

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	19/08/2020 12:18
Date Of Accident	18/08/2020 14:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9799P
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Insured/Policyholder

Name Of Registered Owner	HELLSPONG HANS OLOF
NRIC No	SXXXX386Z
Email Address	HANS.HELLSPONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98388635
Alternative Phone No	OFFICE-67323405

Vehicle Particulars

Manufacturer	BMW
Model	640I GRAN COUPE 4DR SR LED DSC NAV HUD
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	M0010883
Cover Note Number	

Driver

Name of Driver	HELLSPONG MAUREEN
NRIC No	SXXXX389D
Date Of Birth	11/08/1948
Occupation	INDOOR
Date Of Driving Pass	22/01/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98388635
Fax Number	
Contact Number	
Email Address	MAUREEN.HELLSPONG@GMAIL.COM

Address	327 RIVER VALLEY ROAD #24-03
Postcode	238359
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

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

-

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	SFS5868J
Vehicle Make/Model/Colour	MERCEDES BENZ / C 180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEW LEE YIN
NRIC/Passport Number	SXXXX776G
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

Date & Time:

19 Aug 12.30 2020

GIA/PAAC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19.08.2020
12.30 PM

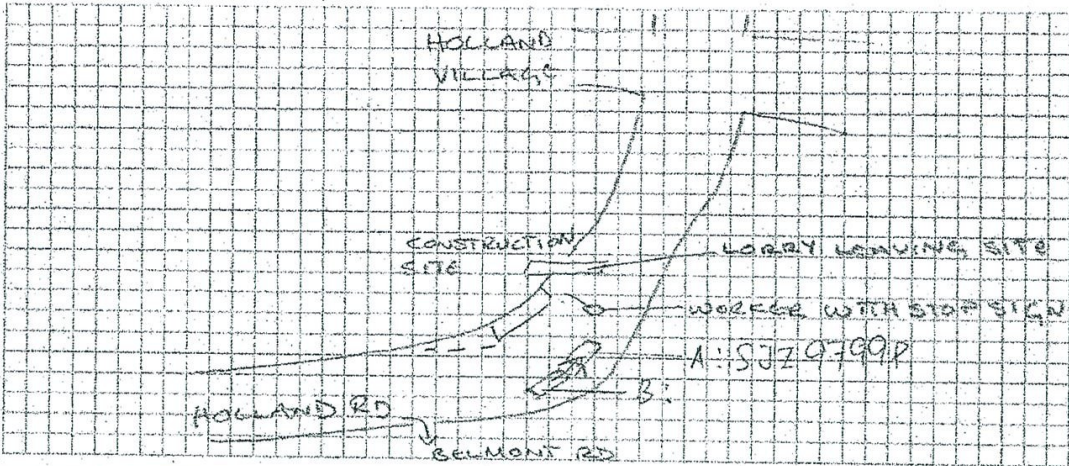
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

19 Aug. 1230 2024
GIARMC Sketrl PlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19.08.2020
12.30 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200819/2061

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200819/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2020 14:23		Vide Report No.:		Station Diary No.: 56	
Informant's Particulars					
Name of Informant: HELLSPONG MAUREEN			Address: 327 RIVER VALLEY ROAD #24-03 SINGAPORE 238359		
ID Type / ID No.: NRIC NO / S2665389D			Contact No.: Home/Office: 67323405 Mobile: 98388635		
Nationality: BRITISH			Email:		
Sex: Female	Age: 72	Date of Birth: 11/08/1948	Type of Informant: Driver		
Race: Caucasian			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/08/2020 14:30	Type of Location: Bend
Location: HOLLAND ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ9799P	Car	BMW	640i	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20200819/2061

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Tel No: 1800-4719999

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Report No. T/20200819/2061

CONTINUATION OF REPORT

Driver			
Name	HELLSPONG MAUREEN		ID No. S2665389D
Related Vehicle	SJZ9799P (Car)		Contact No. 67323405
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YEW LEE YIN		ID No. S7135776G
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/08/2020 at about 1430hrs, I was driving my vehicle, SJZ9799P along Holland Road towards Holland Avenue, slightly after Taman Warna. I was driving on the middle of the three lanes. As I was approaching the bend, I noticed that there is a construction ongoing ahead from the most left lane to the middle lane. There were cones set up and also a big lorry parked within the construction works. Due to the ongoing construction, the traffic was slightly congested. It was raining at point of time and road surface was wet.

As I was nearing to the construction works, I signaled and filtered to the right lane and it was safe to do so. I then noticed a man manning the stop sign whom signaled to me to stop as there is another lorry exiting the construction site. Immediately, I stepped on the brakes and came to a stop. I wish to add that my vision ahead on the left was blocked by the big lorry parked at the construction works. Suddenly, I felt an impact from the rear of my vehicle. I then realized that one motorcar had collided onto the rear of my vehicle. I got out of my vehicle and made a check on my vehicle and noticed that the other driver was fine. Thus, we moved to stop at the side of the road.

We exchanged particulars and took pictures of the damages to our vehicles. The damages to my vehicle are scratches, dents and cracks to my rear bumper. My rear registration plate number holder and light was also broken. The damages to the other vehicle which is a Black Mercedes are scratches and dents on the front bumper. I wish to add that at the point of time, I did not realize that the front registration plate came off. The 'Mercedes' emblem located at the top middle of the bonnet. No visible injuries on the driver. Subsequently, we left the vicinity as we agreed on insurance claims.

On 19/08/2020, my insurance company ETIQA informed me that I could not make a claim yet as I do not



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T/20200819/2061

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Report No. T/20200819/2061

CONTINUATION OF REPORT

have the other driver's contact number nor I have the registration number of the other vehicle. Thus, I am lodging this report for insurance claiming purposes.

The particulars of the other driver:
Yew Lee Yin
S7135776G
350 Laurel Wood Avenue
Female/ Chinese/ 14/10/1971



**SINGAPORE
POLICE FORCE**



T/20200819/2061

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200819/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /

Sgt 3 HIDAYAT BIN SELAMAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Signature Of Informant:

Date/Time:
19/08/2020 14:23

Classification Of Case:

CERTIFICATE OF INSURANCE

CERTIFICATE No.		M0010883	
1.	Index Mark and Registration Number of Vehicle	SJZ9799P	
2.	Name of Policyholder	Hellspong Hans Olof	
3.	Effective Date of Commencement of Insurance for the purposes of the Act	29/04/2020	Excess: Named Drivers S\$1,000 Excess: Unnamed Drivers S\$1,500
4.	Date of Expiry of Insurance	28/04/2021	
5.	Persons or Classes of Persons entitled to drive		
(A) THE POLICYHOLDER. THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION. Hellspong Hans Olof			
		Hellspong Maureen	
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.			

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* 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).

For and on behalf of **Etiga Insurance Pte. Ltd.**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

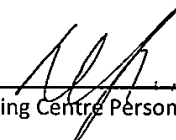
Original Report No : MMOV20070674 Vehicle Registration No: SJZ9799P
Name (as shown in NRIC) : Hellspang Hans o/p NRIC/FIN/Passport No : S2665386Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98388635
Email Address : _____
Date of Accident : 18/08/2020 Time of Accident : 14:30
Place of Accident : H01/And Road
Insurance Company : EA99

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

* Add TP veh number

Policyholder / Driver's Signature
Date:



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