

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	21/05/2019 17:38
Date Of Accident	13/05/2019 14:10
Exact Location Of Accident	TRAS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW9669U
Insured/Policyholder	
Name Of Registered Owner	CHOO YIT MEI
NRIC No	S2565900G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98899511
Alternative Phone No	OTHERS-98899511

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO X GSR 5MT
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	MA001674
Cover Note Number	25/01/2019 - 24/01/2020

Driver

Name of Driver	MA JIAN TING
NRIC No	S8909226D
Date Of Birth	20/03/1989
Occupation	INDOOR
Date Of Driving Pass	14/11/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98899511
Fax Number	
Contact Number	OTHERS-98899511
Email Address	MAJIANTING@HOTMAIL.COM

Address	27 COUNTRYSIDE PLACE
Postcode	789898
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CENTRAL DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ6Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:



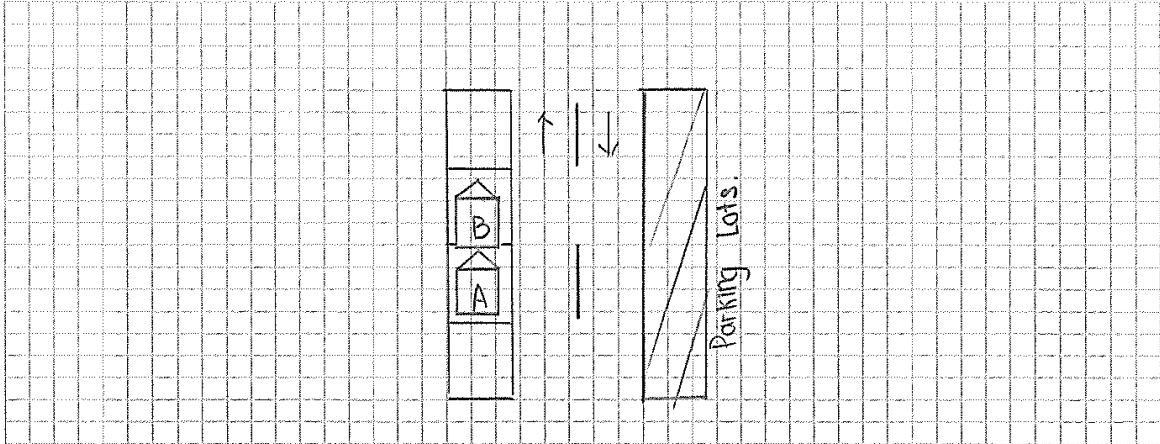
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 13/05/2019 Time: 2:10pm Location: Tras Street

My Vehicle A : SFW 9669 U Vehicle B : YQ 6 Z Vehicle C/Others : N.A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report . (Report NO : A/20190515/7039).

() Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop : Accord Auto Services Pte Ltd

email address : claims@mycarworkshop.com.sg

& myself : Ma Jian Ting

email address : majianting@hotmail.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer 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 Center Personnel's Signature
Name: _____
NRIC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



A/20190515/7039

1 of 2

POLICE REPORT (NP299)

Report No. A/20190515/7039

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 15/05/2019 22:23	Vide Report No.	Station Diary No.
Name Of Informant MA JIAN TING	Address 27 COUNTRYSIDE PLACE SINGAPORE 789898	
ID Type / ID No. NRIC NO / S8909226D	Contact No. Home/Office: Mobile: 98899511	
Nationality SINGAPORE CITIZEN	Email Address majianting@hotmail.com	
Occupation Human resource consultant (excluding executive search consultant)	Sex Male	Age 30
Institution/School Name	Date of Birth 20/03/1989	Race Chinese
Date/Time Of Incident 13/05/2019 14:10 - 13/05/2019 14:15	Location Of Incident TRAS STREET	

Brief details.

To whom it may concern,

On the 13th May 2019, my vehicle SFW9669U was parked at the street parking of Tras Street just outside 100AM mall.

At about 2.13pm a white lorry reversed into my car and bumped into my bumper causing damages to it. Fortunately, my car camera manage to record the incident and I would like to lodge a report of this lorry

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2019 22:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20190515/7039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190515/7039

barring the plate number Y06Z.

I have managed to retrieve the video recording
(https://drive.google.com/open?id=1CW9hvxwE_m5oaucm5GukrFw6UUKlznW) and G sensor log for
evidence.

