

## 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.

159 Tick Hai Motor

### ACCIDENT STATEMENT

Date of Submission	12/08/2021 16:05 (SGT)
Date of Accident	11/08/2021 00:00 (SGT)
Exact Location of Accident	8A Admiralty St, Singapore 757437
Additional Location Information	FOOD XCHANGE #07-20
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN1888S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH KIM LENG
NRIC No	S6823452B
Email Address	goh@sinhongyun.sg
Mobile Phone No	(Phone) +65-90677393
Alternative Phone No	+65-90677393

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA010856
Cover Note Number	-

#### DRIVER

Name of Driver	GOH KIM LENG
NRIC No	S6823452B

Date Of Birth	24/06/1968
Occupation	Indoor
Date Of Driving Pass	03/11/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90677393
Alt. Phone Number	+65-90677393
Email Address	goh@sinhongyun.sg
Address	27 BRIDPORT AVE
Address complement	-
Postcode	559317
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 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

MY VEHICLE WAS PARKED STATIONARY OUTSIDE 8A ADMIRALTY STREET FOOD XCHANGE #07-20. SUDDENLY, I WAS INFORMED BY MY WORKER THAT VEHICLE B HIT ONTO THE LEFT HAND PORTION OF MY VEHICLE. THE DRIVER HAD ALSO ADMITTED THAT IT WAS HIS FAULT.

#### ATTACHMENT(S)

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

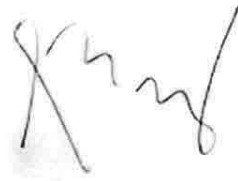
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL4197C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PITCHAIPILLAI VENKATAKRISHNAN
Passport No/FIN	G2272079T

Contact Number	(Phone) +65-84206053
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

I authorise ISA Tick Hai Motor to have a copy of my accident GIA report.

SKETCH PLAN



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7. By the lodgment 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)

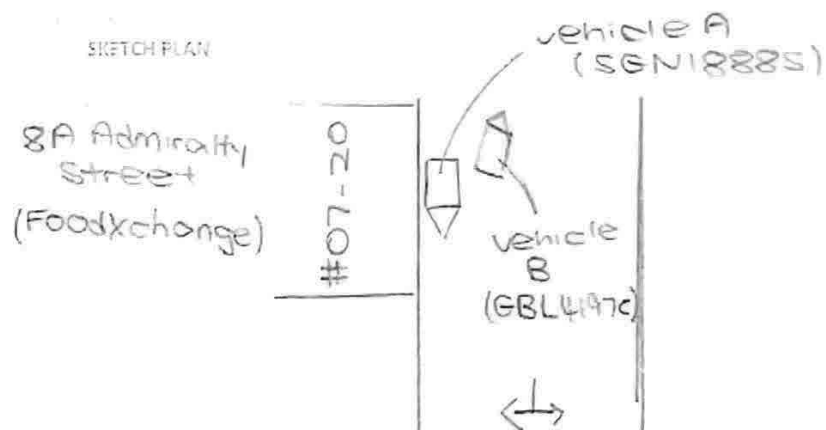
I understand, acknowledge, agree and consent that:

- (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.
- (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:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked stationary outside  
8A Admiralty Street FoodXchange #07-20.  
Suddenly, I was informed by my worker  
that vehicle B hit onto the left hand  
portion of my vehicle. The driver had also  
admitted that it was his fault.

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:

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

# eTiqa

Insurance

## INTERVIEW FORM

Name (Driver) : Goh Kim Leng

Policy No : MA010856

Vehicle No : SGN1888S

Place of Accident : 8A Admiralty Street FoodExchange  
#07-20

Insured Driver's relationship with Insured : Owner

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) : GBL4197C

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

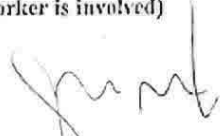
Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
-

Type of collision and the extensiveness of the damages to all vehicles involved:  
Parked and found

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: \_\_\_\_\_

Etiqa Insurance Berhad (Company Reg. No. T0100546)  
1 North Bridge Road, F01 of High Street Centre, Singapore 179094  
T: +65 6336 6477 F: +65 6339 2169

Member of the Maybank Group

I, PITCHAI PILLAI VENKATARISHNAN FIC ID: G32720797  
 Admit to knocking on SS1888S on the Night of 11<sup>th</sup>  
August - 12 AM at #01-20 BH NONPALLY ESTATE  
 I HEREBY ADMITTED the Accident that I caused

D. V. V. V.

PITCHAI PILLAI VENKATARISHNAN  
G32720797  
405 8420 6053

