

# 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 .....	22/07/2024 12:59 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/07/2024 19:30 (SGT)
Exact Location of Accident .....	Maju Ave, Singapore
Additional Location Information .....	OPEN SPACE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT8878Y
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WANG FENGLIN
NRIC No .....	S9071825H
Email Address .....	FENGLIN_7@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-98237997
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
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 .....	999

### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA028625

### DRIVER

Name of Driver .....	WANG FENGLIN
NRIC No .....	S9071825H
Date Of Birth .....	14/05/1990
Occupation .....	Indoor

Driving Pass Date .....	03/03/2011
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98237997
Alt. Phone Number .....	-
Email Address .....	FENGLIN_7@HOTMAIL.COM
Address .....	BLK 38A PINE LANE #14-32
Address complement .....	-
Postcode .....	391038
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? .....	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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240721/7078.

#### 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 .....	SKS5636C
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) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	TITUS
Phone .....	(Phone) +65-91890284
Email .....	-

## SKETCH PLAN

## 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 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 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. 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 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

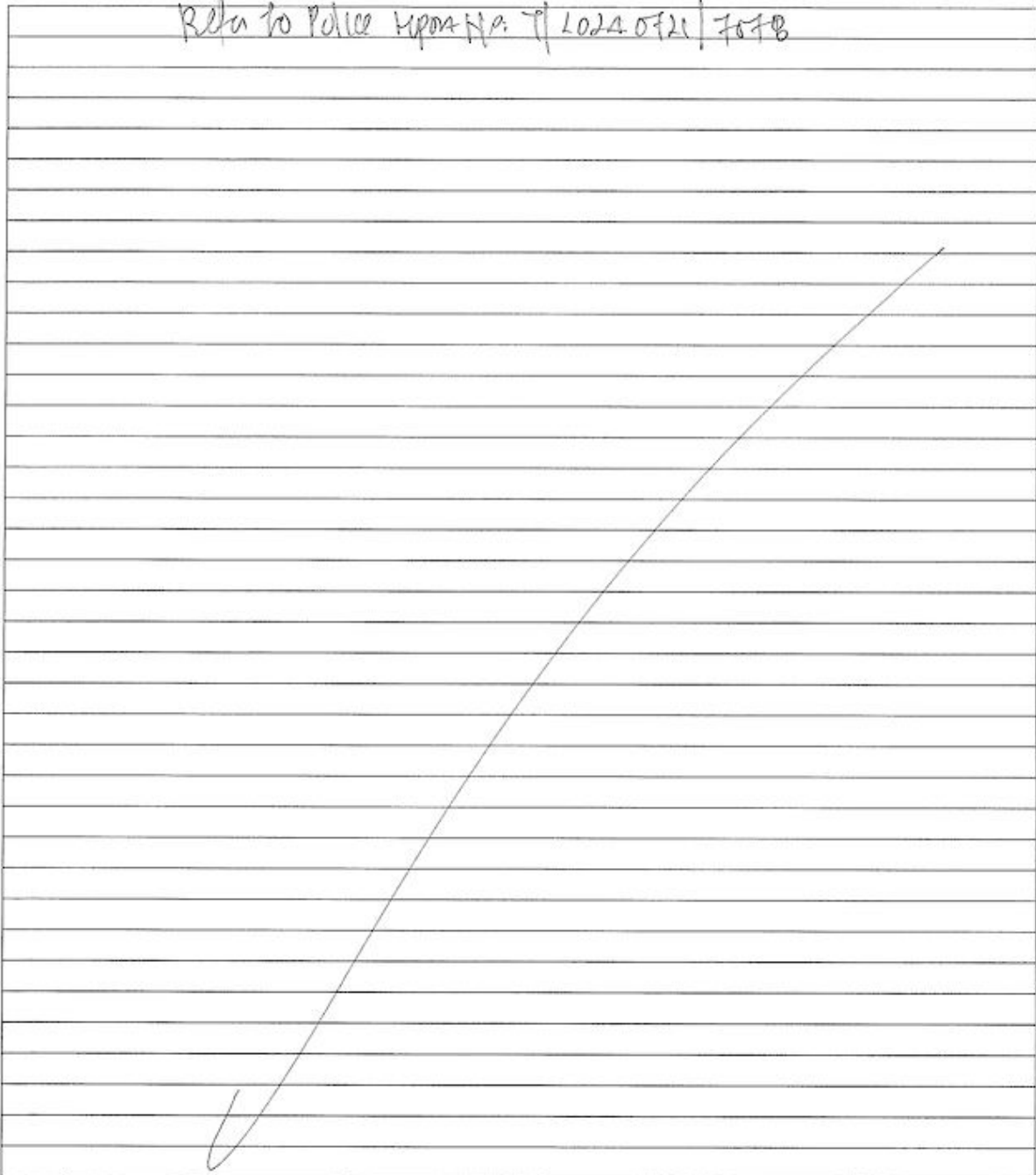
Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