I sincerely hope you could look into the above matter.

Subjects Involved			
Victim			
Person Name	MA JIAN TING		
ID Type	NRIC NO	ID No	S8909226D
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Human resource consultant (excluding executive search consultant)	Address Type	
Address	27 COUNTRYSIDE PLACE SINGAPORE 789898	Mobile No	98899511
Is Informant A Victim?	Yes		
Person Name	MA JIAN TING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 15/05/2019 22:23 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp

MX1
70000002
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. MA001674

1. **Index Mark and Registration Number of Vehicle** SFW9669U

2. **Name of Policyholder** Choo Yit Mei

3. **Effective Date of Commencement of Insurance for the purposes of the Act** 25/01/2019
Excess: Named Drivers S\$800
Excess: Unnamed Drivers S\$1,300

4. **Date of Expiry of Insurance** 24/01/2020

5. **Persons or Classes 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.

Choo Yit Mei Ma Kuan Chun

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 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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's 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 GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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


GOP93167 18/01/2019 10:25:22




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

Authorized Signature

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2565900G



Name
CHOO YIT MEI
朱月美
Race
CHINESE
Date of Birth
26-10-1952
Country of Birth
MALAYSIA
Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2565900G
Name
CHOO YIT MEI
Birth Date 26 Oct 1952
Issue Date 10 Jul 2003



8300444



NRIC No S2565900G



Nationality
MALAYSIAN
Biographical Group
B+ Date of Issue
06-08-1998

27 COUNTRYSIDE PLACE
SINGAPORE 789898
NRIC No: S2565900G Date: 21/07/2015 (R)


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

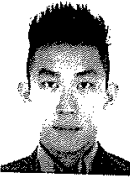
PASS DATE
27 Apr 1973

NP 428A

Licence No: S2565900G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8909226D




