

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	26/07/2018 09:48
Date Of Accident	24/07/2018 21:40
Exact Location Of Accident	SLIP ROAD OF BISHAN ROAD TWDS BISHAN ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2997G
Insured/Policyholder	
Name Of Registered Owner	ONG SUAT LIN
NRIC No	S7633322Z
Email Address	XENONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98463322
Alternative Phone No	OTHERS-98463322

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	M0006784
Cover Note Number	29/05/2018 - 28/05/2019

Driver

Name of Driver	ANN, JIA HUOY ANG
NRIC No	S7919809I
Date Of Birth	09/07/1979
Occupation	INDOOR
Date Of Driving Pass	25/09/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96203021
Fax Number	
Contact Number	
EEmail Address	PUYAIK@YAHOO.COM

Address	210 BISHAN ST 23 #13-351
Postcode	570210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	NO
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

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG THE SLIP ROAD OF BISHAN ROAD TOWARDS BISHAN STREET 22. I STOPPED MY VEHICLE AFTER THE PEDESTRIAN CROSSING BEFORE EXITING TO BISHAN STREET 22, TO CHECK FOR THE ONCOMING TRAFFIC. SUDDENLY I FELT AN IMPACT AND REALIZE VEHICLE B (SGM4000Y) HAD HIT ONTO THE REAR OF MY VEHICLE.

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	SGM4000Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AARON, SEAT MUN HOE
NRIC/Passport Number	S9618257J
Contact Number	84889503
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

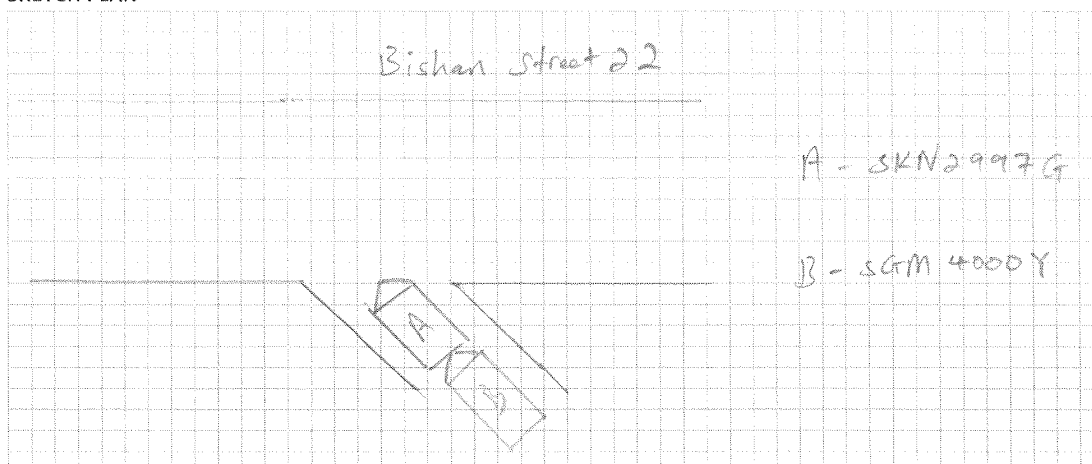
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personal Data Protection Act
Name:
NRIC/FIN No.:


Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA report

	You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	
		Reporting Only
	<input checked="" type="checkbox"/>	Claim OD
	<input checked="" type="checkbox"/>	Claim TP
	<input checked="" type="checkbox"/>	Claim OD/TP at other workshop

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: _____

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7919809I



Name

ANN ANG JIA HUOY
(ANN WENG JIAHUI)

翁 佳 汇

Race

CHINESE

Date of birth

09-07-1979

Sex

F

Country of birth

SINGAPORE

S7919809I

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Ann Ang Jia Huoy

License Number: S7919809I

Name: ANN ANG JIA HUOY (ANN WENG JIAHUI)

Birth Date: 09 Jul 1979

Issue Date: 01 Aug 2003

Barcode: 000706195K

4526063

Barcode

NRIC No. S7919809I

Fingerprint

Date of issue: 11-02-2010

Address: APT BLK 210 BISHAN STREET 23 #13-351 SINGAPORE 570210

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Sep 2001

License No: S7919809I

**INTERVIEW FORM**

Name (Driver) : Ann Ang Jia Huey

Policy No : M0006784

Vehicle No : SKN2997G

Place of Accident : Slip road of Bishan Road Twds Bishan Street 22

Insured Driver's relationship with Insured : Relative

Drink Driving of Insured and/or Insured Driver : Nil

No of passenger(s) in Insured vehicle : -

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

Third Party Vehicle No (if any) : SGM 4000Y

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

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:
Head/Rear

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)

