

## 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	05/08/2019 14:55
Date Of Accident	03/08/2019 15:00
Exact Location Of Accident	TAMPINES ST 91 BLK 915 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7455C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS LEASING PTE LTD
Co Reg No	201603575K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(LOCAL) +65-90044938
Alternative Phone No	OFFICE-93691265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M0012821
Cover Note Number	

### Driver

Name of Driver	LEE THIAM YONG
NRIC No	S1737366H
Date Of Birth	23/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90044938
Fax Number	
Contact Number	OTHERS-93691265
EEmail Address	CLAIMS@TRANSCAB.COM.SG

Address	BLK 275 TOH GUAN RD #05-153
Postcode	600275
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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

ON 3RD OF AUG 2019, I WAS TRAVELLING ALONG BLK 915 TAMPINES ST 91 CARPARK FOR A BREAK. WHILE I ' ON ' MY HAZARD LIGHT TO DO A REVERSE PARKING, THE LORRY WAS DRIVING OUT OF THE CARPARK AND THE COLLISION HAPPENED AS A/M.

#### 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	GBJ21M
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG BENG YONG
NRIC/Passport Number	S1167402Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT NOTICE

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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:

*[Signature]*

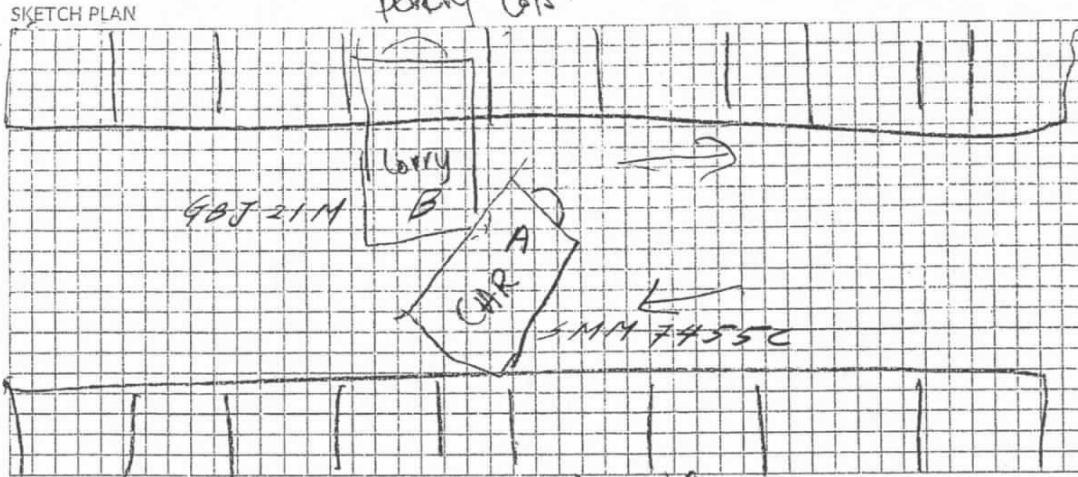
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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

*[Signature]*

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd of Aug 2019, I was travelling along BK 915 Tampine St 91 car park for a break. While I 'ON' my hazard light to do a reverse park, the lorry was ~~on the way~~ driving out of the carpark and the collision happened at a/m.

## 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.:

INTERVIEW FORM



INTERVIEW FORM

Name (Driver) : Lee Thiam Yong  
 Policy No : M0012821  
 Vehicle No : 3MM7455C  
 Place of Accident : Tampines St 91 Blk 915 open space CP  
 Insured Driver's relationship with Insured : employee  
 Drink Driving of Insured and/or Insured Driver : N/A  
 No of passenger(s) in Insured vehicle : NA  
 Injury to Insured and/or Insured driver, please indicate which hospital:  
NA  
 Third Party Vehicle No (if any) : GBJ 2114  
 No of passenger(s) in Third Party Vehicle : NA  
 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:  
RT light corner to left side side portion (TP hit insured)  
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
NA  
 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: \_\_\_\_\_

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