

## 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 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 ability.
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 Report	10/05/2018 14:24
Date Of Accident	09/05/2018 21:00
Exact Location Of Accident	TRAFFIC LIGHT JUNC OF AMK AVE 1 & LI HWAN DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8049Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG CHUN HIEN
NRIC No	S2505880A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90042404
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0010326
Cover Note Number	

### Driver

Name of Driver	NG YONG JING
NRIC No	S9047984I
Date Of Birth	18/12/1990
Occupation	INDOOR
Date Of Driving Pass	13/12/2010
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91555433
Fax Number	
Contact Number	
Email Address	NGYONGJING90@GMAIL.COM

Address	BLK 690C CHOA CHU KANG CRESCENT #21-88
Postcode	683690
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4521Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR LIZA BT MD NOR
NRIC/Passport Number	S8200357F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

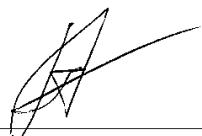
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (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:

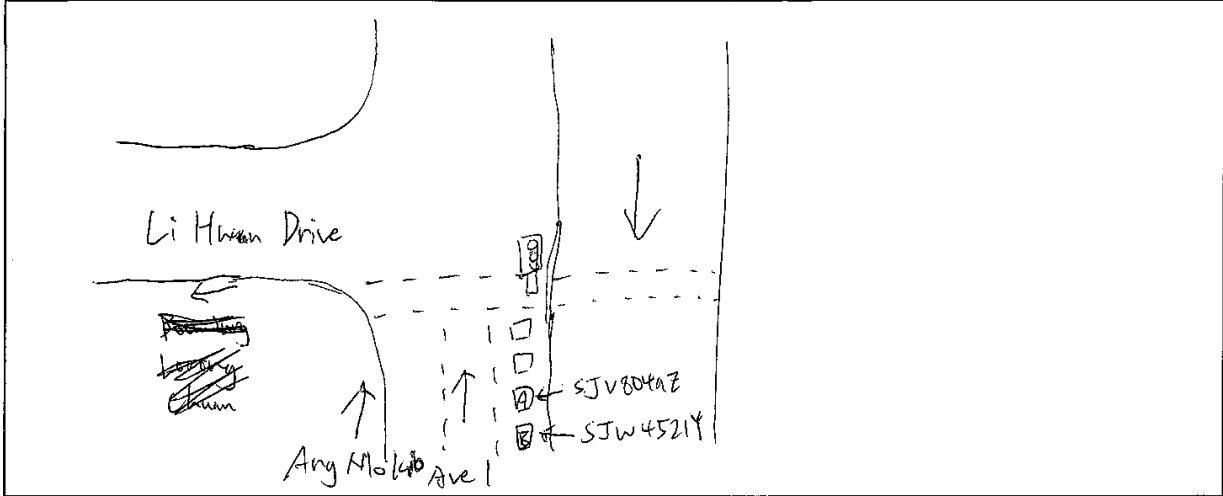
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan Pg. 2

## SKETCH PLAN

Accident Date: 9/5/2018 Time: 9pm Location: Traffic Light Junction of Argemao Rio  
My Vehicle A: SJV8049Z Vehicle B: SJW4521Y Vehicle C/Others: Avel and Li Hwan



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My car was stationary on the right most lane, along Any mo lio Ave, traffic junction. It was red light and I was waiting for the light to turn green. I was the third car in line.

Suddenly, the other vehicle, 5TW4521Y, crashed into the back of my car. I put the car to park, activated hand brake and came down to investigate.