Refer to Police report No. T/10240721/7078



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) : Wang Fenglin

Policy No : MP028625

Vehicle No : SRT 88784

Place of Accident : Mazda Avenue

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : NIL

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

Third Party Vehicle No (if any) : SKS 5636C

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

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

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
stationary

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
Titus - 9189 0284

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)

[Signature]  
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  
#22-01 North Tower  
Singapore 048583

T +65 63360477  
F +65 63392109

www.etiqa.com.sg  
Company Reg. No. 20133909X

A Member of Maybank Group





























# SINGAPORE POLICE FORCE



T/20240721/7078

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

1 of 3

Report No. T/20240721/7078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2024 22:02	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars				
Name of Informant: WANG FENGLIN		Address: 38A PINE LANE #14-32 PINE VISTA SINGAPORE 391038		
ID Type / ID No.: NRIC NO / S9071825H		Contact No.: Home/Office: Mobile: 98237997		
Nationality: SINGAPORE CITIZEN		Email: FENGLIN_7@HOTMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 14/05/1990	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Software developer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/07/2024 19:30	Type of Location: Car Park	
Location: MAJU AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKS5636C	Motor car	TOYOTA	HARRIER	Silver		0
SMT8878Y	Motor car	AUDI	A3	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMT8878Y	ETIQA INSURANCE BERHAD	MA028625	19/03/2024	18/03/2025





**SINGAPORE  
POLICE FORCE**



T/20240721/7078

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

2 of 3

Report No. T/20240721/7078

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WANG FENGLIN	ID No.	S9071825H
Related Vehicle	SMT8878Y (Motor car)	Contact No.	98237997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

MY CAR IS PARKED AT LOT NO 38. WHICH IS ON THE LEFT SIDE, THERE IS A WITNESS IN THE RESTUARANT BESIDE MY CAR WHO WAS HAVING DINNER AT THE TIME OF THE ACCIDENT. HE SAYS THAT CAR HIT MY CAR AND LEFT WITHOUT LEAVING ANY DETAILS TO CONTACT THEM. THERE IS NOTICABLE DAMAGE ON MY CAR'S RIGHT REAR.

THE OFFENDING VEHICLE'S CAR PLATE IS SKS5636C  
SILVER TOYOTA HARRIER PREMIUM 2.0A.

WITNESS IS NAMED TITUS, AND HIS PHONE NUMBER IS 91890284.

**SINGAPORE  
POLICE FORCE**

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



T/20240721/7078

3 of 3

Report No. T/20240721/7078

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
NEO ZHI YUAN  
Contact No.: 65476079

This report is lodged at Geylang NPC Kiosk 1  
NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
21/07/2024 22:02

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS2X247M0009 Vehicle Registration No: SM785784  
 Name (as shown in NRIC): WANG FONG LIN NRIC/FIN/Passport No: S 9071825H  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 923 7997  
 Email Address: \_\_\_\_\_  
 Date of Accident: 21/07/24 Time of Accident: 1930  
 Place of Accident: \_\_\_\_\_  
 Insurance Company: ETICA

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- AMEND DATE OF ACCIDENT

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date:

MXI  
70000239  
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.** MA028625

- |  |              |                         |                     |       |
|--|--------------|-------------------------|---------------------|-------|
| 1. Index Mark and Registration Number of Vehicle                           | SMT8878Y     |                         |                     |       |
| 2. Name of Policyholder  | WANG FENGLIN |                         |                     |       |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 19/03/2024   | Excess: Named Drivers   | SS                  | 500   |
|  |              | Excess: Unnamed Drivers | SS                  | 1,000 |
|  |              | Excess: Windscreen      | SS                  | 100   |
| 4. Date of Expiry of Insurance   | 18/03/2025   |                         |                     |       |
| 5. Persons or Classes of Persons entitled to drive                         |              | Engine No               | : CHZC34784         |       |
|  |              | Chassis No              | : WAUZZ28V5LA006454 |       |

(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.

WANG FENGLIN

XU JINGXUAN

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 / UA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://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).

GOPNALI 13/02/2024 13:18:09

For and on behalf of **eTiQa Insurance Pte. Ltd.**  
Approved Insurer

Authorised Signature