

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	28/01/2020 13:58
Date Of Accident	25/01/2020 13:15
Exact Location Of Accident	CARPARK OUTSIDE BLK 3 ST GEORGE'S RD LOT 246
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA2228J
Insured/Policyholder	
Name Of Registered Owner	AUTO PRECISION PTE LTD
Co Reg No	SXXXX020E
Email Address	AD.AUTOPRECISION@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98517511

Vehicle Particulars

Manufacturer	HONDA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	M0003490
Cover Note Number	

Driver

Name of Driver	GIAM HONG PIAO DARYL
NRIC No	SXXXX020E
Date Of Birth	12/04/1987
Occupation	INDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98517511
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 472 ANG MO KIO AVE 10 #08-860
Postcode	60472
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?	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)	2
Passenger 1	NAME: : SAMANTHA GENDER: : FEMALE

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 SEE 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	SKP8997G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HANG MENG
NRIC/Passport Number	SXXXX122A
Contact Number	97408635
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	GIAM HONG PIAO DARYL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGA2228J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 472 ANG MO KIO AVE 10 #08-860
Postcode	

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



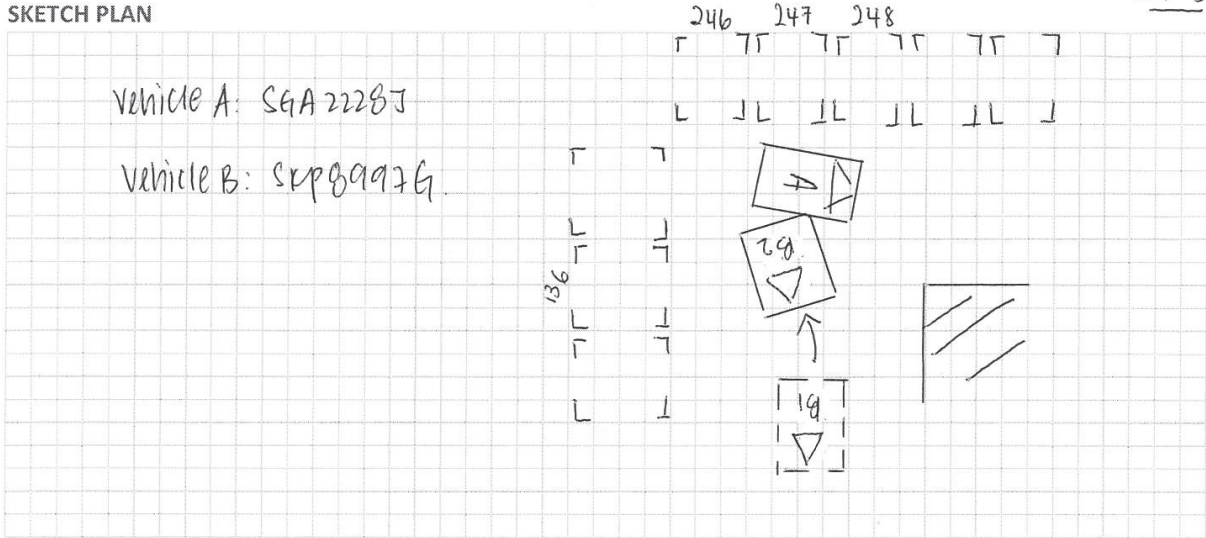
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/01/2020
1403

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

BLK 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SGA 2228J, was stationary upon seeing vehicle 'B', SKP8997G, approaching. vehicle 'B' attempted to reverse into the handicap lot beside lot 136 and collided onto my vehicle's right portion.

Insurance Co. _____
Vehicle No. _____ Date of Accident _____
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim

@ other w/s.

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: 28/01/2020

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

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8709020E




Name
GIAM HONG PIAO, DARYL
严 鸿 漂

Race
CHINESE

Date of birth
12-04-1987

Sex
M

Country/Place of birth
SINGAPORE



FOR KFS
ACCIDENT CLAIM
USE ONLY

S8709020E

REPUBLIC OF SINGAPORE DRIVING LICENCE



NAME: GIAM HONG PIAO, DARYL


Birth Date: 12 Apr 1987
Issue Date: 10 Sep 2015

002472006H



SG 50

5878219



NRIC No. S8709020E



Date of issue
24-02-2018

Address
APT BLK 472 ANG MO KIO AVENUE 10
#08-860
SINGAPORE 560472

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


EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Sep 2015

FOR KFS
ACCIDENT CLAIM
USE ONLY

NP 428A

Licence No: S8709020E





MZ10
70000111
Cov. Type: TP

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.	M0003490		
1. Index Mark and Registration Number of Vehicle	ANY MOTOR VEHICLE THE PROPERTY OF THE INSURED OR IN THEIR CUSTODY OR CONTROL ALL STEAM-DRIVEN VEHICLES ARE EXCLUDED.		
2. Name of Policyholder	Auto Precision Pte Ltd		
3. Effective Date of Commencement of Insurance for the purposes of the Act	01/01/2020	Excess: Section II	S\$1,800
4. Date of Expiry of Insurance	31/12/2020		
5. Persons or Classes of Persons entitled to drive	<p>Giam Hong Piao Daryl</p> <p>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.</p>		
6. Limitations as to Use	<p>USE ONLY FOR MOTOR TRADE PURPOSES. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS MOTOR CAR DEALERS FOR THE PURPOSE OF TESTING. THE POLICY DOES NOT COVER: (i) USE FOR HIRE OR REWARD. (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. N.B. USE SOLELY FOR "BREAKDOWN" PURPOSES IS NOT DEEMED TO BE USED FOR HIRE OR REWARD.</p>		

* 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 03/12/2019 13:22:44



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

Authorised Signature

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Giam Hong Piao Daryl

Policy No : M 00013490

Vehicle No : SGA 2228J

Place of Accident : Carpark outside Blk 3, St Jergie's Road Lot 246

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:
Shoulder, neck, elbow

Third Party Vehicle No (if any) : SLP 89979

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

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
Not sure

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

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
None

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)

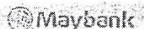
f Giam Hong Piao Daryl
Driver (Name & Signature) / Date
I, affirmed the above information is given to my best knowledge

[Signature]
Attended by (Name & Signature) / Date
Workshop Name: _____

Etika Insurance Pte Ltd
One Raffles Quay
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Singapore 048583

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www.etika.com.sg
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