Jia Huey
Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

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

Etiqua Insurance Pte Ltd
One Raffles Quay
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Singapore 048583

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F +65 63392109

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

A Member of Maybank Group

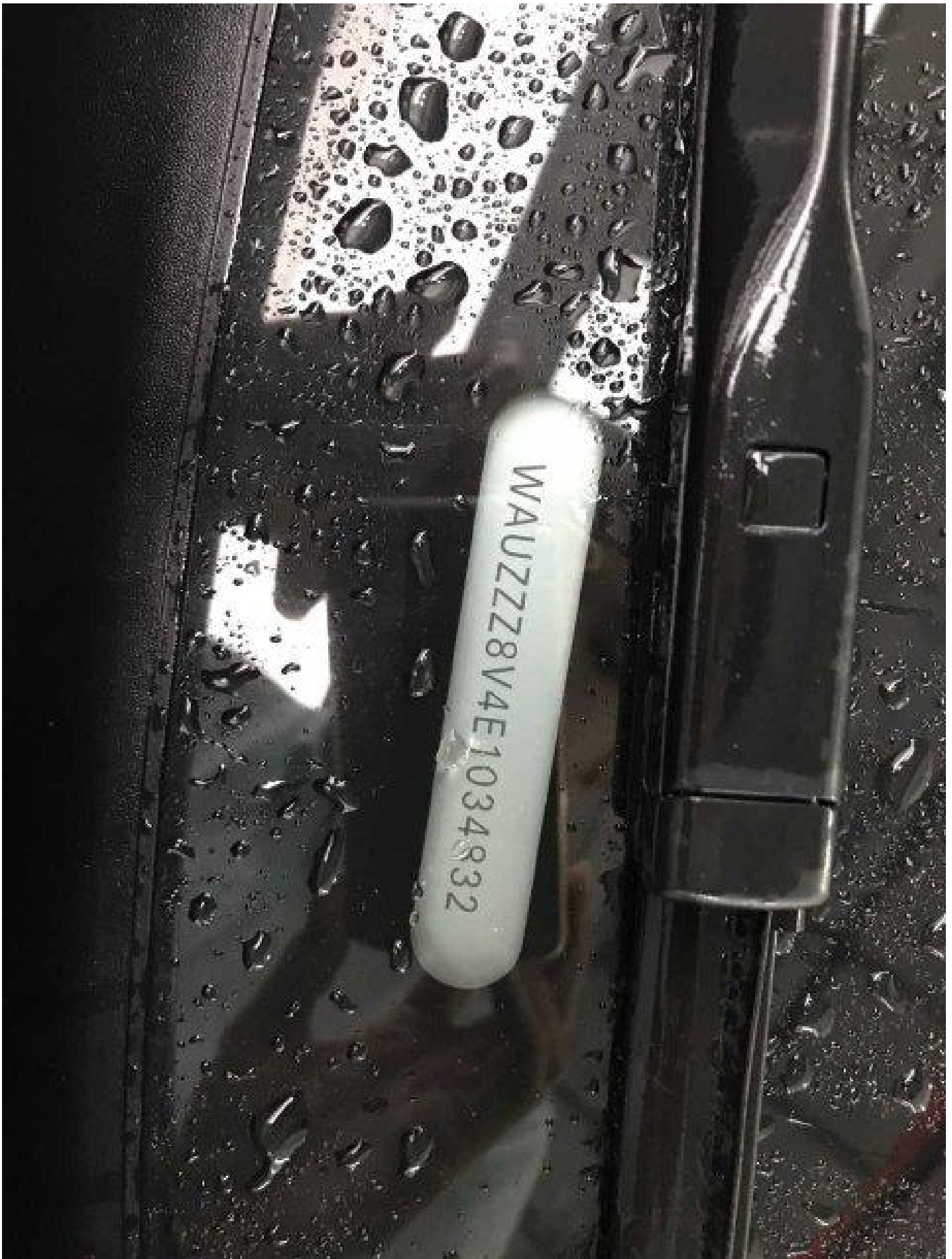
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