( ) Claim OD / TP at Ah Lim Motor     ~~( ) Claim OD / TP at other workshop~~     ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :  
Email Address :  
& Myself :  
Email Address : *ngyongjing40@gmail.com*

**Note :** Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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

Witnessed by Reporting Centre  
Personnel

10/5/18 1330hrs



**INTERVIEW FORM**

Name (Driver) : Ng Yong Jing

Policy No : M6010326

Vehicle No : SJV8049Z

Place of Accident : Ang Mo Kio Ave 1

Insured Driver's relationship with Insured : Friend

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : No

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

Third Party Vehicle No (if any) : SJW4521Y

No of passenger(s) in Third Party Vehicle : 1

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/Third Party property involved:  
Head & rear

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) / Date : [Signature]

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

Attended by (Name & Signature) / Date : [Signature]

Workshop Name: \_\_\_\_\_

Etiqua Insurance Pte Ltd  
One Raffles Quay  
#22-01 North Tower  
Singapore 048583

T +65 63360477  
F +65 63392109

www.etiqua.com.sg  
Company Reg. No. 201331905K

A Member of Maybank Group

## CERTIFICATE OF INSURANCE

<b>CERTIFICATE No.</b>		<b>M0010326</b>	
1.	Index Mark and Registration Number of Vehicle	SJV8049Z	
2.	Name of Policyholder	Yong Chun Hien	
3.	Effective Date of Commencement of Insurance for the purposes of the Act	09/02/2018	Excess: Named Drivers S\$600 Excess: Unnamed Drivers S\$1,100 Excess: Windscreen S\$100
4.	Date of Expiry of Insurance	08/02/2019	
5.	Persons or Classes of Persons entitled to drive		
(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.			
Yong Chun Hien		Ong Siew Cheng	
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 FOR THE POLICYHOLDER'S BUSINESS. 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.

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](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)).

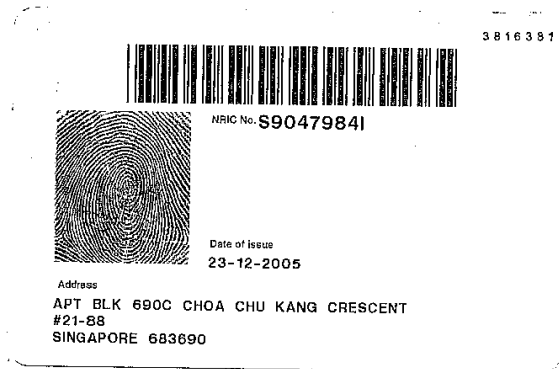
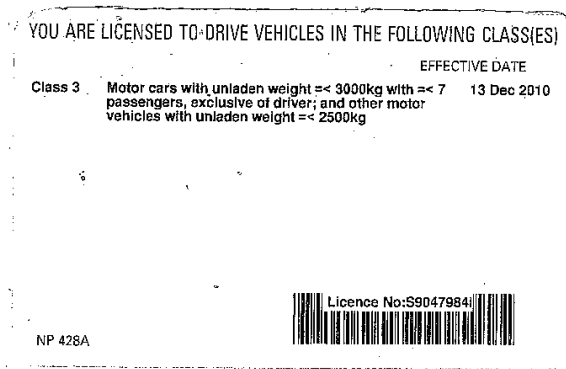
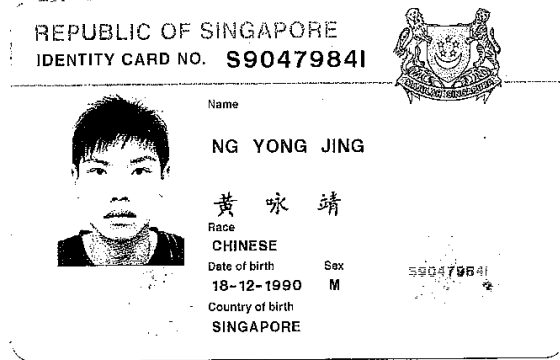
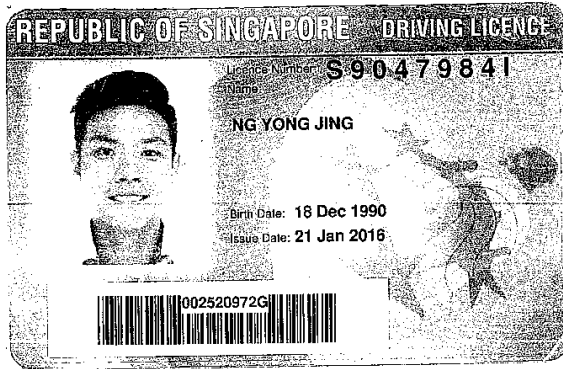
I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GOPNDEE 25/01/2018 16:12:21



