

## 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	14/05/2019 14:02
Date Of Accident	14/05/2019 10:15
Exact Location Of Accident	AT STAMFORD ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6802U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN CHING LIN LUKE
NRIC No	S7911104Z
Email Address	LUKEHANCL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90627771
Alternative Phone No	OFFICE-90627771
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	M3 4.0 SMT ABS D/AB 2WD 4DR GAS/D
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	MA001991
Cover Note Number	27/04/2019 - 26/04/2020

### Driver

Name of Driver	HAN CHING LIN LUKE
NRIC No	S7911104Z
Date Of Birth	06/04/1979
Occupation	INDOOR
Date Of Driving Pass	01/02/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90627771
Fax Number	
Contact Number	OFFICE-90627771
Email Address	LUKEHANCL@GMAIL.COM

Address	59 LORONG MARICAN
Postcode	S417244
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	SIDE SWIPE
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?	YES
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

PLEASE REFER TO REPORT ATTACHED.

#### 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	SHC8361U
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HAN CHING LIN LUKE
------	--------------------

Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLX6802U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	59 LORONG MARICAN
Postcode	S417244

## Accident Sketch Plan

### 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: 14/5/19

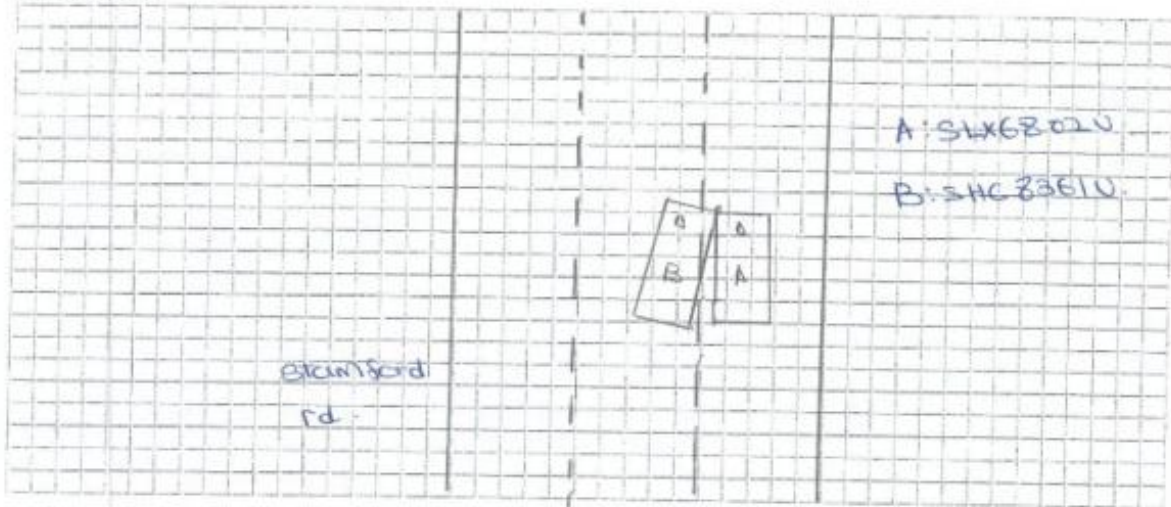
13:12 hrs



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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 14/05/2019 at about 107hrs, I was travelling along Stanford rd. Suddenly vehicle B encroached into my lane and hit my vehicle.

Insurance Co.	Etuqa
Vehicle No.	SLX 6802 U
Date of Accident	14/05/2019
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	

## 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: 14/5/19  
13:12hrs

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

# Etika Interview Form

CS-11-12:11:26

1-65 6748 1006



## INTERVIEW FORM

Name (Driver) : Han ching Lin Luke  
 Policy No : MA001991  
 Vehicle No : SLX 6802 4  
 Place of Accident : Stamford Rd towards Orchard Rd.  
 Insured Driver's relationship with Insured : Owner  
 Drink Driving of Insured and/or Insured Driver : /  
 No of passenger(s) in Insured vehicle : /  
 Injury to Insured and/or Insured driver, please indicate which hospital:  
neck pain  
 Third Party Vehicle No (if any) : SHC 8361 4  
 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:  
side swipe  
 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: \_\_\_\_\_

*Interview through  
 phone.  
 14/05/2019.*

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

T +65 63360477  
 F +65 63392109

www.etika.com.sg  
 Company Reg. No. 201322045R





## Driver IC & Licence



• 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)

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## IMPORTANT NOTICE

This Certificate of Insurance is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate of Insurance must be returned to the Insurer, or if the Certificate of Insurance is lost or has been destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Road Traffic Regulations. This Certificate must be returned if the insurance is suspended during its currency. If you have sold your vehicle, you must complete this portion and surrender the original Certificate to us. The insurance is invalid when the vehicle is sold.

This is to notify you that I have sold my vehicle No. _____ on _____	
Please effect the necessary cancellation.	
Name	:
NRIC No.	:
Date	:
Signature	:

## ACCIDENT REPORT PROCEDURES

1. Report the motor accident within 24 hours at any of Etiqua's reporting centres / authorized workshops stated in the list attached to the Certificate of Insurance.
2. Also make a police report if someone is injured

## PREMIUM PAYMENT FRAMEWORK

### i) For Individual Policyholders

In accordance with the General Insurance Association of Singapore's Code of Practice For Premium Payment, which comes into effect 1st May 2005, this Certificate of Insurance issued to **Individual Policyholders** shall not be in force unless premium is paid to the Company or intermediary **on or before** the date of inception of this insurance, be it new or renewal.

### ii) For Corporate Policyholders

This Certificate of Insurance carries a Premium Payment Warranty for **Corporate Policyholders**, which requires the premium to be paid in full **within 60 days** from the date of inception of this insurance, be it new or renewal.

If this condition is not complied with then this insurance is automatically terminated immediately after the expiry of the said 60-day period and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00 + GST.

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## ADDITIONAL EXCESS

Please refer to your Policy.

## CANCELLATION & OTHER CHARGES

### Private Car

Based on 80% of the pro-rata premium for the unexpected period, subject to a minimum charge of S\$25 + GST.

### Commercial Vehicle

Based on pro-rata premium for the unexpired period.

Duplicate Certificate of Insurance : S\$10 + GST

Substitution of Vehicle Number : S\$20 + GST

## PERSONAL DATA USE

Any information collected or held by Us whether contained in Your application or otherwise obtained may be used and / or disclosed to Our associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to Your application, any policy issued and to provide advice or information concerning products and services which We believe may be of interest to You and to communicate with You for any purpose. Your data may also be used for audit, business analysis and reinsurance purposes.

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7911104Z**



Name  
**HAN CHING LIN, LUKE**



**韩 庆 麟**  
Race  
**CHINESE**

Date of Birth  
**06-04-1979**

Sex  
**M**

Country of Birth  
**SINGAPORE**



NRIC

3155906



NRIC No. S7911104Z

Blood Group A+ Date of issue 22-05-2000



59 LORONG MARICAN  
SINGAPORE 417244  
NRIC No: S7911104Z Date: 04/02/2011 No: 6682993



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





# Accident Photo

