

# 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	11/08/2021 12:54 (SGT)
Date of Accident	07/08/2021 12:30 (SGT)
Exact Location of Accident	11 Sin Ming Walk, Singapore 575579
Additional Location Information	THOMSON GRAND CONDO BASEMENT CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4797E
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KUI KENG
NRIC No	SXXXX423H
Email Address	kkk@successforever.com.sg
Mobile Phone No	090001465-97668811
Alternative Phone No	+65-97668811

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Aventis
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	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	Equa Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA013802
Cover Note Number	-

### DRIVER

Name of Driver	MASIRWAN BIN MAMAT
NRIC No	SXXXX000E

Date Of Birth .....	19/08/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	06/08/2006
Driving experience .....	15 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-8741053
Alt. Phone Number .....	-
Email Address .....	ewanmamatz79@gmail.com
Address .....	BLK 244 JURONG EAST STREET 24 #07-589
Address complement .....	-
Postcode .....	600244
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 .....	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 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

ON 07/08/2021 AT 1210HRS AT THOMSON GRAND CONDO BASEMENT CARPARK. I WAS DRIVING VEHICLE (SMN4797E) GOING TOWARDS EXIT ROAD. SUDDENLY, IN FRONT VEHICLE (SLC5078K) HAD DRIVE OVERSHOT TO MAKE EXIT. HIS VEHICLE MAKE A REVERSE WITH A BIT OF FAST SPEED AND NEVER NOTICE MY VEHICLE BEHIND HIM AND HIT MY FRONT LEFT BUMPER.

#### 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 INVOLVED PROPERTY

Vehicle Registration Number .....	SLC5078K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIU MING
Contact Number .....	-

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



## SKETCH PLAN

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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.

x Alan  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

*On 7/8/21* *21210488* AT THOMPSON PLANN CONDO BASEMENT CARPARK. I WAS DRIVING VEH SMN 4997E GOING TOWARDS EXIT ROAD. SUDDENLY IN FRONT VEH SL 6098 K HAD DRIVE OVER SPOT TO MAKE EXIT HIS VEH WHILE HE MADE A REVERSE WITH ALOT OF FAST SPEED AND NEVER NOTICE MY VEH BEHIND HIM AND HIT MY FRONT LEFT BUMPER.

Declaration

We declare the foregoing particulars are true in every respect

x *Allen*  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



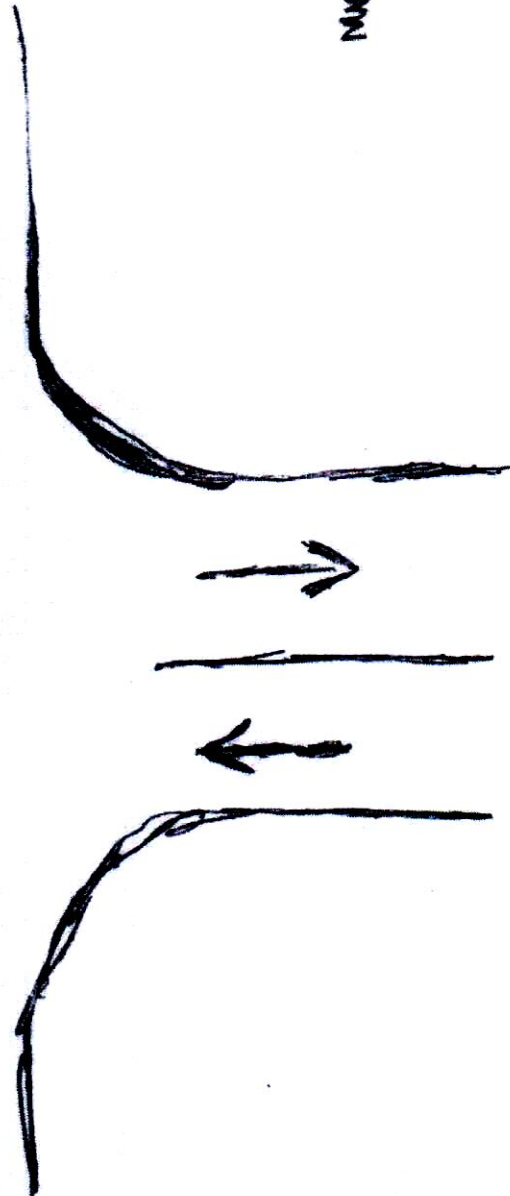
THOMSON GRAND CONDO

25 SIN MONG WALK

ACCIDENT HAPPEN IN BASEMENT CARPARK.

REVERSE  
AND HIT MY FRONT LEFT

REVERSE  
AND HIT MY FRONT LEFT



MUSKIEVA MIAHART

17801  
108721

# eTiqa

Insurance

## INTERVIEW FORM

Name (Driver) : MAEILWAN KUN NAWAT  
 Policy No : MA013802  
 Vehicle No : SMN 4197 E  
 Place of Accident : THOMSON GRAND CONDO 25 ONE MINUTE WALK  
BASMENT CAR PARK

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

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) : SLC 5078 K

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

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 involved: \_\_\_\_\_

LEFT FRONT BUMPER

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)

[Signature]  
 Driver (Name & Signature)  
 I, affirmed the above information is given to  
 my best knowledge

\_\_\_\_\_ [Signature]  
 Attended by (Name & Signature)  
 Workshop Name: \_\_\_\_\_

Etika Insurance Berhad (Company Reg. No. 109100545)  
 1 North Bridge Road, #40-01 High Street Centre, Singapore 179074  
 T: +65 6931 6477 F: +65 6939 2400

Approved by: [Signature] Date: \_\_\_\_\_