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

Authorized Signature



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S8200357F**  
Name  
**NUR LIZA BINTE MD NOR**

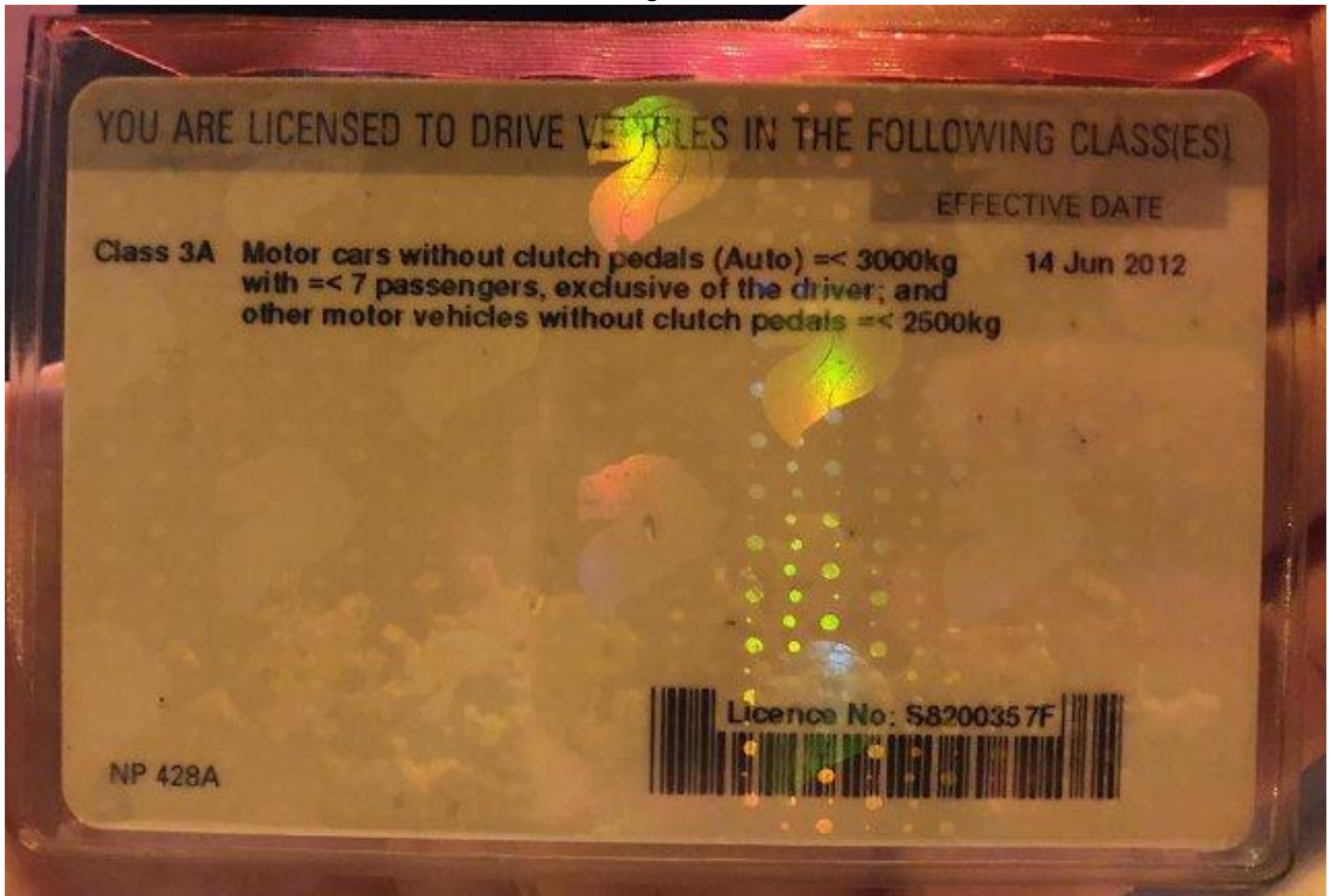
Birth Date: **05 Jan 1982**  
Issue Date: **14 Jun 2012**



 002077370J



Driving License



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

