

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	23/02/2019 15:35
Date Of Accident	23/02/2019 11:30
Exact Location Of Accident	PIE TO CHANGI (BEFORE CTE/CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3318L
Insured/Policyholder	
Name Of Registered Owner	CHONG JIN HUA
NRIC No	S8320573C
Email Address	ALVINCHONGJH88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90029586
Alternative Phone No	OFFICE-90029586

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C350E
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	M0009293
Cover Note Number	

Driver

Name of Driver	CHONG JIN HUA
NRIC No	S8320573C
Date Of Birth	08/07/1983
Occupation	INDOOR
Date Of Driving Pass	27/11/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029586
Fax Number	
Contact Number	OFFICE-90029586
Email Address	ALVINCHONGJH88@GMAIL.COM

Address	7 HILLVIEW WAY
Postcode	669178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : ADRIAN TAN GENDER: : MALE

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

IN FRONT VEHICLE SLOW DOWN. I SLOW DOWN TOO. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR.

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	SLE372H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

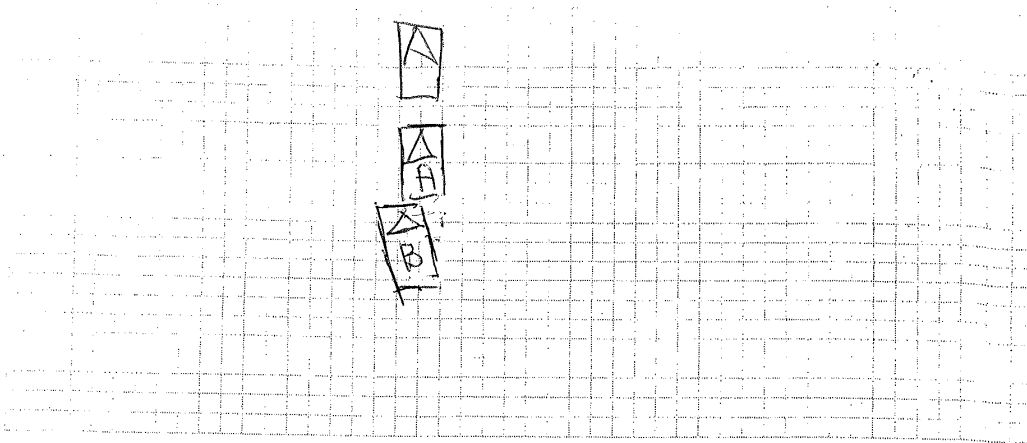
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

X 
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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

INFROM VEHICLE SLOW DOWN, I SLOW DOWN TOO. SUDDELY
 VEHICLE B HIT ONIC + my VEHICLE REAR

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.:

eTiQa

Insurance

INTERVIEW FORM

Name (Driver)

CHONG JIN ANUA #CVIR

Policy No

M0009292

Vehicle No

SLU 33 CL L

Place of Accident

P12 TO CHANGI (BEFORE CTE / C124)

Insured Driver's relationship with Insured :

(INSURED)

Drink Driving of Insured and/or Insured Driver :

NO

No of passenger(s) in Insured vehicle :

1

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

NO

Third Party Vehicle No (if any)

SLB 372 H

No of passenger(s) in Third Party Vehicle :

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

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):

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

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

Attended by (Name & Signature) / Date

Workshop Name:

Insurance Pte Ltd
Raffles Quay
01 North Tower
aport 048583

03360477
03382109

03360477
03382109

A Member of Maybank Group

Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8320573C**

Name: **CHONG JIN HUA, ALVIN**
(ZHANG JINHUA, ALVIN)

Birth Date: **08 Jul 1983**

Issue Date: **27 Nov 2007**

001547695G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8320573C**

Name: **CHONG JIN HUA, ALVIN**
(ZHANG JINHUA, ALVIN)
张锦华



Race: **CHINESE**

Date of birth: **08-07-1983**

Sex: **M**

Country/Place of birth: **SINGAPORE**

5226515

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

		PASS DATE
Class 3A	Motor cars without clutch pedals ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals ≤ 2500 kg	27 Nov 2007
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	02 Feb 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	25 Apr 2017

S8320573C

S / No. 9000258965

NP 428A


Licence No: S8320573C

5226515

NRIC No: **S8320573C**

Date of issue: **07-10-2013**

Address: **7 HILLVIEW WAY**
SINGAPORE 669178



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

