

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 02/12/2021 13:49 (SGT)
Date of Accident 01/12/2021 15:59 (SGT)
Exact Location of Accident Bartley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT6261K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIEW HWEI CHEUNG
NRIC No S7201753F
Email Address carqt88@gmail.com
Mobile Phone No (Phone) +65-93690765
Alternative Phone No +65-93690765

VEHICLE PARTICULARS

Manufacturer Audi
Model A1
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 1000

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA011768
Cover Note Number -

DRIVER

Name of Driver LIEW HWEI CHEUNG
NRIC No S7201753F

Date Of Birth	14/01/1972
Occupation	Indoor
Date Of Driving Pass	07/01/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93690765
Alt. Phone Number	+65-93690765
Email Address	carqt88@gmail.com
Address	42 MOUNT VERNON ROAD #07-36
Address complement	-
Postcode	368061
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	Collision - U-Turn
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANG YUXIN
Gender	Female

PASSENGER 2

Name	ANG JING XUAN
Gender	Male

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

AFTER I CHECKED TRAFFIC CLEAR, I MADE AN U-TURN. WHEN I COMPLETE MY TURN, VEHICLE B FROM SERANGOON AVE 1 WITHOUT GIVE WAY CAME AND HIT MY VEHICLE REAR LH CORNER.

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	SH9418C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

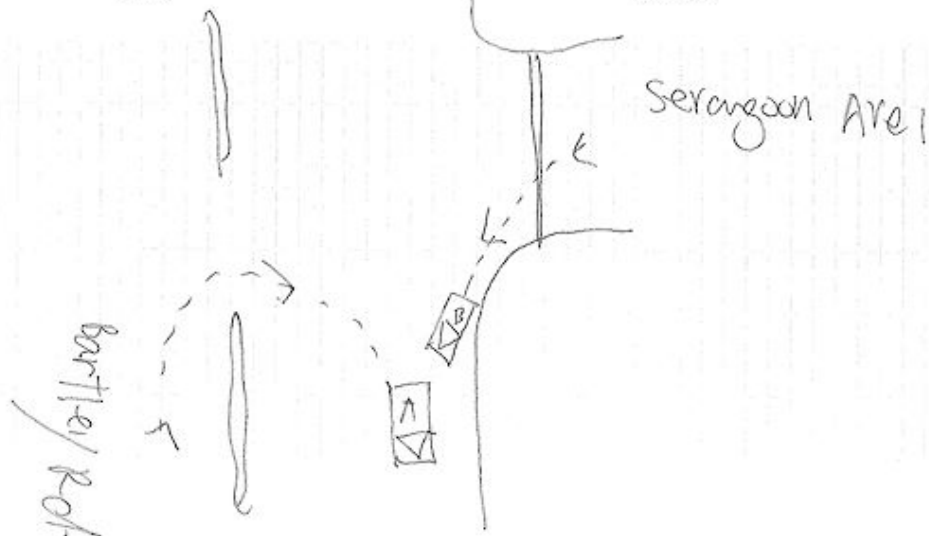
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

after I check Traffic clear I make a right U turn, when
 I complete my turn, veh B from Serangoon Ave,
 without out a give way, come to hit my veh from LH corner

Declaration

We declare the foregoing particulars are true in every respect.

2/12/2021
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


LETTER OF UNDERTAKING

I/We, CIBN HUBEI CHEMICAL, the owner of vehicle no. SE17 661R

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:


Nric no. & signature of policyholder

Company stamp

2/12/2021
Date

eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : LIEW HWEI CHENG

Policy No : MA011768

Vehicle No : SGT 6261R

Place of Accident : BARTLEY RD

Insured Driver's relationship with Insured : as above

Drink Driving of Insured and/or Insured Driver : N/L

No of passenger(s) in Insured vehicle : 2

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

Third Party Vehicle No (if any) : SH 9418C

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

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

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

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

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) : [Signature]

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

Attended by (Name & Signature) : _____

Workshop Name: _____

Etiqa 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 **Maybank** Group















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. MA011768		
1.	Index Mark and Registration Number of Vehicle	SGT6261K
2.	Name of Policyholder	LIEW HWEI CHEUNG
3.	Effective Date of Commencement of Insurance for the purposes of the Act	15/12/2020
		Engine No.: CHZ042531 Chassis No.: WAUZZZ8X1GB048153 Excess (Named Drivers): S\$800.00 Excess (Unnamed Drivers): S\$1300.00
4.	Date of Expiry of Insurance	14/12/2021
5.	Persons or Class of Persons entitled to drive	
	(A) THE POLICYHOLDER	
	(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION	
	LIEW HWEI CHEUNG	ANG THIAM LEONG
	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 SO 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 headings.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' 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 General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

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

Authorised Signature