Name
MA JIAN TING
馬健庭

Race
CHINESE

Date of birth
20-03-1989

Sex
M

Country of birth
SINGAPORE



S8909226D

4890379



NRIC No. S8909226D

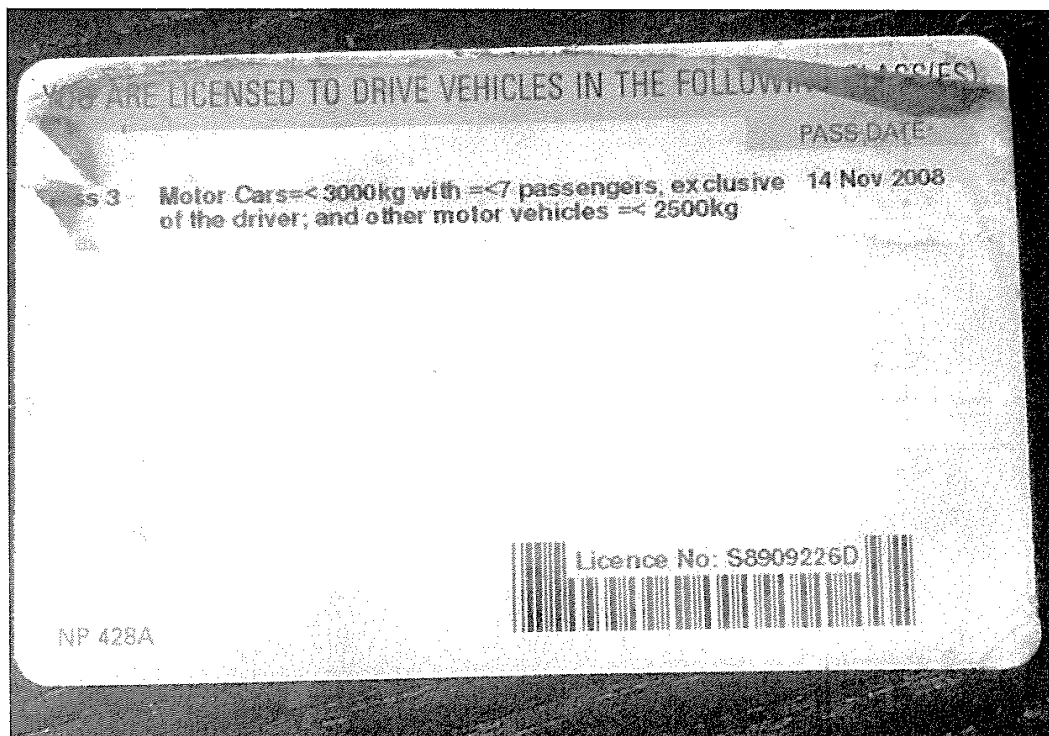
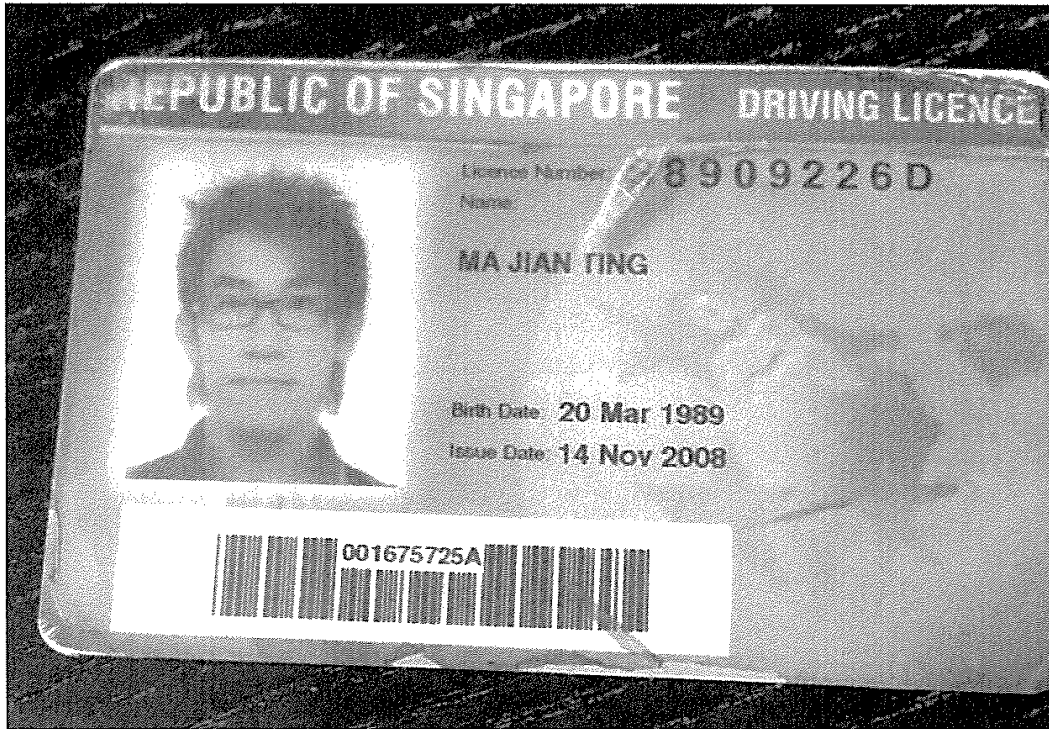



Date of Issue
24-09-2012

27 COUNTRYSIDE PLACE
SINGAPORE 789898

NRIC No. S8909226D

Date: 21/07/2015





SINGAPORE AIRLINES

ECONOMY CLASS

ECONOMY CLASS

MA JIAN TING

SQ KFLY 8823870568

MA JIAN TING

Flight SQ 939

Terminal 1

From DPS

Boarding time 11:15 AM

To SIN

21MAY19

Gate 3

Boarding Group 6

Seat 40K

Date 21MAY19

From DENPASAR-BALI

To SINGAPORE

Flight SQ 939

Seat 40K

Date 21MAY19

00012 ETNo 618242557488102

SSCI PAX AT RPT

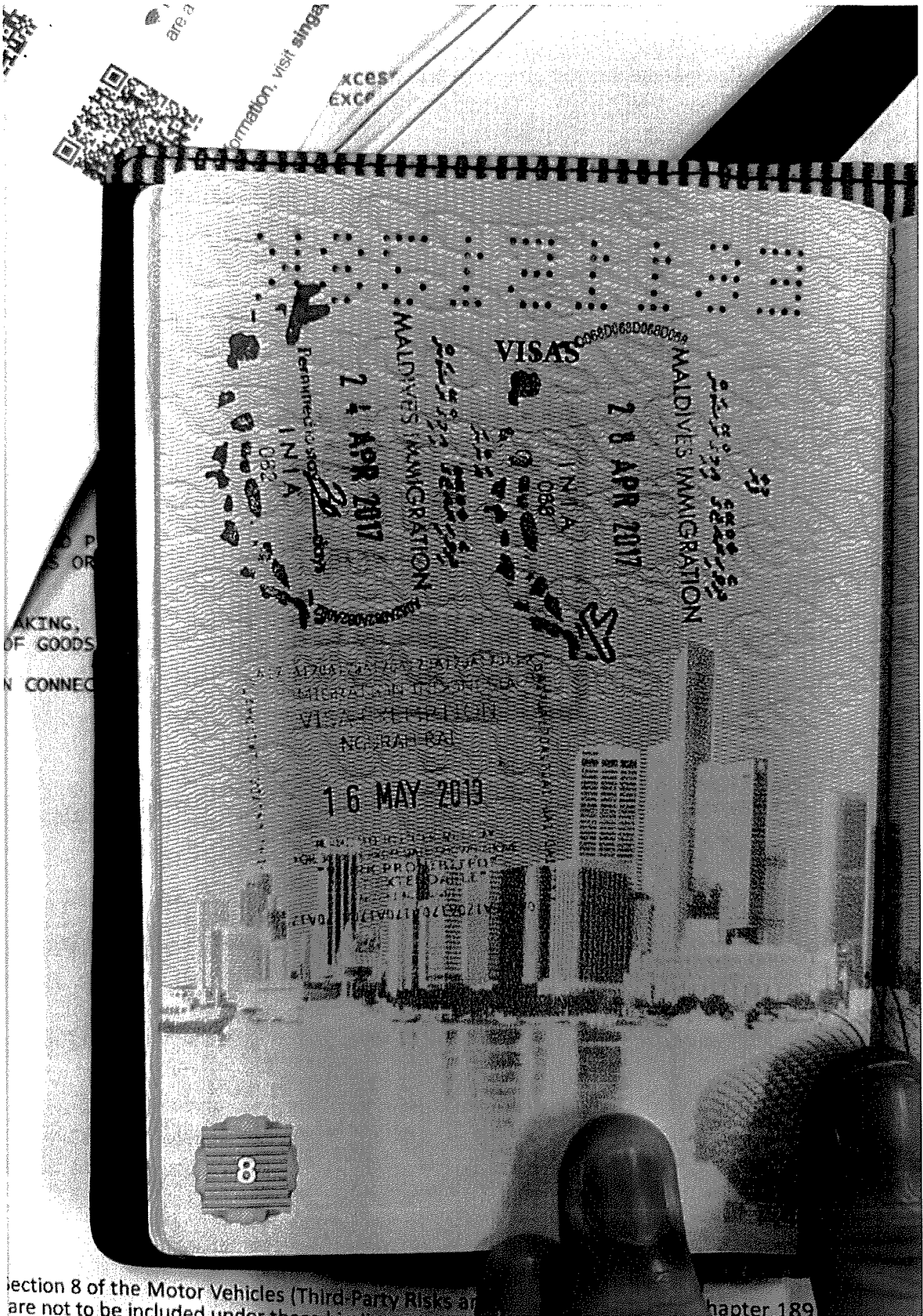
00012 ETNo 618242557488102

SQ KFLY 8823870568

00012 ETNo 618242557488102

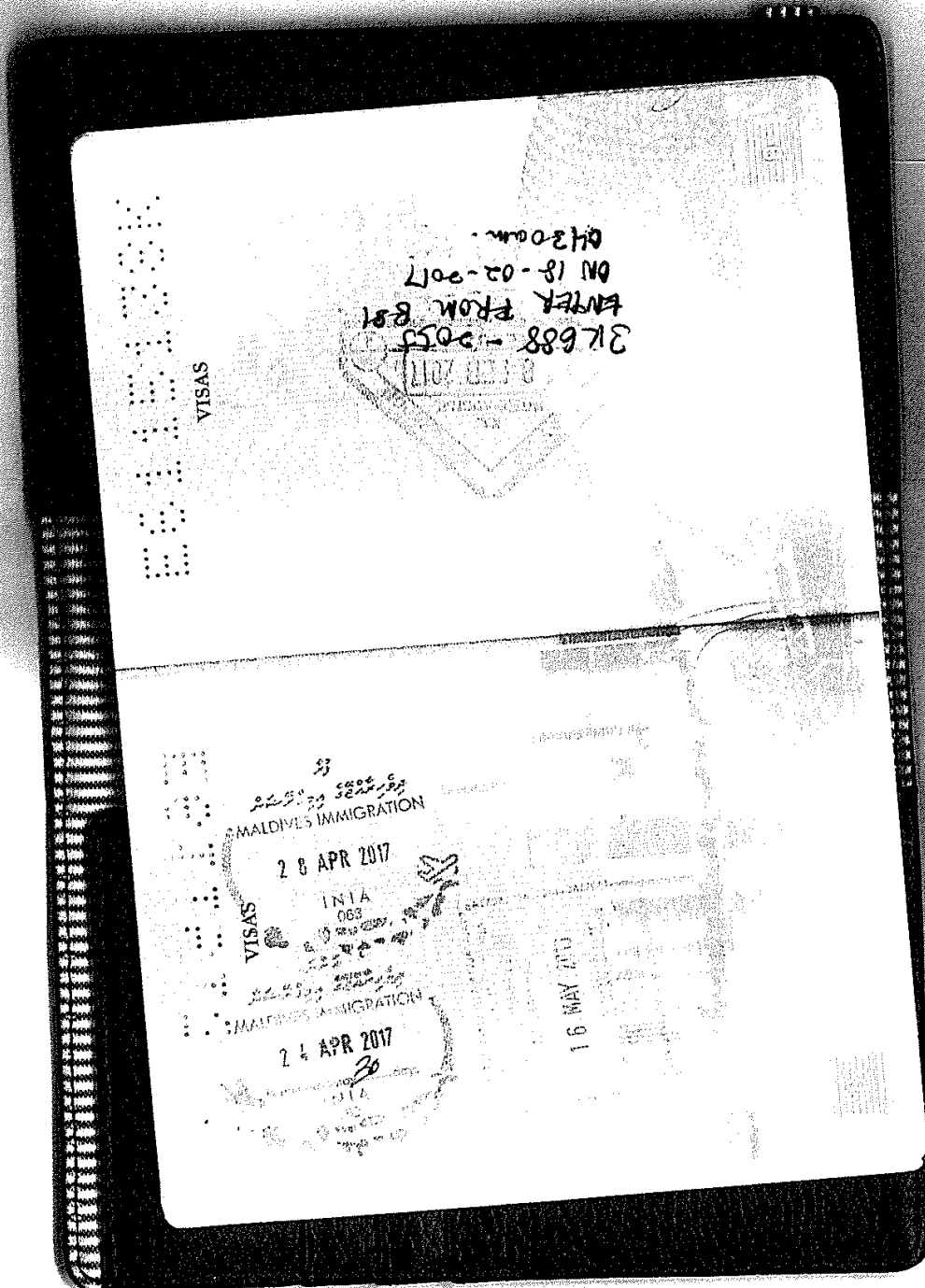
A STAR ALLIANCE MEMBER

7



Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, 1981, are not to be included under these headings.

Chapter 189





INTERVIEW FORM

Name (Driver) : Ma Jian Ting

Policy No : MA 001674

Vehicle No : SFW 9669 U

Place of Accident : Tras Street

Insured Driver's relationship with Insured : Parent & Children

Drink Driving of Insured and/or Insured Driver : N.A

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : YQ 6Z

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

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


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

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

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. 20133902K

A Member of  Group

Accord Auto Services Pte Ltd

Tel: 6481 9517 / 9740 0999 Fax: 6481 9516 Email: claims@mycarworkshop.com.sg

Particular Of Insured/Driver & Details Of The Accident

*Date of Accident: 13/05/2019 *Time of Accident: 3:10pm
*Accident Location: Tuas Street

Vehicle Details

*Vehicle Number: SFW 9669U * Make & Model: MH. Evo X GSR 5MT

Insured / Policyholder

*Owner Name: Choo Yit Mei *NRIC: S2565900G
*Address: 27 Countryside Place Singapore 789898
*Email: No Email * HP: 9889 9511
*Occupation: _____ (Indoor / Outdoor) * Tel /H /Other: _____

Driver () same as above

*Driver Name: Ma Jian Ting *NRIC: S8909226D
*Address: 27 Countryside Place Singapore 789898
*Date of Birth: 20/03/1989 *Driving Pass Date: 14/11/2008 * HP: 9889 9511
*Email: majianting@hotmail.com *Gender: Male / Female
*Occupation: HR Consultant (Indoor / Outdoor) * Tel /H /Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Parent)

