

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 Submission	13/02/2023 13:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/02/2023 10:40 (SGT)
Exact Location of Accident	102 Irrawaddy Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH523L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN CHEE MING
NRIC No	S6930157F
Email Address	STEVENCHAN5@YAHOO.COM
Mobile Phone No	(Phone) +65-97259808
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0033449

DRIVER

Name of Driver	CHAN CHEE MING
NRIC No	S6930157F
Date Of Birth	25/08/1969
Occupation	Indoor

Date Of Driving Pass	16/01/1987
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97259808
Alt. Phone Number	-
Email Address	STEVENCHAN5@YAHOO.COM
Address	BLK 258B COMPASSVALE ROAD #08-571
Address complement	-
Postcode	542258
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 - Major/Minor Rd
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG IRRAWADDY ROAD ON LANE 1, GOING STRAIGHT TOWARDS THE MAIN ROAD. SUDDENLY, A CAR BANGED ME ON THE LEFT SIDE. WHICH WAS VEHICLE B HIT ME. I TURNED TO LOOK AND REALISED THAT VEHICLE B WAS COMING OUT FROM A MINOR ROAD (FROM SQUARE 2) AND WANTED TO TURN TO HER RIGHT. SHE DID NOT CHECK FOR ONCOMING CAR AND JUST TURNED. SHE HIT ONTO THE LEFT SIDE OF THE CAR. I NOTICED THERE IS A STOP LINE ON THE MINOR ROAD THAT SHE WAS COMING OUT FROM. WHEN I CAME DOWN TO INSPECT THE DAMAGES, VEHICLE B HAS THE FRONT PART OF THE CAR DAMAGED.

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	SJQ581G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUZANNA SIM
Contact Number	(Phone) +65-91692981
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

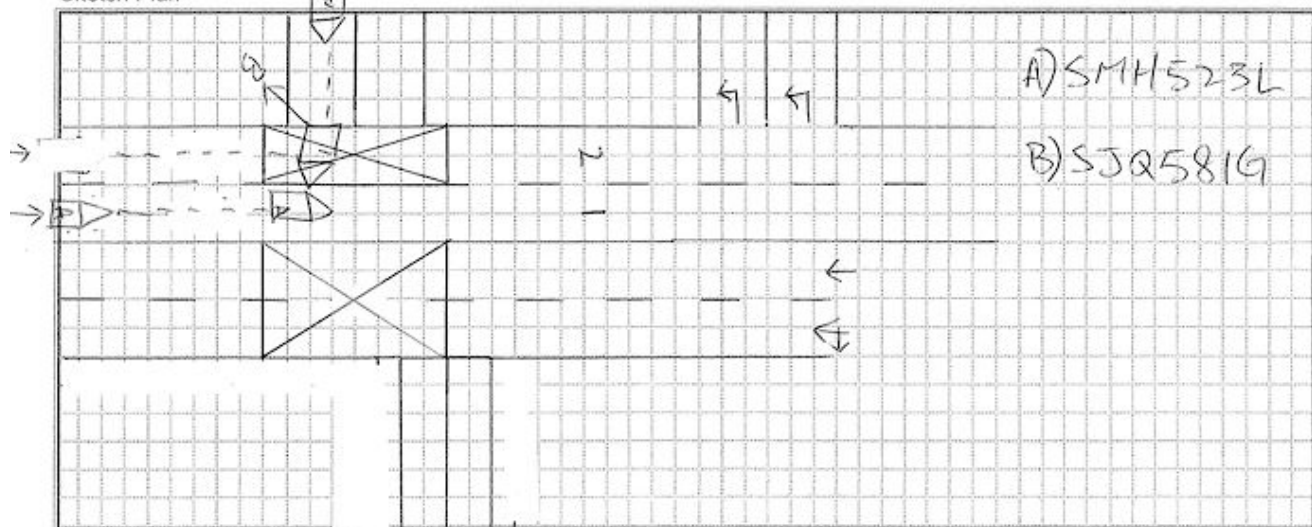
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



Describe Circumstance of the Accident

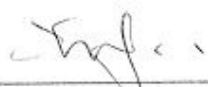
I was driving along Irrawaddy Road on lane 1, going straight towards the main road. Suddenly a car barged me on the left side, which was vehicle B hit me. I turned to look and realised that vehicle B was coming out from a minor road (from Square 2) and wanted to turn to her right. She did not check for oncoming car and just turned. She hit onto my left side of the car. I noticed there is a stop sign on line on the minor road that she was coming out from.

When I came down to inspect the damage, vehicle B has the front part of the car damaged.

