

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	30/03/2019 15:09
Date Of Accident	30/03/2019 13:30
Exact Location Of Accident	KALLANG WAVE BASEMENT CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA899K
Insured/Policyholder	
Name Of Registered Owner	TEO GARY
NRIC No	S7306834G
Email Address	GARYTEO.MAIL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98333394
Alternative Phone No	OFFICE-98333394

Vehicle Particulars

Manufacturer	PORSCHE
Model	BOXSTER
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	MA002813
Cover Note Number	

Driver

Name of Driver	TEO GARY
NRIC No	S7306834G
Date Of Birth	02/03/1973
Occupation	INDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98333394
Fax Number	
Contact Number	OFFICE-98333394
Email Address	GARYTEO.MAIL@GMAIL.COM

Address	120 TANJONG RHU RD #01-04 S436904
Postcode	
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?	
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 REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF1200X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

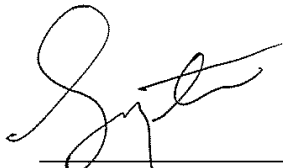
SKETCH PLAN

IMPORTANT NOTICE

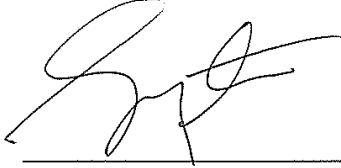
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

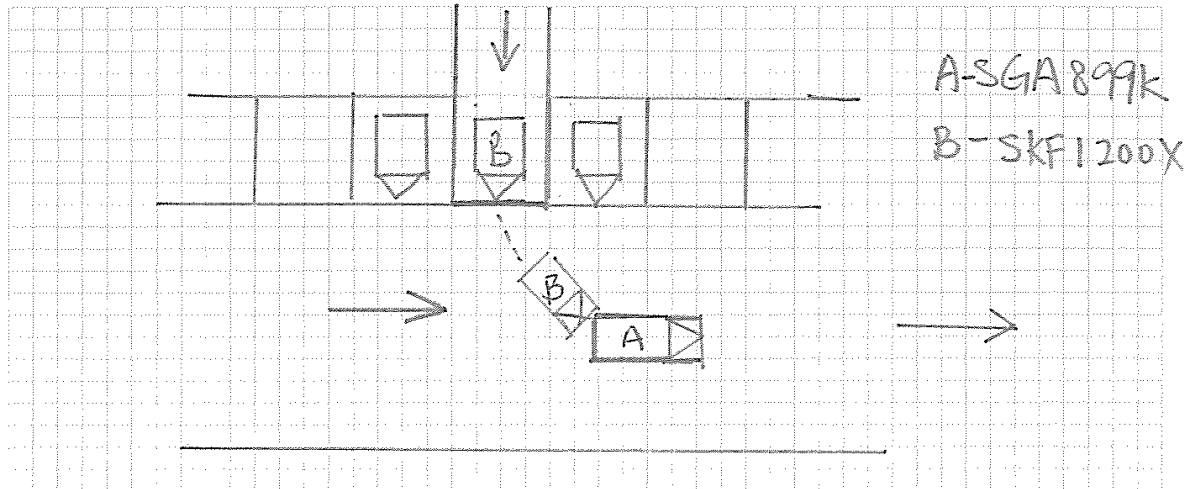


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sat 30 March 2019 at approximately 1.30 pm, I was looking for carpark at Kallang Wave chopping mall. I stopped at my lane and was stationary when the vehicle turning left behind me, knocked into my car. My rear bumper was damaged as a result and the other driver agreed that it was her fault as I was stationary during the accident.

INSURER: Etiga.

VEHICLE: SG A 899K

DOA: 30/3/19.

CLAIM TYPE: TP.

WORKSHOP: Sin Ho Auto.

DECLARATION

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

Policyholder's Signature

Date & Time:

30/3/2019
3.15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





INTERVIEW FORM

Name (Driver) : Teo Gary

Policy No : MA 002813

Vehicle No : SGA 899K

Place of Accident : Kallang wave

Insured Driver's relationship with Insured : Owner

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) : SKF 1200X

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

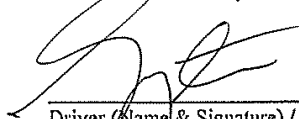
Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NA


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


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


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

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

T +65 63360477
F +65 63392109

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

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INAL

**ENDORSEMENT**

Policy Number	: MA002813	Agency No	: 70000002
Policy Type	: Private Car	Agency Name	: ACCORD INSURANCE AGENCY
Insurance Start Date	: 08/10/2018	Issue Date	: 02/10/2018
Insurance End Date	: 07/10/2019 (Both dates inclusive)	Place of Issue	: Singapore
Effective on	: 08/10/2018	Endorsement No	: 001
Insured's Name	: Teo Gary		
Insured's Address	: 120 Tanjong Rhu Road #01-04 Casuarina Cove Singapore 436904		

Annual Premium	: S\$	1,571.84
Premium Due	: S\$	0.00
Total Due	: S\$	0.00

Amendment

The named driver Tan Yann Yun is included as indicated below.

