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 witholding 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	03/06/2019 17:16
Date Of Accident	31/05/2019 15:10
Exact Location Of Accident	SIN MING AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH315H

Insured/Policyholder

Name Of Registered Owner	TANG WUN SOW
NRIC No	S1103350D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98370231
Alternative Phone No	OFFICE-98370231

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	MA001695
Cover Note Number	

Driver

Name of Driver	LIM LI JIAN
NRIC No	S9017165H
Date Of Birth	02/05/1990
Occupation	INDOOR
Date Of Driving Pass	29/03/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98370231
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	-
Postcode	
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	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)	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 attached report.

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	SGM3R
Vehicle Make/Model/Colour	
Details Of Properties	
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

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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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN
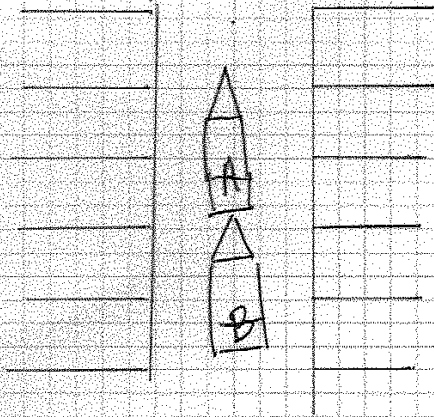
A - SGM3R

B - SLH315H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was just behind SGM 3R and he suddenly engaged into reverse gear. Without giving me time to reverse for him, he just reversed and knock onto my vehicle.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9017165H

Name
LIM LI JIAN
(LIN LIJIAN)
林 力 健
Race
CHINESE
Date of birth   Sex
02-05-1990   M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE   DRIVING LICENCE
Licence Number S9017165H
Name
LIM LI JIAN
(LIN LIJIAN)

Birth Date: 02 May 1990
Issue Date: 29 Mar 2017

002670416B

3 7 2 4 1 2 6

NRIC No. S9017165H

Date of issue
03-06-2005

Address
APT BLK 454 SIN MING AVENUE
#10-585
SINGAPORE 570454

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3   Motor cars with unladen weight =< 3000kg with =< 7   29 Mar 2017
           passengers, exclusive of driver; and other motor
           vehicles with unladen weight =< 2500kg

Licence No:S9017165H

NP 428A

eTiQa
Insurance

INTERVIEW FORM

Name (Driver) : _Lim Li Jian_

Policy No :

Vehicle No : _SLH 315 H_

Place of Accident : _Sin Ming Ave Blk 454 6_

Insured Driver's relationship with Insured : _Mother_

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) : _SGM 3R_

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

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 involved:

Reverse hit to front.

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)

Lim Li Jian
Driver (Name & Signature)
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name: _SY H Wah_

A Member of the **@Maybank** Group

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo