

## 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 ability.
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 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	19/10/2015 18:41
Date Of Accident	19/10/2015 16:20
Exact Location Of Accident	AYE TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3312D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAO HONGDI
NRIC No	S7877715Z
Email Address	CHENWEI_1129@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97227801
Alternative Phone No	OTHERS-96455535

### Vehicle Particulars

Manufacturer	BMW
Model	520
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	000438
Cover Note Number	

### Driver

Name of Driver	CHEN WEI
NRIC No	S7060184B
Date Of Birth	01/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2008
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96455535
Fax Number	
Contact Number	OTHERS-96455535
Email Address	CHENWEI_1129@YAHOO.COM

Address	11 SIMEI ST 4 #01-03 SIMEI GREEN CONDOMINIUM
Postcode	529866
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	UNKNOWN - REFER TO SKETCH PLAN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	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

Are accident photos available for attachment?	YES
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA3175Z
Vehicle Make/Model/Colour	MERCEDE E250
Details Of Properties	
Name of Driver	LEOW HOCK MENG
NRIC/Passport Number	S6842366Z
Contact Number	98283794
Address	
Postcode	
Insurance Company Name	TENET SOMPO INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

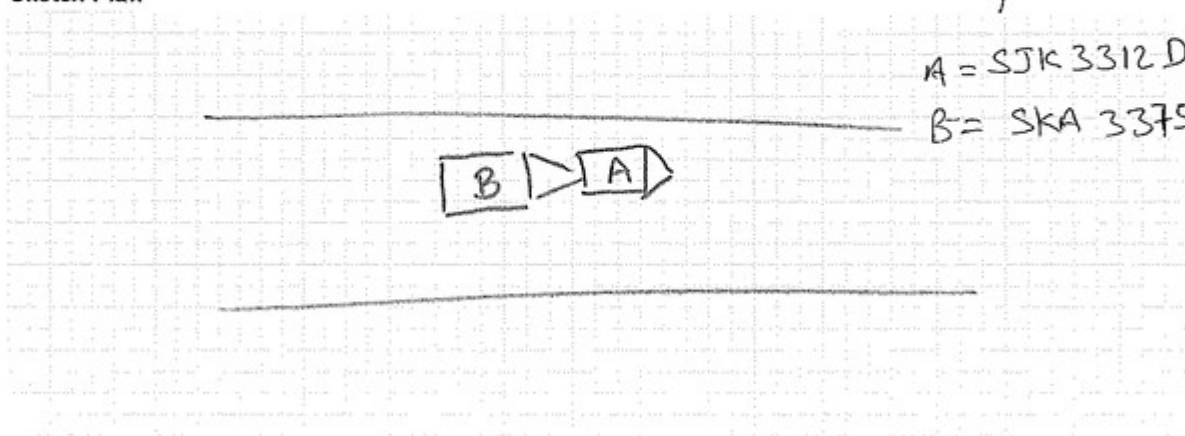
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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

#### Sketch Plan



### Describe Circumstances of the Accident

The car in front sudden brake. I have to brake and hit by back car B

## 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


Witnessed by Reporting Centre Personnel	
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**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S7060184B**  
 Name: **CHEN WEI**  
 Birth Date: **01 Dec 1970**  
 Issue Date: **03 Nov 2008**

001671321G

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7060184B**


 Name: **CHEN WEI**  
 陈 维  
 Race: **CHINESE**  
 Date of birth: **01-12-1970** Sex: **M**  
 Country of birth: **CHINA**

S7060184B

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

**Class 3** Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

PASS DATE: **03 Nov 2008**

NP 428A

Licence No: S7060184B

413559

NRIC No. **S7060184B**


 Date of issue: **26-11-2007**

**BLK 11 SIMEI STREET 4 #01-03**  
**SINGAPORE 529866**  
 NRIC No: **S7060184B** Date: **10/06/2014**



F512

## MOTOR COVER NOTE

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)

\$1699.77

Date: 28/8/15

No: 000438

The Insured having proposed for insurance in respect of the vehicle described below, it is hereby Held Covered according to the Company's usual policy form applicable and other terms which may be specifically agreed. This cover may be terminated by the Company in writing in which case the Company shall be entitled to charge a sum in proportion to the annual premium for the time on risk.

