

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	17/07/2020 13:08
Date Of Accident	16/07/2020 12:55
Exact Location Of Accident	SLIP ROAD OF FARRER ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1545R
Insured/Policyholder	
Name Of Registered Owner	EC AUTO LEASING PTE LTD
Co Reg No	2XXXXX817W
Email Address	ROLAND@ECUBEAUTO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68575757

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
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	YES
Policy Number	
Cover Note Number	CN003749

Driver

Name of Driver	DOURDIN EP RISBRIDGER SOPHIE
Passport No/FIN	GXXXXX712L
Date Of Birth	16/01/1970
Occupation	INDOOR
Date Of Driving Pass	14/06/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92359360
Fax Number	
Contact Number	
Email Address	SOPHIE_DOURLIN@HOTMAIL.COM

Address	1A WATTEN RISE
Postcode	287383
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

On 16/07/2020 at about 1255hrs, I was driving my vehicle (A: SMM1545R) along the slip road of Holland Road towards Farrer Road direction. I slowed down and stopped to give way for major road vehicles. Suddenly, an impact on my vehicle's rear portion and discovered that a vehicle (B: SGQ4577D) had hit onto rear portion of my vehicle. Nobody was injured in this accident. Both vehicles have no passenger on board.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ4577D
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	KUHANESON S/O GANESON
NRIC/Passport Number	SXXXX012E
Contact Number	9230 6805
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

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:

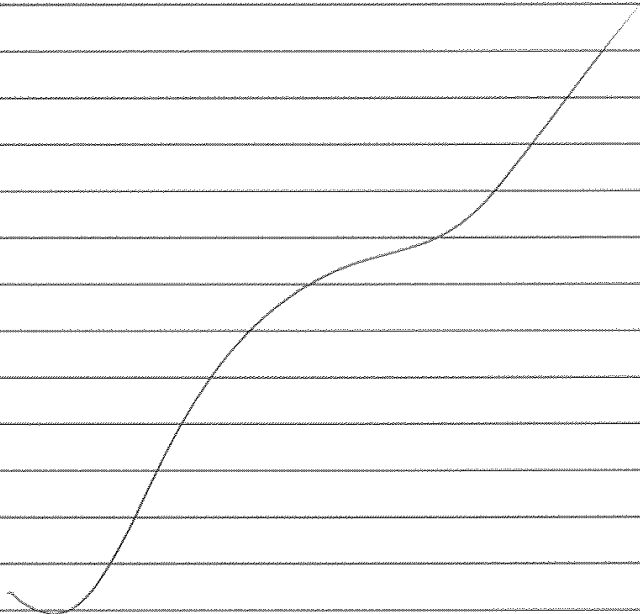
Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/07/2020 14/06/15

Reporting Centre Personnel's Signature
Name: Lam Wai Shun
NRIC/FIN No.: 37017

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA report.

A hand-drawn S-shaped curve, also known as a sigmoid curve, is plotted on a piece of lined paper. The curve starts at a low point on the left, rises steeply in the middle, and then levels off towards the right. The curve is drawn with a single continuous line.

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: LAN WEL SHUN

NRIC/FIN No.: 27412

eTiQa

Insurance

INTERVIEW FORM

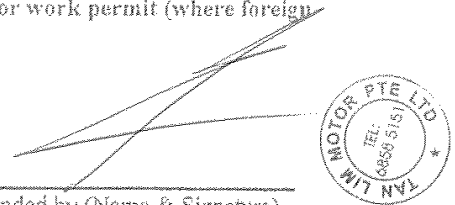
Name (Driver) : Dourdin EP Risbridger Suphe
Policy No : CN003749
Vehicle No : SM M1545R
Place of Accident : Slip Road of Farrer Road towards Holland Road
Insured Driver's relationship with Insured : Driver
Drink Driving of Insured and/or Insured Driver : NO
No of passenger(s) in Insured vehicle : 0
Injury to Insured and/or Insured driver, please indicate which hospital:
NO
Third Party Vehicle No (if any) : SGQ4577D
No of passenger(s) in Third Party Vehicle : NO
Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO
Type of collision and the extensiveness of the damages to all vehicles involved:
Collision - Head to rear
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: Tan Lim Motor Pte Ltd

Etiqua Insurance Berhad (Company Reg. No. T99FC00541K)
1 North Bridge Road, #06-01 High Street Centre, Singapore 179094
Tel: +65 6336 0477 Fax: +65 6339 2109

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