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

13/2/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



INTERVIEW FORM

Name (Driver) : CHAN HER MING

Policy No : M0033449

Vehicle No : SMH523L

Place of Accident : 102 LRRAWADDY Rd

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) : SJQ581G

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 involved:
head and left side

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

Traffic Police report (enclosed) : Yes ☒ No ☐

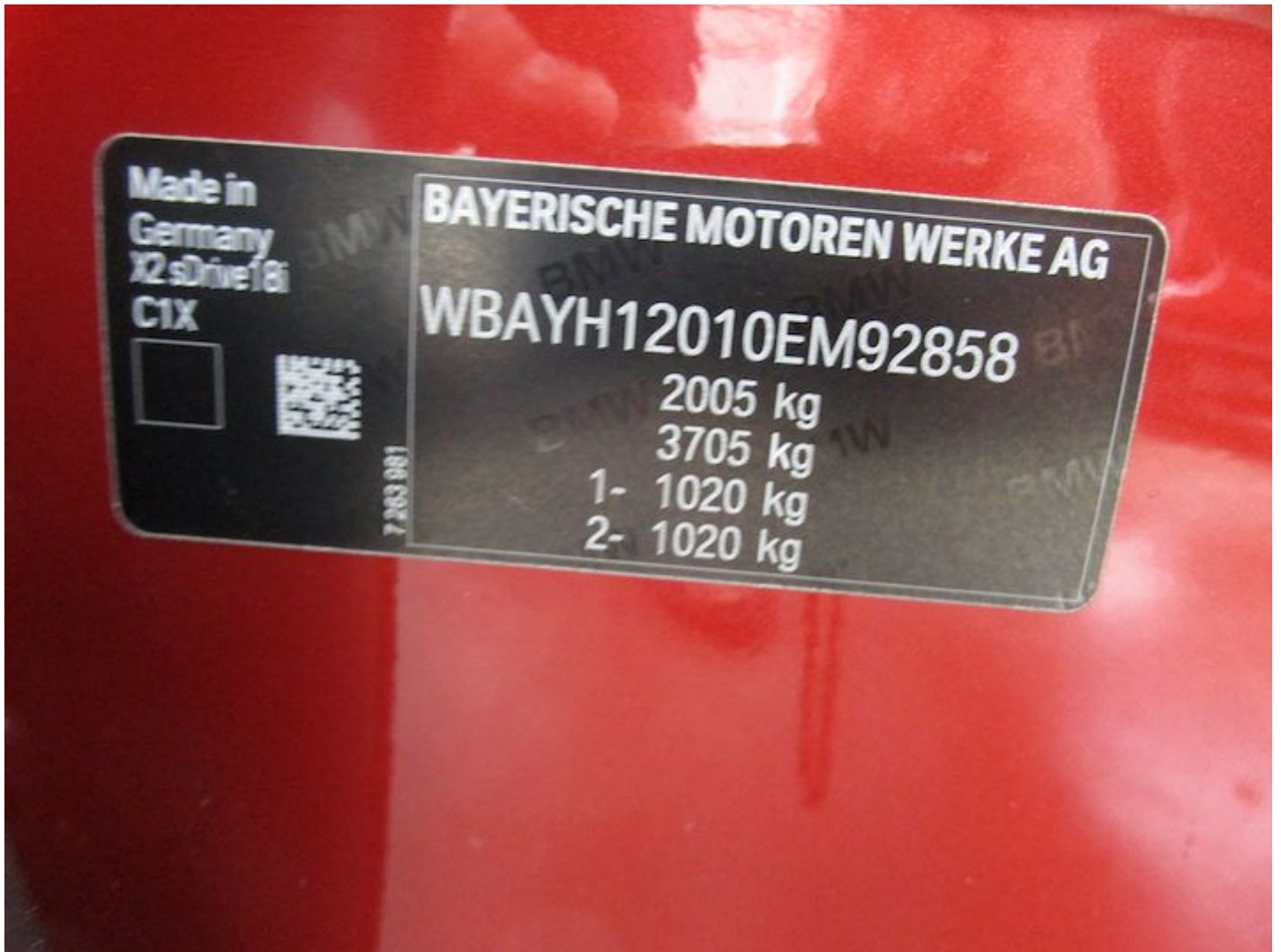
Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) : [Signature]
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) : _____
Workshop Name: _____

Etiga Insurance Berhad (Company Reg. No. 1091C0054K)
1 North Bridge Road, #08-01 High Street Center, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

A Member of the **CELESTIAL GROUP**

















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: SS2X232D0008 Vehicle Registration No: SMH 503L
 Name (as shown in NRIC): CHAN CHEE MINET NRIC/FIN/Passport No: S6930157F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9725 9808
 Email Address: _____
 Date of Accident: 11/02/2023 Time of Accident: 10.40
 Place of Accident: 102 IRRAWADDY RD
BTR4
 Insurance Company: _____

(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 VEHICLE NUMBER

 Policyholder / Driver's Signature
 Date:

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



MX1
70000234
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. M0033449

- | | | | |
|--|----------------|--------------------------------|---------|
| 1. Index Mark and Registration Number of Vehicle | SMH523L | | |
| 2. Name of Policyholder | Chan Chee Ming | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 13/12/2022 | Excess: Named Drivers | S\$ 600 |
| 4. Date of Expiry of Insurance | 12/12/2023 | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No : 37665472B38A15A | |
| | | Chassis No : WBAYH12010EM92858 | |
| | | Hire Purchase : DBS BANK LTD | |

(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.

Chan Chee Ming
Brendan Chan Wai Kin

Jenny Huang

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.

7. Loss of Use Benefit

Daily transport allowance of S\$100 up to a maximum of ten (10) days, if the period of repairs recommended by our appointed surveyor or loss adjuster exceeds four (4) days. (For full terms & conditions, please refer to the policy wording.)

* 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).

For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer

GOPL11L 06/10/2022 17:46:36



Authorised Signature