

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 03/02/2021 11:28 (SGT)
Date of Accident 01/02/2021 15:45 (SGT)
Exact Location of Accident 1 Raffles Institution Ln, Singapore 575954
Additional Location Information VISITOR CARPARK 1 , RAFFLES INSTITUTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3899S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG EUGENE
NRIC No SXXXX280D
Email Address NGEUGENE@C2E.COM.SG
Mobile Phone No (Phone) +65-97543727
Alternative Phone No (Home) +65-97543727

VEHICLE PARTICULARS

Manufacturer Porsche
Model Cayenne
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0008143
Cover Note Number 07/07/2020 TO 06/07/2021

DRIVER

Name of Driver loh wei fang
NRIC No SXXXX384J
Date Of Birth 06/10/1977
Occupation Indoor

Date Of Driving Pass	12/05/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96177402
Alt. Phone Number	-
Email Address	baby_loh@yahoo.com
Address	841 yishun st 81 #07-266
Address complement	-
Postcode	760841
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH PLAN

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	SLU3900E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SZE HUNG
NRIC No	SXXXX206J
Contact Number	(Phone) +65-91806768
Address	-
Address complement	-
Postcode	-

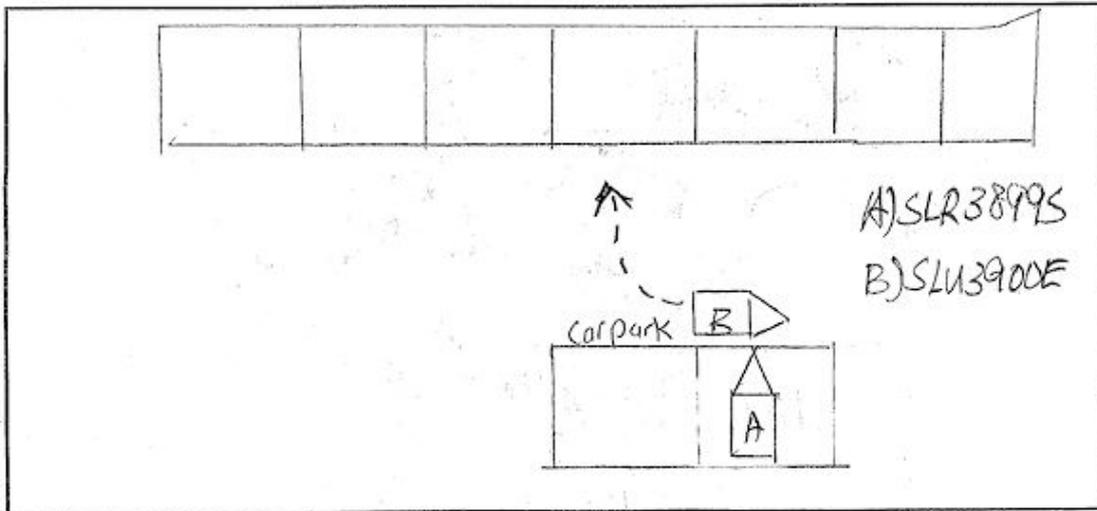
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

Sketch Plan



 Policyholder's Signature / Date & Time

_____ 3/2/21
 Driver's Signature (if driver is not the policyholder) / Date & Time



 Witnessed by Reporting Centre Personnel

03 | 02 | 2021
 ANIAM MOTOR COMPANY

Date of accident: 1/2/21 Time: 345 pm Location: Visitor Carpark 1, Raffles Institution
My Vehicle A: SLR3899 S Vehicle B: SLU3900 E Vehicle C: /

SKETCH PLAN
Describe Circumstances of the Accident

On 1/2/21 at around 345pm, My vehicle was parked in a lot at Visitor Carpark 1, Raffles Institution. Vehicle B was trying to maneuver into an empty lot opposite my car when she she hit my car (front driver side)

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 3/2/21
Driver's Signature (if driver is not the policyholder) / Date & Time



[Signature]
Witnessed by Reporting Centre Personnel
03/02/2021
AH LIM MOTOR COMPANY





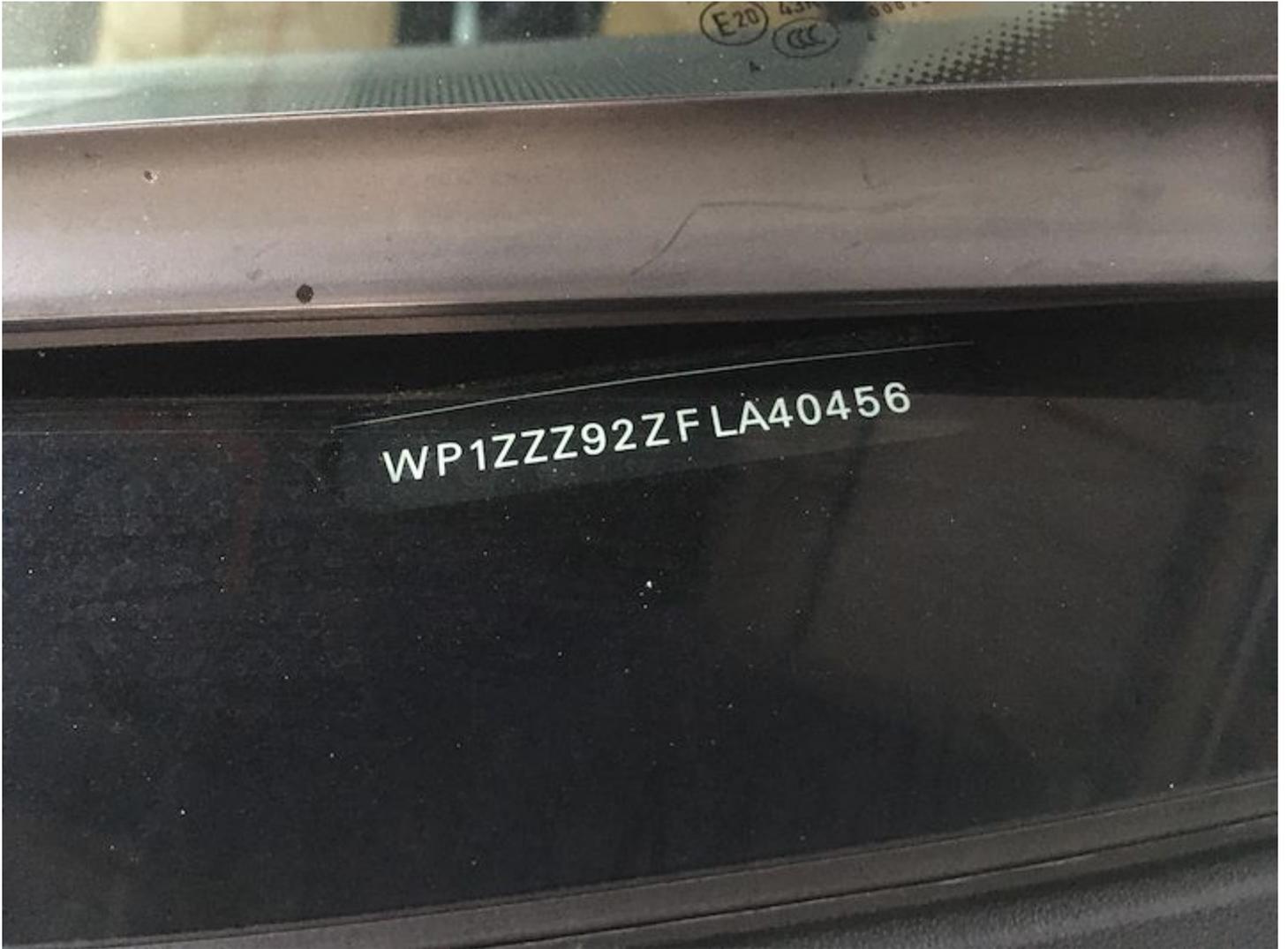






























INTERVIEW FORM

Name (Driver) : LOH WEI FANG

Policy No : M0008143

Vehicle No : SLR38995

Place of Accident : Visitor Carpark 1, Raffles Institution

Insured Driver's relationship with Insured : Spouse

Drink Driving of Insured and/or Insured Driver : NA

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
NA

Third Party Vehicle No (if any) : SLU3900E

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NA

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Damage to front bumper while parked.

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

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] Loh Wei Fang 3/2/21
Driver (Name & Signature) / Date

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

Workshop Name: AH LIM motor Company

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. 20133105K

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