

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	14/07/2021 15:47 (SGT)
Date of Accident	10/07/2021 11:05 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1818B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAN SYNERGY PTE LTD
Company Reg No	1XXXXX273E
Email Address	SULING_CHAPMAN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96311664
Alternative Phone No	(Home) +65-96311664

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Defender
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
Transmission	Manual
CC	2995

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M0012387
Cover Note Number	13/02/2021 TO 12/02/2022

DRIVER

Name of Driver	JULIANA LIM SU LIN
NRIC No	SXXXX867I

Date Of Birth	18/12/1976
Occupation	Indoor
Date Of Driving Pass	06/10/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96311664
Alt. Phone Number	-
Email Address	SULING_CHAPMAN@YAHOO.COM.SG
Address	42 SARACA ROAD
Address complement	-
Postcode	807388
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	DRIZZLING
Road Surface	Wet

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 vehicle 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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK3980U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-83986449
Address	-
Address complement	-

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

SKETCH PLAN

Etiga

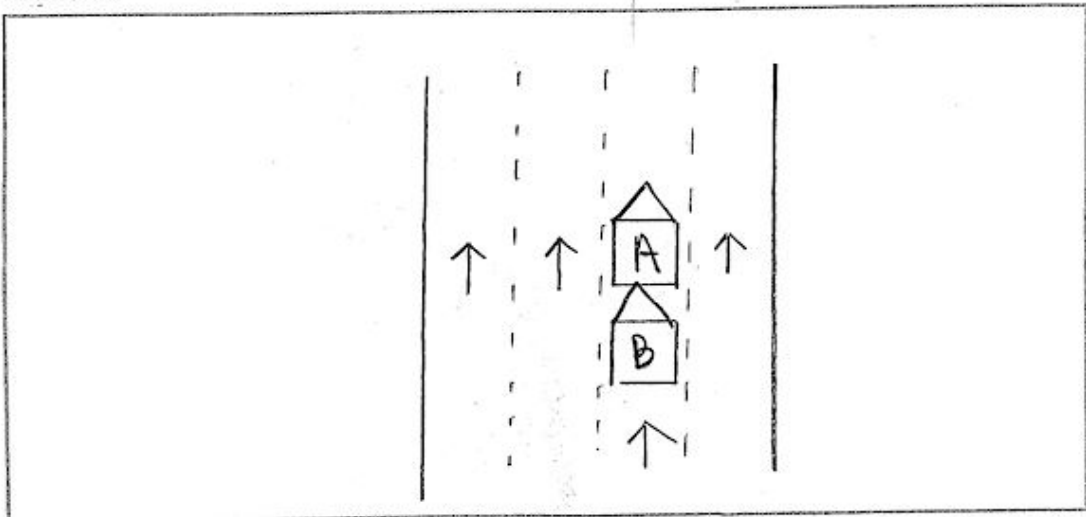
Vehicle: GBE 1818 B

14/07/2021

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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/are 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

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

Witnessed by Reporting Centre Personnel

14/07/2021

AHEAD MOTOR COMPANY

Date of accident: 10/07/2021 Time: 11:05 Location: Upper Serangoon Road
 My Vehicle A: GRE 1818B Vehicle B: GBK 3980U Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.


I was driving along Upper Serangoon Road in Lane 2 and stopped behind the vehicles in front of me as the traffic light was red. Then ~~the~~ as I was waiting, I felt a bump from the back and realised the van behind had hit me.

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.

