

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 Submission 31/12/2020 13:42 (SGT)
Date of Accident 30/12/2020 17:00 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information SLIP ROAD OF UPPER SERANGOON ROAD TO BRADDELL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFK14G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GJY LEASING
Company Reg No 5XXXX342A
Email Address JIM@FIRSTCOM.COM.SG
Mobile Phone No (Phone) +65-97223597
Alternative Phone No (Office) +65-97223597

VEHICLE PARTICULARS

Manufacturer Audi
Model A8l
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA009790
Cover Note Number -

DRIVER

Name of Driver GIAM JIAN YEW
NRIC No SXXXX758I
Date Of Birth 08/11/1986

Occupation	Indoor
Date Of Driving Pass	16/11/2007
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97223597
Alt. Phone Number	-
Email Address	JIM@FIRSTCOM.COM.SG
Address	62 BLANDFORD DRIVE S 559855
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MICHELLE LIM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

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	SFQ8910K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name UNKNOWN
Gender Female

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.

Policyholder's Signature / Date & Time

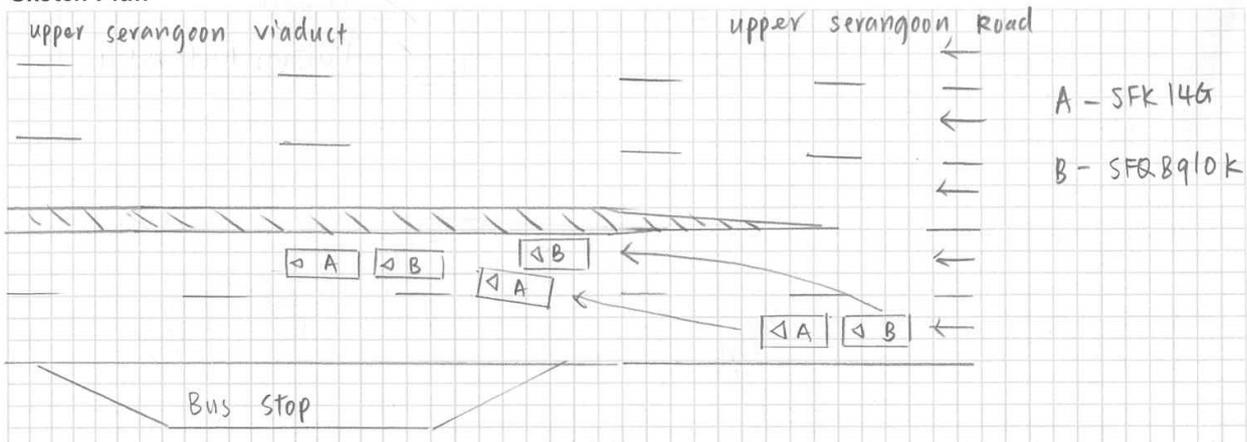
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Jim



Sketch Plan



I turn right to upper serangoon Road from upper aljunied Road and kept left to the slip road.

I noticed a car came behind me quickly so I proceeded to shift my car to the left lane for him to pass, however when I shifted lane the other car also shifted to my new lane behind me and again he was accelerating fast.

I was not sure what lane he wanted to take but seeing that he accelerated behind my car closely, I decided to switch back to my initial lane, however when my car was already in the lane I was surprised to suddenly see his car hit onto mine.

After the impact I stopped the car and the other party approached me aggressively asking me "what do I want?" I asked for his driving license but he refused to provide it to me.

I proceeded to call the police and the police got traffic police to call me, while speaking to the traffic police on the phone I hand over my phone to the other party, after he spoke with the traffic police he passed me his license and we did the license exchange for photo taking.

The other party was first to return to his car and move off. Me and my wife was standing at the rear of the car and he drove dangerously close to us almost hitting us before driving off.





































INTERVIEW FORM

Name (Driver) : Giam Jian Yew

Policy No : MA 009790

Vehicle No : SFK14G

Place of Accident : Slip road of Upp. Serangoon Road to Braddell Road

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 2 (include driver)

Injury to Insured and/or Insured driver, please indicate which hospital:
No.

Third Party Vehicle No (if any) : SFQ 8910K

No of passenger(s) in Third Party Vehicle : 2 (include driver)

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/Third Party property involved:
side swipe

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)

[Signature] X
Driver (Name & Signature) / Date

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

[Signature]
Attended by (Name & Signature) / Date

Workshop Name: Kan Fook Sing Motor Workshop.

Etiqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

www.etiqa.com.sg
Company Reg. No. 201331905K

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