

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	22/04/2019 09:55
Date Of Accident	20/04/2019 23:25
Exact Location Of Accident	SENTOSA BEACH STATION SHELTERED CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2901G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD DEESHRAF BIN ELIAS
NRIC No	S9239812I
Email Address	DEESHRAFEL@LIVE.COM
Mobile Phone No	(LOCAL) +65-98593022
Alternative Phone No	OTHERS-98593022

Vehicle Particulars

Manufacturer	AUDI
Model	A1 1.4 TRSI S-TRONIC
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	MA003590
Cover Note Number	09/01/19 - 18/01/20

Driver

Name of Driver	MUHAMMAD DEESHRAF BIN ELIAS
NRIC No	S9239812I
Date Of Birth	29/10/1992
Occupation	INDOOR
Date Of Driving Pass	01/08/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98593022
Fax Number	
Contact Number	
Email Address	DEESHRAFEL@LIVE.COM

Address	BLK 853 YISHUN RING RD #05-3527
Postcode	760853
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 - MAJOR/MINOR RD
Weather Conditions	SHELTERED
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

I was driving out of Sentosa Beach Station car park on 20th April 2019 at 11:25pm. A red Mercedes was coming out of his lot. It was too sudden for me to react and top. No injury of both parties.

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	SLN8968P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEH CHIN LEONG
NRIC/Passport Number	S7537460G
Contact Number	93894338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SME 2901 G
INSURER : Efiga
DATE & TIME: 20/4/19 @ 23:28

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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: (YS)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Sentosa Beach
Station Sheltered
Car Park

A: SWE 2901G
B: SLN 8968P
Peh Chin Leong
S7537460G
HP-93894338

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of Sentosa Beach Station Carpark on 20th April 2019 at 11:25pm. A red mercedes was coming out of his lot. It was too sudden for me to react and stop. No injury of both parties.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy 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:

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

GIA/PMC SketchPlanForm_v3 () Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

INTERVIEW FORM

eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : Muhammad Deeshraf Bin Elias

Policy No : MA 003590

Vehicle No : SME 2901 G

Place of Accident : Sentosa Beach Station Sheltered Car Park

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : NIL

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) : SLN 8968P

No of passenger(s) in Third Party Vehicle : 01 (female) - not sure

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 to side

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)

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

[Signature] Sharon 22/4/19
Attended by (Name & Signature) / Date

Workshop Name: Chang Hoo Motor P/L

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

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F +65 63392109

www.etiqa.com.sg
Company Reg. No. 20133900X

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IC & DL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9239812I



Name

MUHAMMAD DEESHRAF BIN
ELIAS

Race

MALAY

Date of birth

29-10-1992

Sex

M

S9239812I

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9239812I

Name

MUHAMMAD DEESHRAF BIN
ELIAS

Birth Date: 29 Oct 1992

Issue Date: 01 Aug 2011



001987171C

4146271



NRIC No. S9239812I



Date of issue

14-12-2007

Address

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

01 Aug 2011

NP 428A



Licence No. S9239812I

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

