICCHOW.ZW@GMAIL.COM
Mobile Phone No	(Phone) +65-91084955
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E53
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	2999

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	SHAHID SUFI BIN MOHAMMAD
NRIC No	SXXXX406B
Date Of Birth	10/04/1970
Occupation	Outdoor

Driving Pass Date	29/10/1999
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97583210
Alt. Phone Number	-
Email Address	NICCHOW.ZW@GMAIL.COM
Address	BLK 119D RIVERVALE DRIVE
Address complement	#03-352
Postcode	544119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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)	4
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	XIAO YAN
Gender	Female

PASSENGER 2

Name	XIAO LU
Gender	Female

PASSENGER 3

Name	CHOW ZHAO WE,NICHOLAS
Gender	Male

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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ142M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	SELLAM PRASANTH
Contact Number	(Phone) +65-82420635
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**

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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**

A = SLD 688C
B = YQ 142M
Bukit Timah Road
Opposite KK Hospital

14/07/2024 6:48am
Location: Bukit Timah Road, Opposite KK Hospital. ^{two female}
Volat engaged @ K palace Orchard Road to drive me and ~~my~~ passengers to our designated locations.
While ~~my~~^{my} car was travelling straight ~~down~~ along Bukit Timah Road towards CTE AMK, a lorry cut into our lane and hit ~~my front~~ the left side of my car.
We then shifted our ~~vehicles~~ ^{to} ~~the~~ vehicles to the left side of the road and called ~~the~~ traffic police for ~~assistance~~ assistance. We exchanged particulars with the other driver.

My car plate is SLD638C
The other party car plate is YQ142M

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



























eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : SHAHID SUFI BIN MOHAMMAD

Policy No : MA014803

Vehicle No : SLD688C

Place of Accident : Bukit Timah Road Opposite KK Hospital

Insured Driver's relationship with Insured : Vehicle Driver

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 3

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

Third Party Vehicle No (if any) : YQ142M

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

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
No

Type of collision and the extensiveness of the damages to all vehicles involved:
SLD688C (Left Hand side) / YQ142M (Right Hand side)

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) : [Signature]

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

Attended by (Name & Signature) : [Signature]

Workshop Name: Optima Werkz

Etiqua Insurance Berhad (Company Reg. No. T09F0054K)
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