

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	25/09/2019 12:05
Date Of Accident	24/09/2019 15:30
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7140C
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Insured/Policyholder

Name Of Registered Owner	YIK ANG BUILDING & CONSTRUCTION WORKS
Co Reg No	53004296K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98534618

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0004913
Cover Note Number	

Driver

Name of Driver	TAN AA ANG
NRIC No	S6884021Z
Date Of Birth	18/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98534618
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 225 LORONG 8 TOA PAYOH #12-76
Postcode	310225
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 - 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

I WAS TRAVELLING ALONG CTE TOWARDS BRADDELL ROAD, THE FRONT VEHICLE OF MY JAM BRAKE, I ALSO BRAKED. VEHICLE B FAILED TO BRAKE IN TIME AND HIT ONTO MY VEHICLE'S REAR PORTION. UPON CHECKING, THERE WAS ANOTHER SEPARATE ACCIDENT HAPPENED BETWEEN VEHICLE C & D, THERE WAS NO COLLISION BETWEEN VEHICLE B & C. NOBODY INJURED.

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	SBV9688S
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO WEI LING, RACHEL
NRIC/Passport Number	S9903586B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 25/9/19



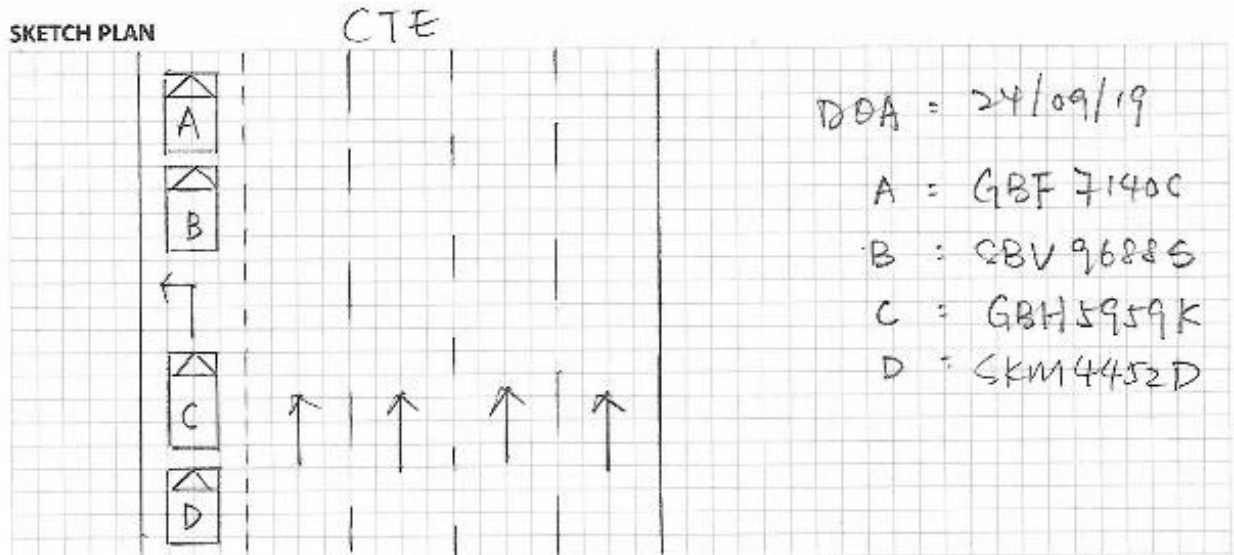

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11:35 am


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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along CTE towards Braddell Road.
The front vehicle of my jam brake, I also braked.
Vehicle B failed to brake in time and hit onto my vehicle's
rear portion. Upon checking, there was another separate
accident happened between vehicle C & D, there was no
collision between vehicle B & C. Nobody injured.

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) : TAN AA ANG

Policy No : M0004913

Vehicle No : GBF 7140 C

Place of Accident : CTE

Insured Driver's relationship with Insured : OWNER

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
NO INJURY

Third Party Vehicle No (if any) : 8BV 9688 S

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

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO INJURY

Type of collision and the extensiveness of the damages to all vehicles involved:
HEAD TO REAR.
FRONT PORTION OF THIRD PARTY VEHICLE HIT INSURED VEHICLE'S REAR PORTION.

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

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) _____
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) _____
Workshop Name: Jin Auto



Etiqua Insurance Berhad (Company Reg. No. T09FC0054K)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Approved by: _____

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6884021Z



Name

TAN AA ANG

陳 亞 安

Race

CHINESE

Date of birth

18-04-1968

Sex

M

S6884021Z

Country/Place of birth

MALAYSIA



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S6884021Z

Name:

TAN AA ANG

Birth Date: 18 Apr 1968

Issue Date: 27 Feb 2018



002777305H

Identification Card

5664402



NRIC No. S6884021Z



Date of issue

24-10-2016

Address

APT BLK 225 LORONG 8 TOA PAYOH
#12-76
SINGAPORE 310225

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	15 Dec 1994
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	15 Dec 1994

NP 428A



Licence No: S6884021Z

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



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