Risk No. 0001 Motor Private Car

Basic Annual Premium	: S\$2,780.78
Less NCD 30.00%	: S\$834.23
AWS 15.00% Discount	: S\$291.98
Demerit Free Discount 5.00%	: S\$82.73
Premium Due	: S\$0.00
Premium GST	: S\$0.00
Total Due of this risk	: S\$0.00

Registration	: SGA899K	Make/Model	: Porsche Boxster S 3.4A Tiptron
Type of Cover	: Comprehensive	No. of seats	: 0
Body Type	: Sport	Engine No	: M972167710537
Capacity cc's	: 3387	Year of Regn	: 2008
Chassis No	: WP0ZZZ98Z7U722910		
Certificate Ref	: MX1		
Excess: Named Drivers		S\$1,500	
Excess: Unnamed Drivers		S\$2,000	
Named Drivers	: Teo Gary Tan Yann Yun		

The following benefits apply to this risk

FLOOD &/OR OTHER CONVULSION OF NATURE AND STRIKE, RIOT & CIVIL COMMOTION

Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K)
One Raffles Quay, #22-01 North Tower, Singapore 048583
T: +65 6336 0477 F: +65 6339 2109 www.etiqa.com.sg





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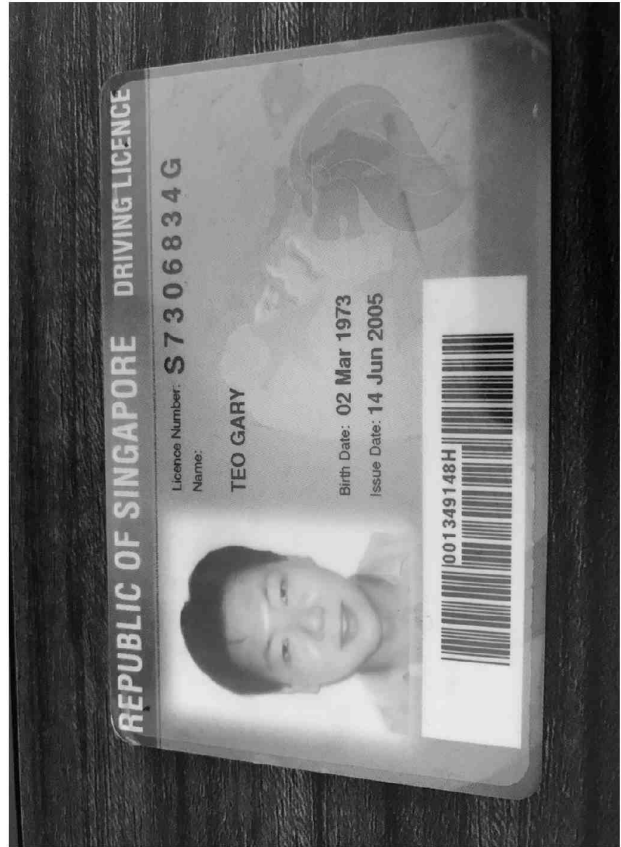
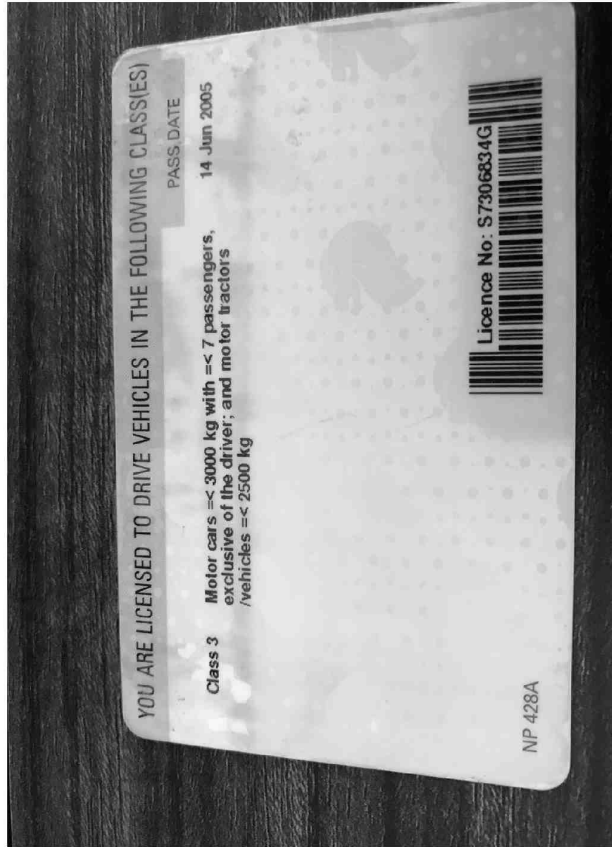
MA002813

