

# 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 ..... 16/09/2021 13:24 (SGT)  
Date of Accident ..... 12/09/2021 05:05 (SGT)  
Exact Location of Accident ..... Seletar West Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF6887H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN JUAY HENG  
NRIC No ..... S1296670I  
Email Address ..... tanjianwei\_98@hotmail.co.uk  
Mobile Phone No ..... (Phone) +65-97565109  
Alternative Phone No ..... +65-97565109

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Evo-10  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MA012005  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN JIAN WEI  
NRIC No ..... S9805381F

Date Of Birth .....	13/02/1998
Occupation .....	Indoor
Date Of Driving Pass .....	17/10/2017
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92970993
Alt. Phone Number .....	-
Email Address .....	tanjianwei_98@hotmail.co.uk
Address .....	BLK 735 WOODLANDS CIRCLE #07-489
Address complement .....	-
Postcode .....	730735
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CORNELIA LIN WEN TING
Gender .....	Female

#### PASSENGER 2

Name .....	KAN KIN FENG
Gender .....	Male

#### PASSENGER 3

Name .....	SOH RUI YING DANA
Gender .....	Female

#### 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 THE STATED DATE AND TIME, VEHICLE BEARING (SMF6887H) WAS TRAVELLING ALONG THE LEFT LANE. ALL OF A SUDDEN, THE VEHICLE BEARING PLATE NO. (SGF2353D) ON MY RIGHT SKIDDED AND HIT ONTO THE RIGHT PORTION OF MY CAR CAUSING ME TO SWERVE SLIGHTLY.

#### 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 .....	SGF2353D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN JUAY HENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMF6887H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CORNELIA LIN WEN TING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMF6887H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	KAN KIN FENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMF6887H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 4

Name of injured person .....	SOH RUI YING DANA
Gender .....	Female
Phone No .....	-

Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMF6887H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

HENK

Policyholder's Signature / Date & Time

Sketch Plan

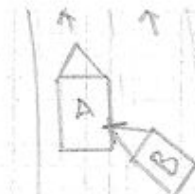
16/9/21

VEHICLE A - SMF 6887H

VEHICLE B - SGF 2353D

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

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON THE STATED DATE, TIME & VENUE. I BEARING PLATE NO:  
SMF 6887H WAS TRAVELLING ALONG THE LEFT LANE.  
ALL OF A SUDDEN, THE VEHICLE BEARING PLATE NO:  
SGF 2353D ON MY RIGHT SKIPPED AND HIT ONTO  
MY RIGHT PORTION OF MY CAR CAUSING ME TO  
SWERVE SLIGHTLY.

## Declaration

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





### INTERVIEW FORM

Name (Driver) : TAN JIAN WEI

Policy No : MA 012005

Vehicle No : S4F 6887H

Place of Accident : SELETAR WEST LINK

Insured Driver's relationship with Insured : SON

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 04 3

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

CORNELIA LIN WEN TING / KAN KIN FENG / SOH RUI YING DANA / TAN JIAN WEI  
INTERMEDICAL 24HR CLINIC ANG MO KIO

Third Party Vehicle No (if any) : S4F 2353D

No of passenger(s) in Third Party Vehicle : 02 1

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

NO

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

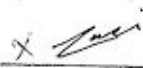
HEAD TO SIDE

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

NO

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)


X   
 Driver (Name & Signature)

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

Attended by (Name & Signature)

Workshop Name: \_\_\_\_\_

Etiqua Insurance Berhad (Company Reg. No. T09FC0054K)  
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 2109

A Member of the  Group



















MX1  
71120037  
Cov. Type: Comprehensive

# CERTIFICATE OF INSURANCE

\* 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)

**CERTIFICATE No.** MA012005

- |  |               |                         |  |       |
|--|---------------|-------------------------|--|-------|
| 1. Index Mark and Registration Number of Vehicle                           | SMF6887H      |                         |  |       |
| 2. Name of Policyholder  | TAN JUAY HENG |                         |  |       |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 19/12/2020    | Excess: Named Drivers   | S\$                                    | 600   |
|  |               | Excess: Unnamed Drivers | S\$                                    | 1,100 |
| 4. Date of Expiry of Insurance   | 18/12/2021    |                         |  |       |
| 5. Persons or Classes of Persons entitled to drive                         |               | Engine No               | : 4B118M3663                           |       |
|  |               | Chassis No              | : CZ4A0005664                          |       |
|  |               | Hire Purchase           | : Hitachi Capital Asia Pacific Pte Ltd |       |

(A) THE POLICYHOLDER.  
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

TAN JUAY HENG

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

## 6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.  
THE POLICY DOES NOT COVER:  
(i) USE FOR HIRE OR REWARD.  
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.  
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

## Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's 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 / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdric.org.sg](http://www.sdric.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates 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).

ETQFEU 01/12/2020 11:12:42



For and on behalf of **Etiqua Insurance Pte. Ltd.**  
Approved Insurer

Authorised Signature