

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	03/04/2021 12:50 (SGT)
Date of Accident	01/04/2021 18:14 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	TOWARDS PARKWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1925P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EMMANUEL LOGISTICS XPRESS
Company Reg No	5XXXX588D
Email Address	ERICCHUI@MAIL.COM
Mobile Phone No	(Phone) +65-92726982
Alternative Phone No	+65-92726982

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1999

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	CHUI WENG KHEONG
NRIC No	SXXXX671A

Date Of Birth	04/05/1970
Occupation	Outdoor
Date Of Driving Pass	12/01/1991
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92726982
Alt. Phone Number	-
Email Address	ERICCHUI@MAIL.COM
Address	495B TAMPINES ST 43 #05-398
Address complement	-
Postcode	521495
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
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?	No
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

PLEASE REFER TO STATEMENT

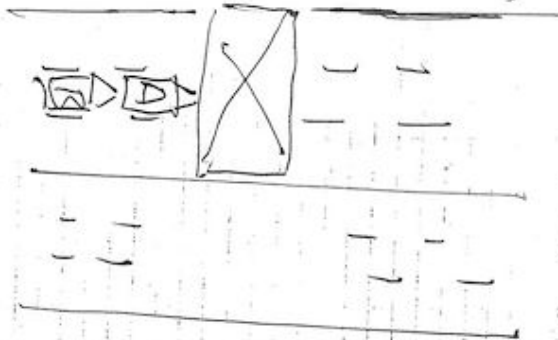
ATTACHMENT(S)

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

SKETCH PLAN

SALIAN BUNDS TOWARD PARKWAY

(A) GBB 1925P
(B) GBB 9193H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at Eunos near traffic light. Drive slowly and stop at yellow box. Few seconds suddenly my van was hit by another vehicle behind. Vehicle no. GBB 9193H. We exchange contact details and will claim insurance. My van at rear area was damaged. The time happen at 1814 hours.

DECLARATION

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

Policyholder's Signature

Date & Time:

1/4/2021

22.51 hours

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





















92726982.

Personal ParticularsDate of Accident: 1/4/21 (dd/mm/yy) Time of Accident: 18:14 (24 Hrs)Vehicle No: GBG1925P Vehicle Make/Model: _____

Exact Location of Accident: _____

Owner's Name / IC No: Emmanuel Logistics Ap-on

Owner's Contact No: _____ Owner's Email*: _____

Driver's Name / IC No: UEM 53046588DDriver's Contact No: 92726982 Driver's Email*: ericchui@mail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/

Others please specify: _____ Insurance Company & Policy No: ETICADoes the driver own any other vehicle?

Yes / No If Yes, Vehicle no. _____ & Insurance Company & Policy No: _____

What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 1Own Insurance / Third Party / Reporting OnlyExact purpose for which the vehicle was being used at the time of accident?

Private use / Work purpose

Weather condition & Road Conditions?Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & WetOccupationAny Witness?*Any Video?Indoor / Outdoor

Yes / No If Yes, please specify _____

Yes / No

Any Injuries? (Police report is required if mc is above 3 days)*Seat Belt?Yes / No If Yes, which police station, which part? _____

Yes / No

Third Party (Vehicle B) details:Driver's Name/IC No: _____ Vehicle No: GBB 9193H

Third Party Insurance: _____ Driver's Contact No: _____

Other's Vehicle Involved (If applicable)

Vehicle C: _____ Vehicle D: _____ Vehicle E: _____

Was any foreign vehicle involved in this accident?

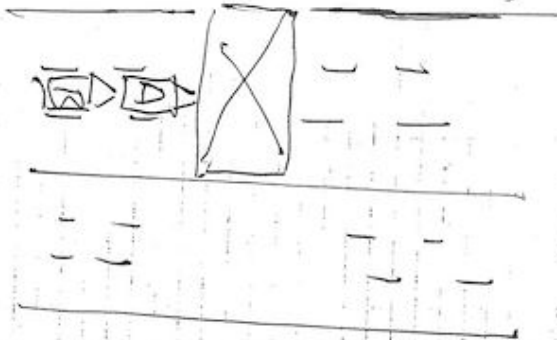
If yes, Foreign Vehicle Registration Number: _____

ericchui@mail.com

SKETCH PLAN

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(A) GBB 1925P
(B) GBB 9193H



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(If driver is not the policyholder)

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Name:

NRIC/FIN No.:



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:

1/4/21
 22.51hrs


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

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

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : CHUI WENG KHEONG

Policy No : _____

Vehicle No : GDB 1925P

Place of Accident : Eunos

Insured Driver's relationship with Insured : Owns Company.

Drink Driving of Insured and/or Insured Driver : _____

No of passenger(s) in Insured vehicle : _____

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

Third Party Vehicle No (if any) : GDB 9193M

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

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

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

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) / Date : CHUI WENG KHEONG 18/08/2018

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

Attended by (Name & Signature) / Date : _____

Workshop Name: _____

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Singapore 048583

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F +65 63392109

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