70000002

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REPUBLIC OF SINGAPORE			
IDENTITY CARD NO. S7306834G			
	Name		
	TEO GARY		
	Race		
	CHINESE		
	Date of birth		
	02-03-1973	Sex	
	Country/Place of birth	M	S7306834G
	SINGAPORE		





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



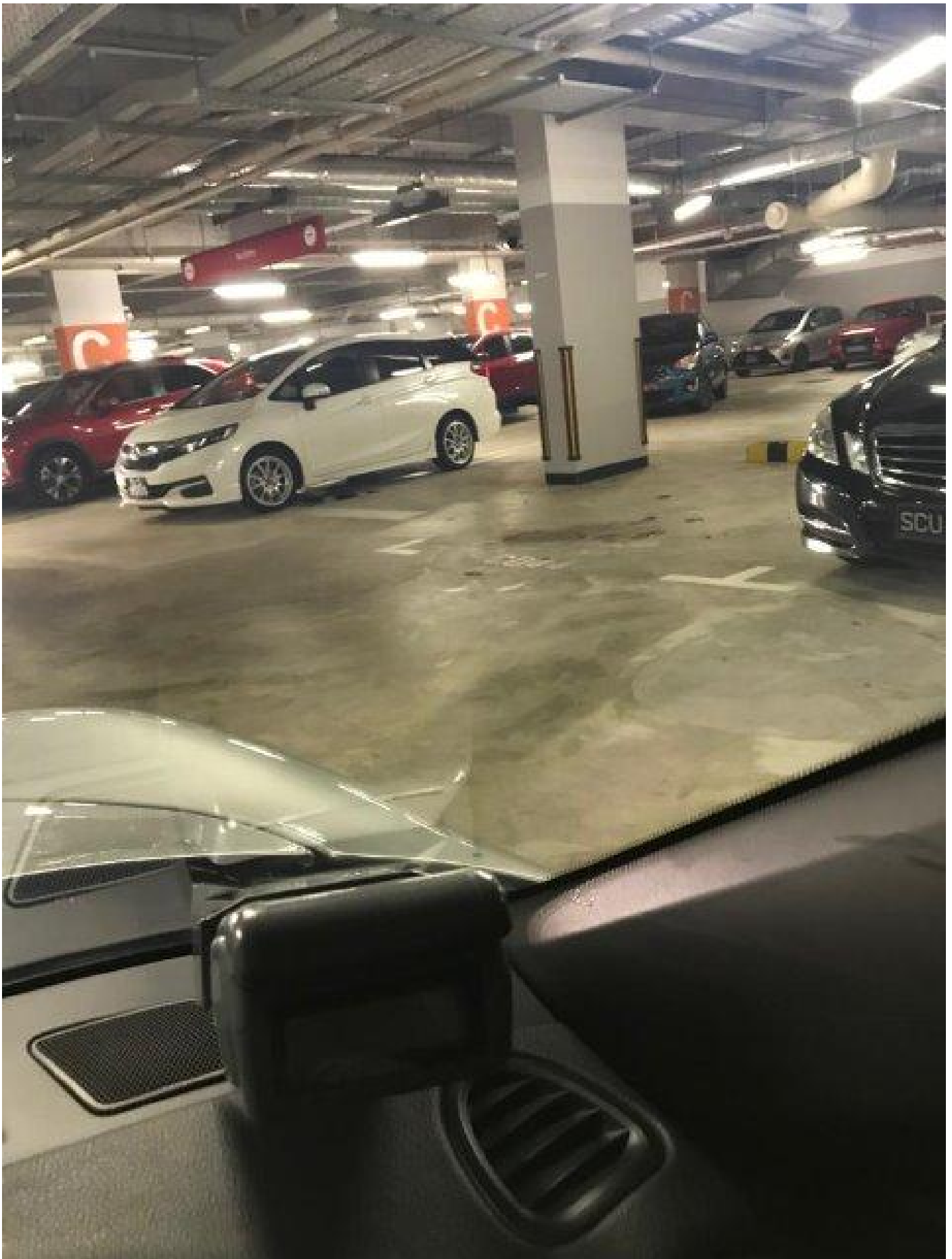
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