Passengers Details

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)
* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

*Insurer: Etiga *Coverage: ③/TPFT / TPO *Policy No: MA001674

Detail of other vehicle / Property 1

Vehicle No.: YQ 6Z
Make & Model: Isuzu Lorry
Vehicle Category: Commercial Vehicle
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Hit and Run
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No - working
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: N.A.
*Injured party: Yes / No *No. of passengers (include driver): 0
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



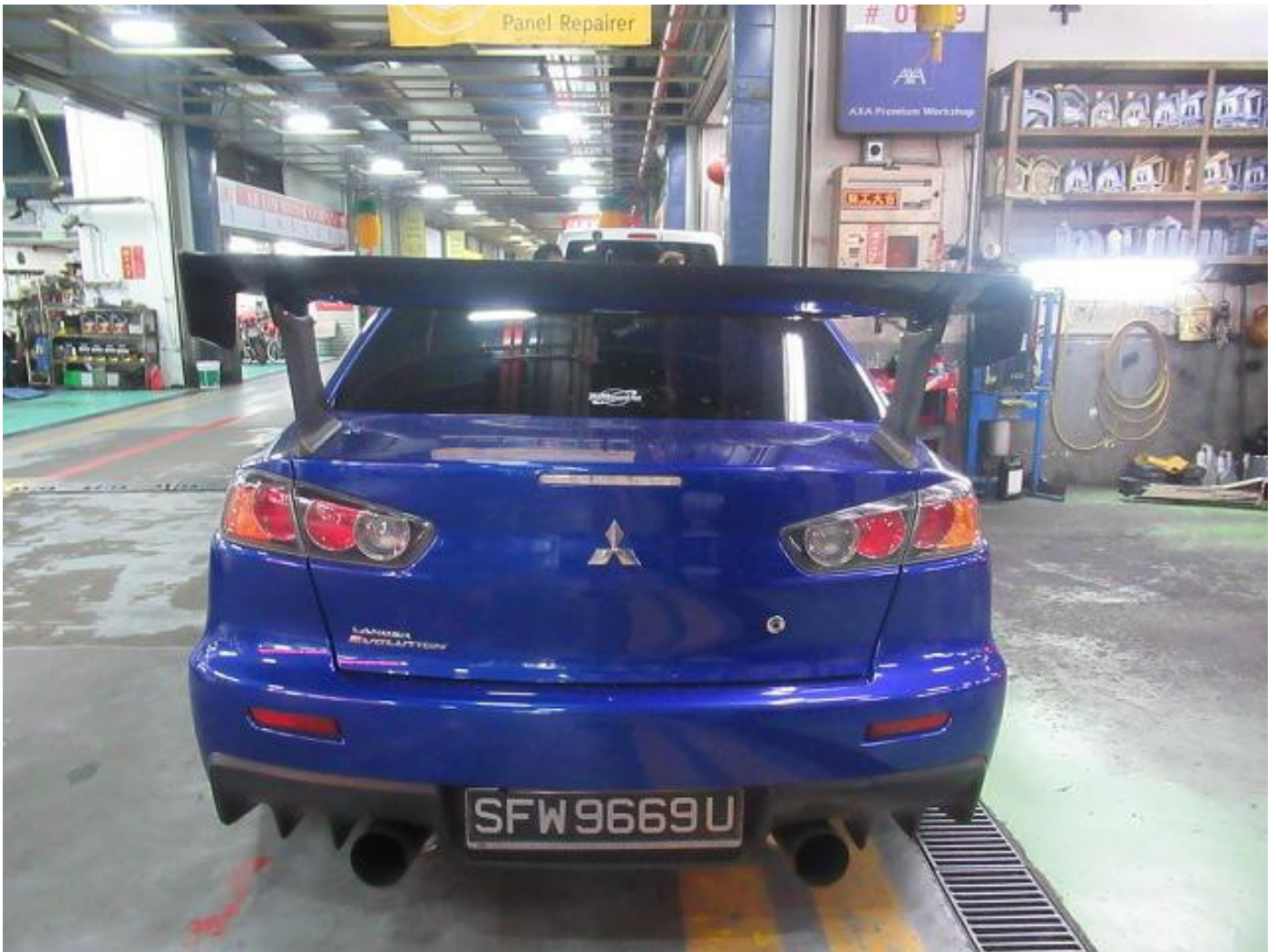
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