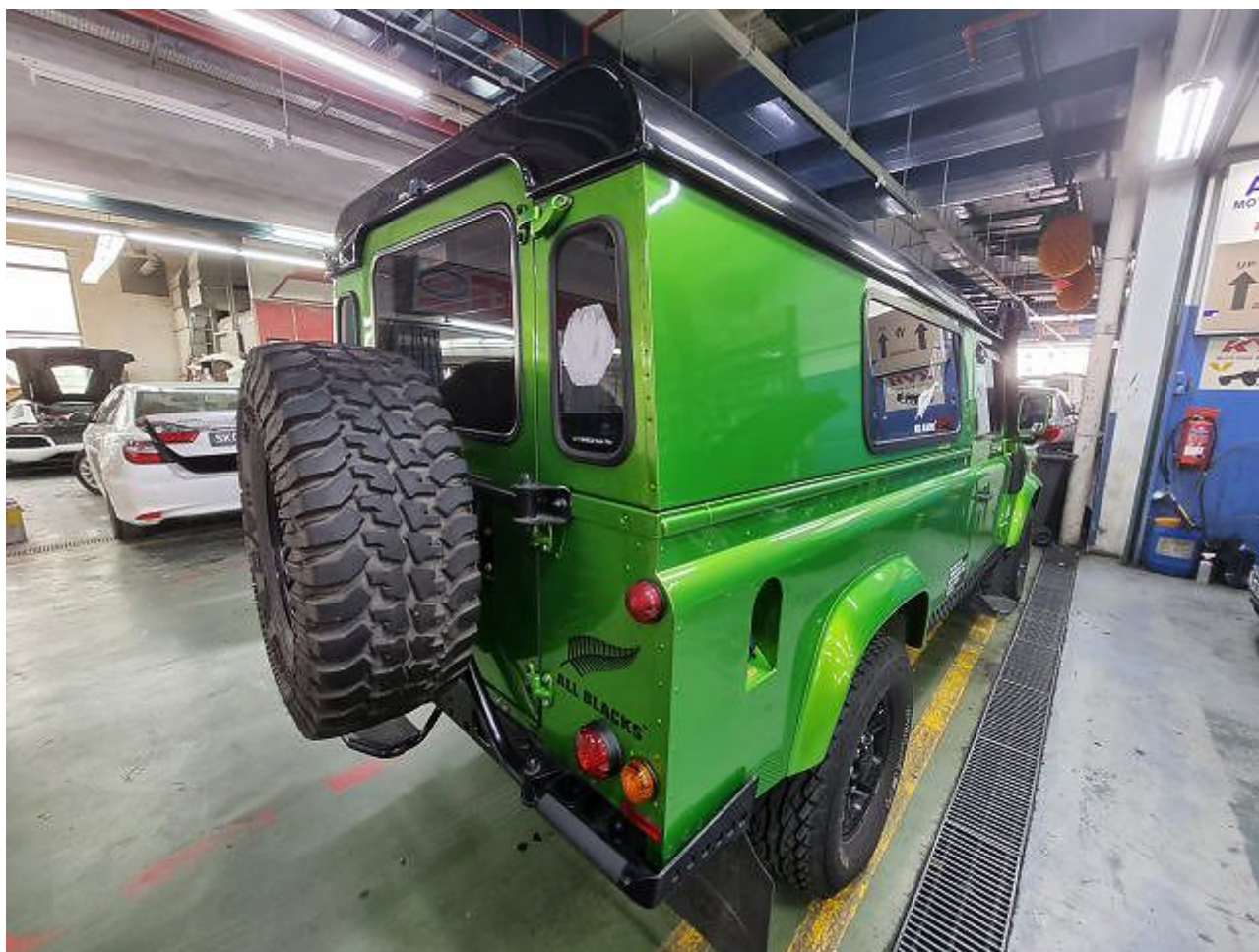

 Policyholder's Signature / Date & Time

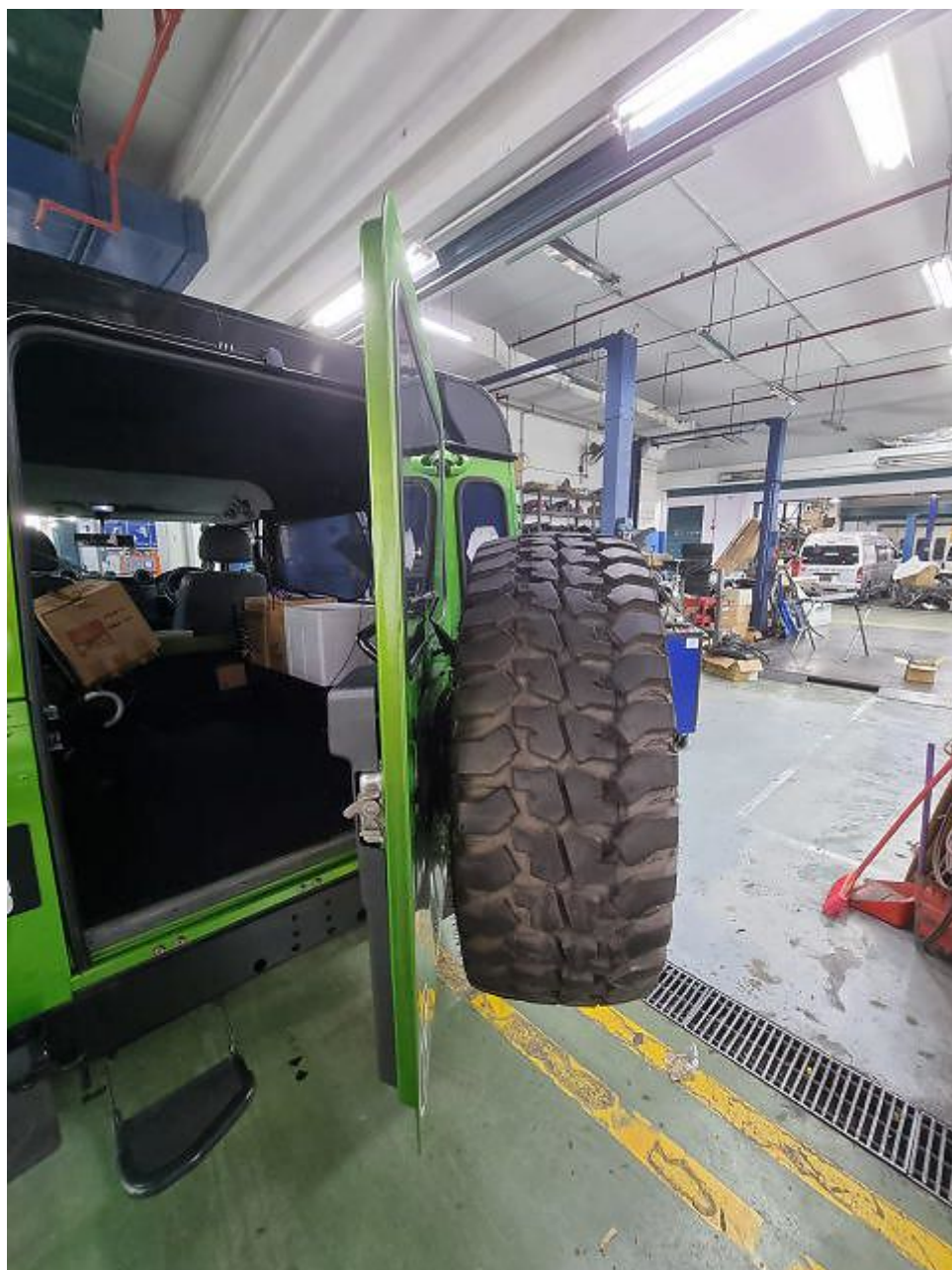

 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel
17/07/2021
 AH LIM MOTOR COMPANY

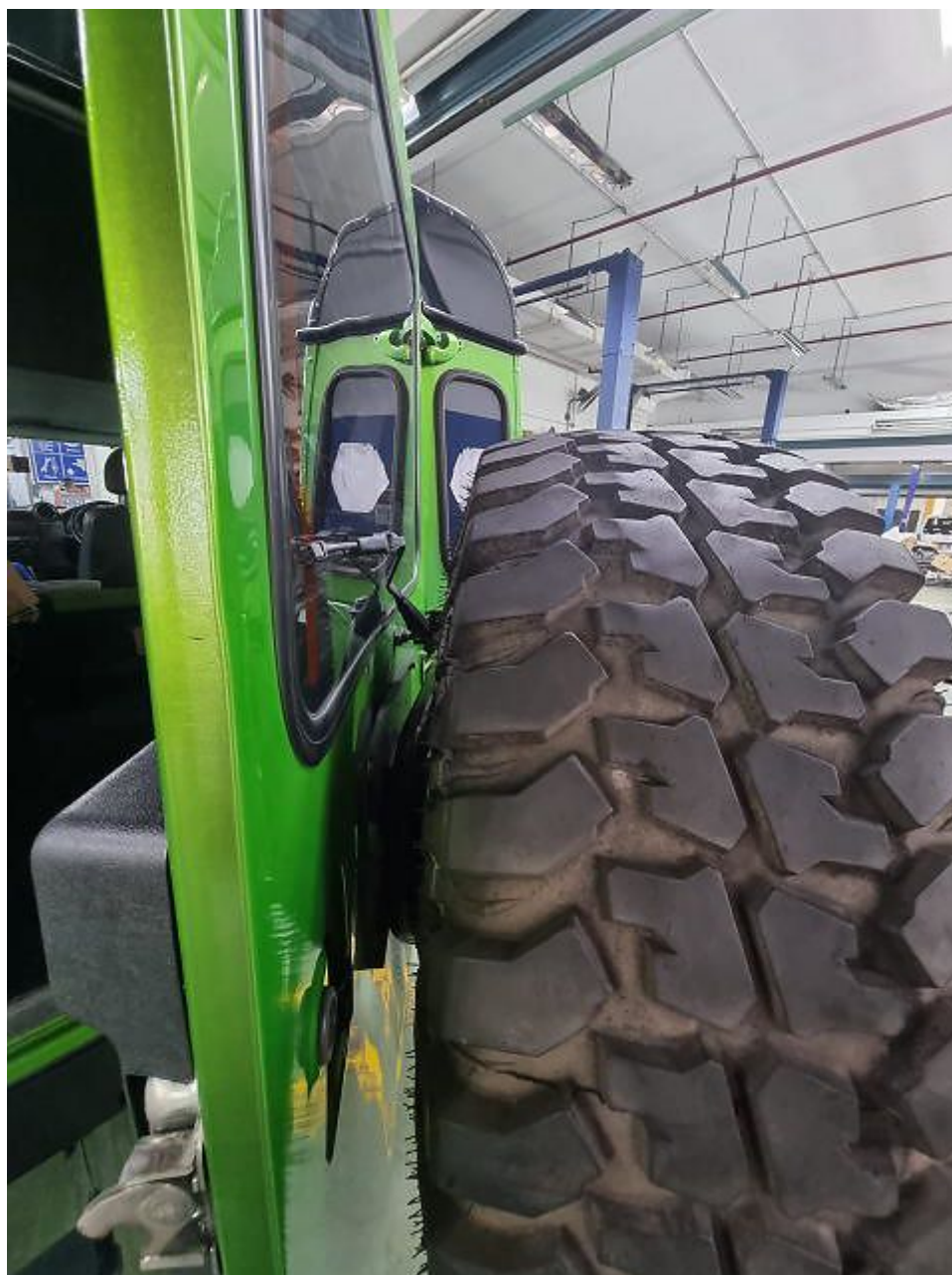




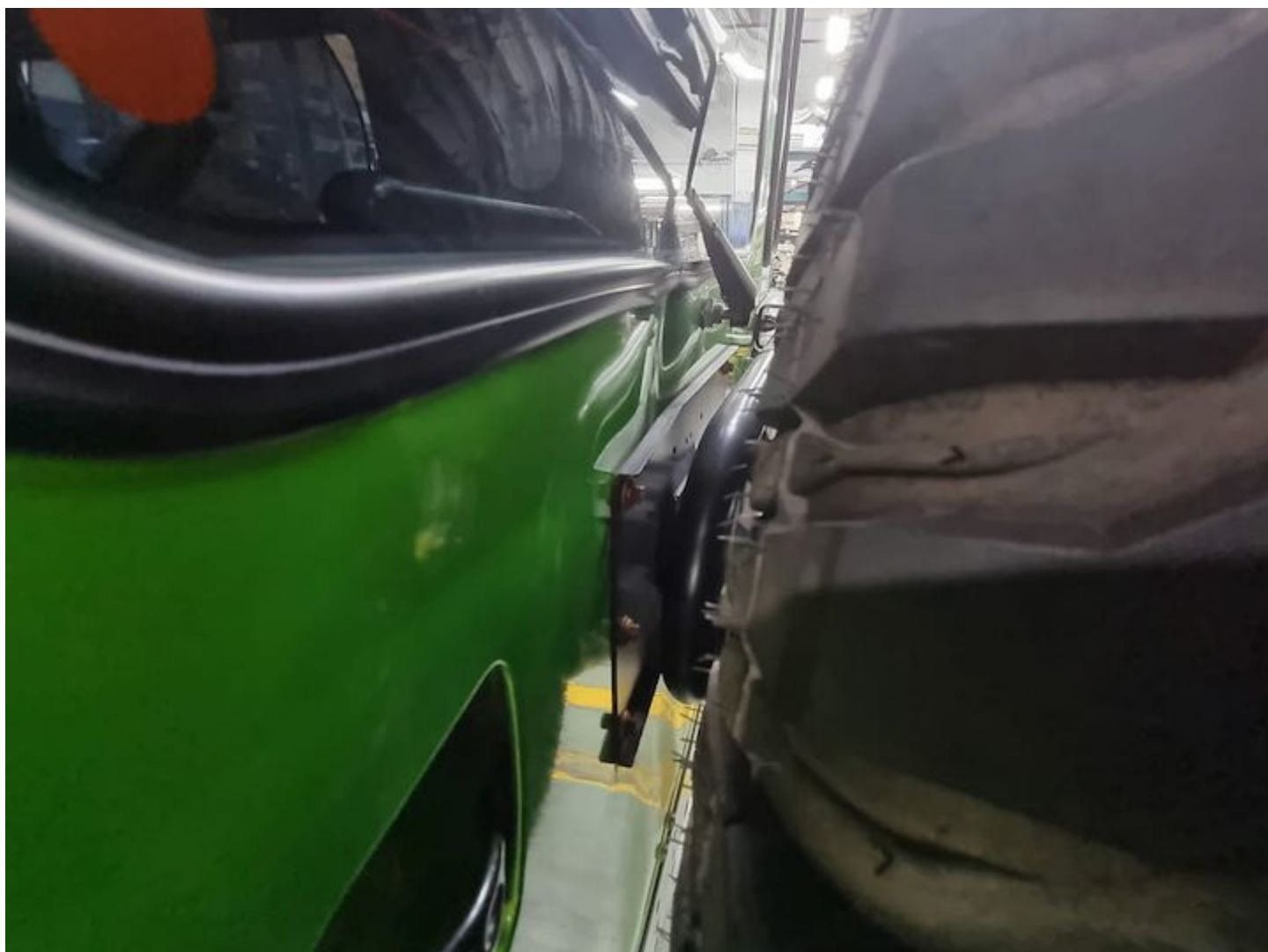


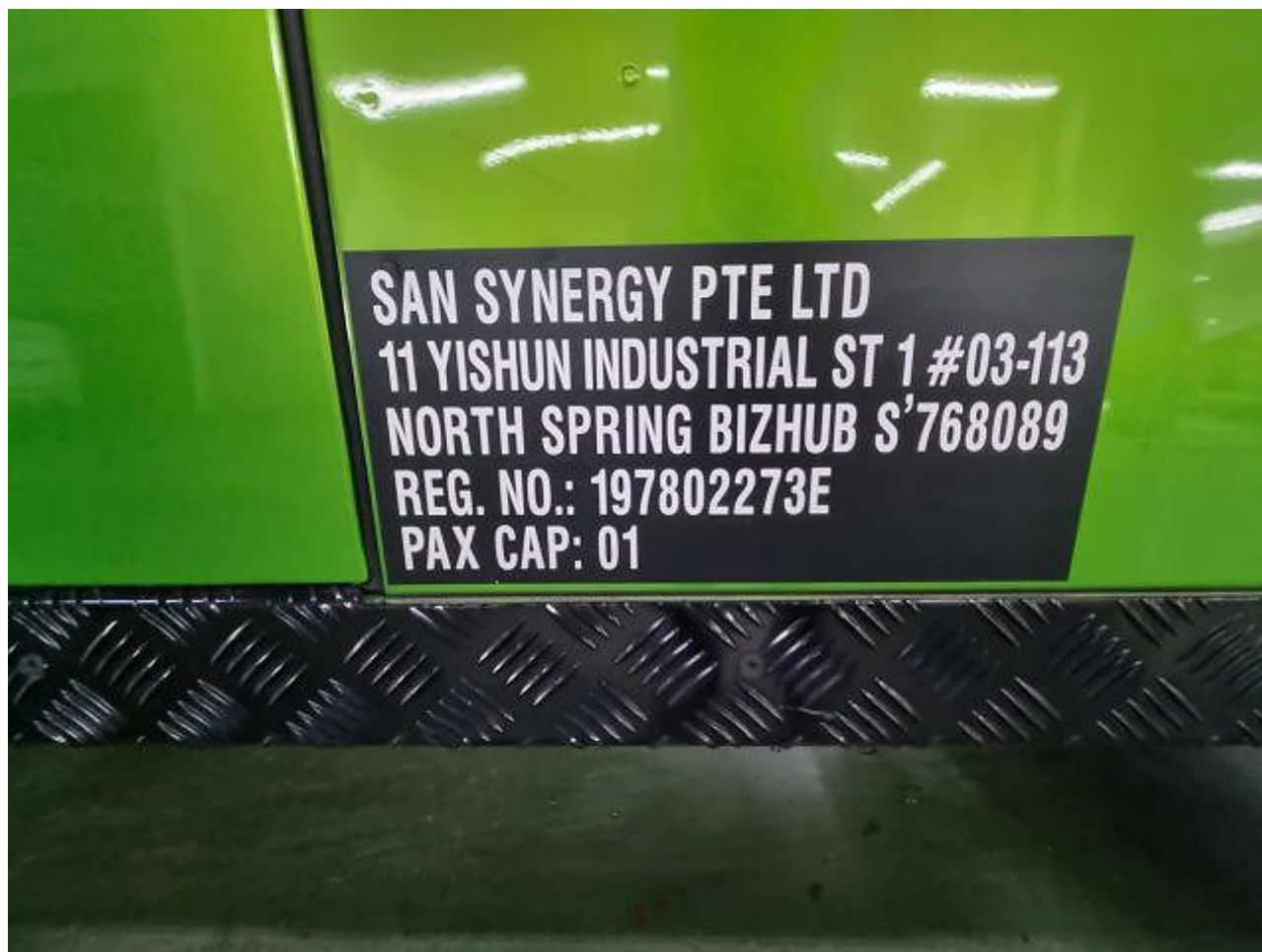


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA18217E0001 Vehicle Registration No: GBE1818B
 Name (as shown in NRIC): JULIANA LIM SU LIN NRIC/FIN/Passport No: S7638867I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 42 SARACA ROAD Singapore (807388)
 Contact (Tel): Mobile No.: 96311664
 Email Address: 42 SARACA ROAD
 Date of Accident: 10/07/2021 Time of Accident: 11:05
 Place of Accident: UPPER SERANGOON ROAD
 Insurance Company: Etiqa Insurance Pte Ltd

(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:

To re-attachment the sketch plan.

OPERATOR

Policyholder / Driver's Signature
 Date:

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

14/07/2021

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Juliana Lim Su Lin

Policy No : M0012387

Vehicle No : GBE1818B

Place of Accident : Upper Serangoon Road

Insured Driver's relationship with Insured : ~~owner~~ sibling of owner

Drink Driving of Insured and/or Insured Driver : Ø

No of passenger(s) in Insured vehicle : Ø

Injury to Insured and/or Insured driver, please indicate which hospital:
None

Third Party Vehicle No (if any) : GBK 3980 U

No of passenger(s) in Third Party Vehicle : 01

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
None

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

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
None

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)

Juliana Lim Su Lin
Driver (Name & Signature) / Date

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

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

Workshop Name: AH LIM MOTOR COMPANY

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