## SCHEDULE

Insured : Cao Hong Di  
Address : Blk 11 Simei Street 4 # 01-03 S'pore 529866  
Occupation : Manager  
Make : B.M.W 520i Auto ABS Airbag 2WD Regn No : SJK 3312 D  
Engine No : A4671244N46B20BF Xenon Headlamp Capacity : 1995  
Chassis No : WBANT12060CX29549 Year : 2008  
Sum Insured: S\$ Market Value Windscreen: S\$  
Cover : Comprehensive / Third Party / Fire & Theft / Third Party Excess : S\$ 450  
Period of Insurance: From 2.00 a.m. on 28/8/15 to midnight on 15/10/16  
Remarks : MAYBANK

I/WE HEREBY CERTIFY that this Cover Note 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).

Etiqua Insurance Pte. Ltd. 1808 BENCOOLEN STREET Teo.  
(Approved Insurers) #08-04 THE BENCOOLEN Authorised Signature  
SINGAPORE 129648  
TEL: 6-333-4118 FAX: 6-333-4108  
Co. Reg. No: 201227819H

## IMPORTANT NOTICE

## PREMIUM PAYMENT FRAMEWORK

## 1) For Individual Policyholders

In accordance with the General Insurance Association of Singapore's Code of Practice For Premium Payment, which comes into effect 1st May 2005, this Motor Cover Note issued to individual Policyholders shall not be in force unless premium is paid to the company or intermediary on or before the date of inception of this insurance, be it new or renewal.

## 10) For Corporate Policyholders

This Motor Cover Note carries a Premium Payment Warranty for Corporate Policyholders, which requires the premium to be paid in full within 60 days from the date of inception of this insurance, be it new or renewal.

If this condition is not complied with then this insurance is automatically terminated immediately after the expiry of the said 60-days period and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$15.00 + GST.

## Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' 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 / UA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## Personal DATA Use

Any information collected or held by Us whether contained in Your application or otherwise obtained may be used and / or disclosed to Our associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to Your application, any policy issued and to provide advice or information concerning products and services which We believe may be of interest to You and to communicate with You for any purpose. Your data may also be used for audit, business analysis and reinsurance purposes.

Etiqua Insurance Pte. Ltd. (Company Reg. No. 201331951K)  
One Raffles Quay, #22-01 North Tower, Singapore 048583  
T: +65 6336 0477 F: +65 6339 2109 [www.etiqa.com.sg](http://www.etiqa.com.sg)

A Member of Maybank Group

# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : CHEN WEI

Policy No : \_\_\_\_\_

Vehicle No : SJK 3312 D

Place of Accident : AYE towards MCE

Insured Driver's relationship with Insured : \_\_\_\_\_

Drink Driving of Insured and/or Insured Driver : \_\_\_\_\_

No of passenger(s) in Insured vehicle : 1

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

\_\_\_\_\_

Third Party Vehicle No (if any) : SKA3175Z

No of passenger(s) in Third Party Vehicle : 1

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

NIL

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

SJK3312D rear damage. SKA3175Z front damage

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

\_\_\_\_\_

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: COGE (UBI)

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



**Addendum Sheet**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**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 : MC0315120601 Vehicle Registration No : SJK 3312D  
Name(as shown in NRIC): chen Wei  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S7060184 B  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P): 96455535  
(Email) : \_\_\_\_\_  
Date of Accident : 19/10/2018 Time of Accident : 16:20  
Place of Accident : AYE Towards MCE  
Insurance Company : ETIQA

**(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:

Owner Name : CAO HONGDI i/c: S7877715 Z  
Submit : Interview form  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Vehicle Owner / Driver  
Date: \_\_\_\_\_

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

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**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD315120601 Vehicle Registration No : SJK 3312D  
Name(as shown in NRIC): Chen Wei  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S7060184B  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P): 96455535  
(Email) : \_\_\_\_\_  
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**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

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Owner Name : CAO HONGDI i/c: S7877715Z  
Submit : Interview form  
Driver : Chen Wei i/c: S7060184B  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signature of Vehicle Owner / Driver

Date: