

## 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 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 Report	12/12/2018 16:17
Date Of Accident	25/10/2018 14:30
Exact Location Of Accident	STEVENS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1686A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWOK HUI WEN CARA
NRIC No	S8837970E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96339894
Alternative Phone No	OFFICE-96339894

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (A)
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	MA002287
Cover Note Number	

### Driver

Name of Driver	LOW SIEW HWA KENNETH
NRIC No	S1355484F
Date Of Birth	24/11/1959
Occupation	INDOOR
Date Of Driving Pass	14/03/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96339894
Fax Number	
Contact Number	
Email Address	JCINC@SINGNET.COM.SG

Address	19 SHAMAH TERRACE
Postcode	2159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER IN-LAW
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 SKETCH PLAN

#### 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	SHC5156R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GI 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 lodgment 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:

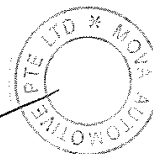
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

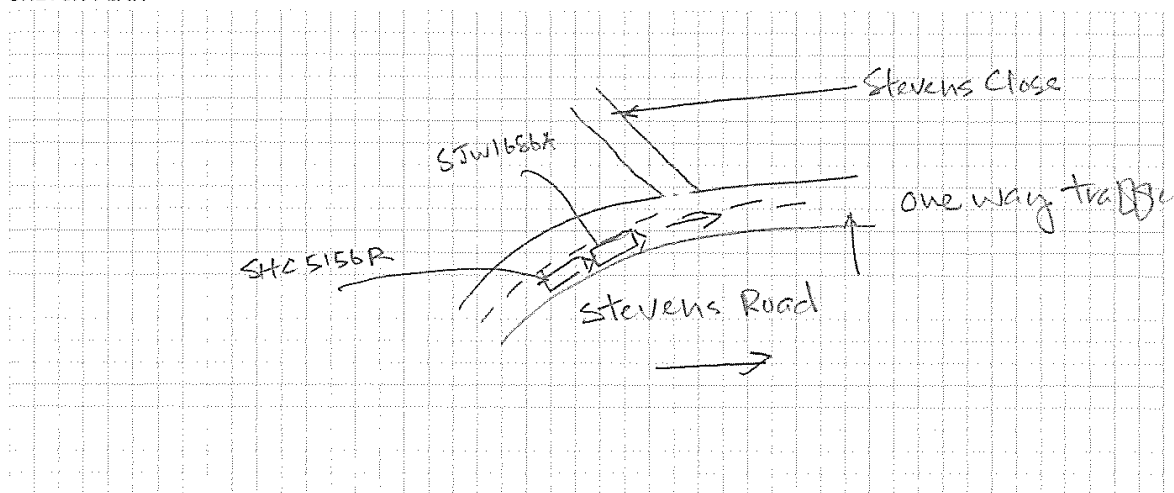
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

12/12/18



## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJW 1626A ACCIDENT DATE & TIME: 25/10/2018 2-30pm

CONTACT NUMBER: 96339894 E-MAIL ADDRESS: jcinc@singnet.com.sg

LOCATION: Stevens Road (Stevens Close)

On 25/10/2018 at about 2-30pm as I was driving along Stevens Road and come to Stevens Close area where traffic was heavy and come to stop.

A taxi SHC 5156 R (Red taxi) driven by one Colin Ker bang onto my rear.

The delay in my reporting is because Colin Ker was supposed to settle with me privately, however after waiting for few weeks he has avoided me completely.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

( ) Claim Own Policy ☒ Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/12/18

4 pm

Reporting/Centre Personnel's Signature

Name:

NRIC/FIN No.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


Licence Number **S1355484F**

Name **LOW SIEW HWA KENNETH**

Birth Date **24 Nov 1959**

Issue Date **10 Mar 2014**

002283128K



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1355484F**

Name **LOW SIEW HWA KENNETH**


劉修華

Race **CHINESE**

Date of Birth **24-11-1959**

Sex **M**

Country of Birth **SINGAPORE**



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

**EFFECTIVE DATE**

**Class 3** Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **14 Mar 1977**

NP 428A


Licence No: S1355484F

0784899

NRIC No. **S1355484F**

Blood Group **O+** Date of issue **05-07-1994**

Address **19 SHAMAH TERRACE SINGAPORE 2159**





MX1  
70000003  
COV.Type: CO

**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. MA002287

- |   |                   |   |
|---|-------------------|---|
| 1. Index Mark and Registration Number of Vehicle  | SJW1686A          |   |
| 2. Name of Policyholder   | KWOK HUI-WEN CARA | - 58837970 E  |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act  | 01/07/2018        | Engine No.: B4204T7A003491<br>Chassis No.: PNVDZ475BC5333141<br>Hire Purchase: MAYBANK<br>Excess (Named Drivers): S\$800.00<br>Excess (Unnamed Drivers): S\$1300.00 |
| 4. Date of Expiry of Insurance  | 30/06/2019        |   |
| 5. Persons or Class 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.   |                   |   |

KWOK HUI-WEN CARA

LOW SIEW HWA KENNETH

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 SO 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 headings.

**Policy Owners' Protection Scheme**

This policy is protected under the Policy Owners' 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 General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) / [www.lia.org.sg](http://www.lia.org.sg) / [www.sdic.org.sg](http://www.sdic.org.sg)).

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

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

Authorised Signature

# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : LOW SIEW HWA KENNETH

Policy No : MA002287

Vehicle No : ~~SJW 1686A~~ SJW 1686A

Place of Accident : Stevens Road

Insured Driver's relationship with Insured : Father & Daughter-in-law

Drink Driving of Insured and/or Insured Driver : No

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) : SHC 5156 R

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

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

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

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

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)

Kenneth Low


Driver (Name & Signature) / Date 12/12/2018  
I, affirmed the above information is given to my best knowledge

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

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

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F +65 63392109

www.etiqa.com.sg  
Company Reg. No. 200203001

A Member of  Maybank Group

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

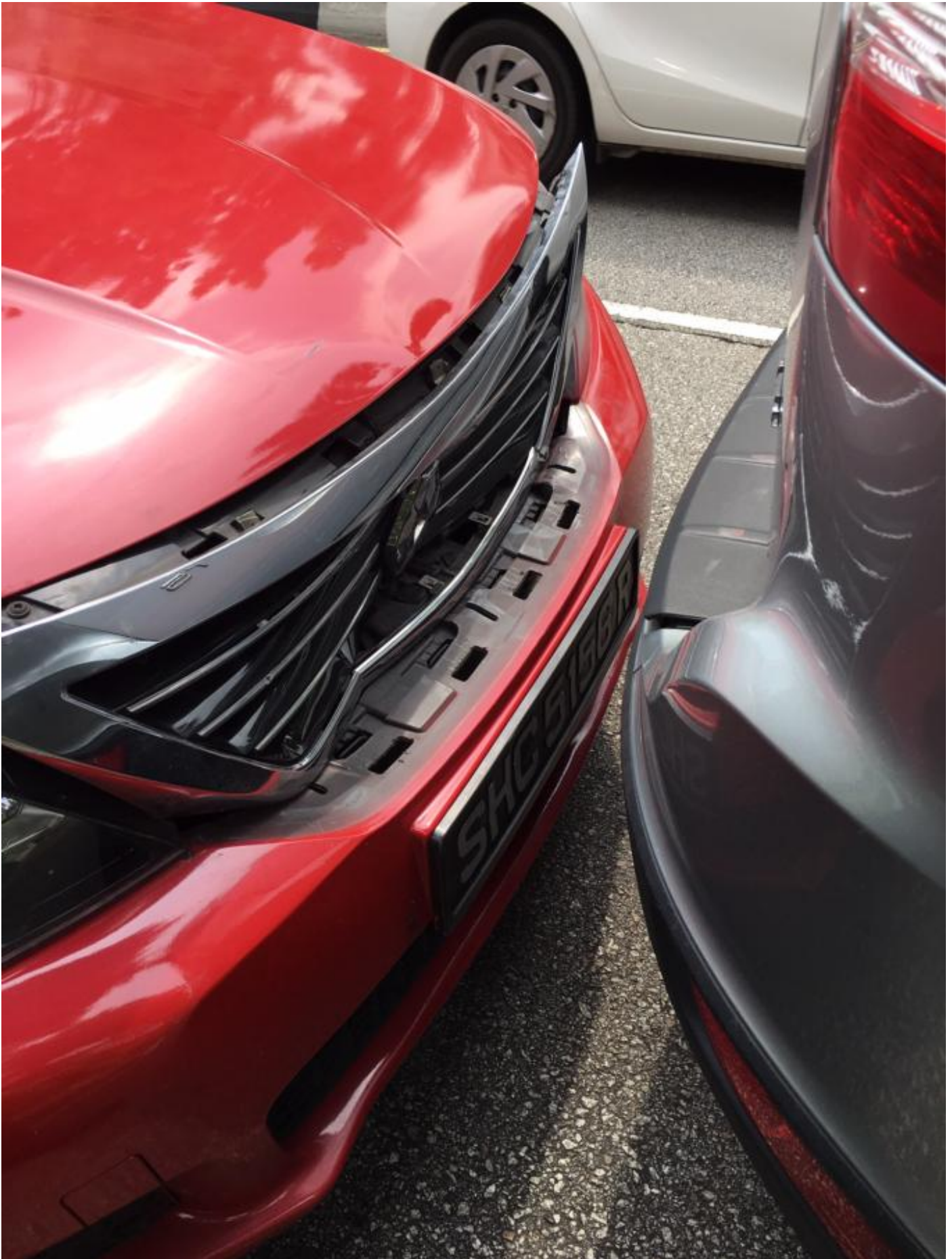


Accident Photo





Accident Photo



Accident Photo





Accident Photo

