

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 03/12/2021 17:04 (SGT)
Date of Accident 30/11/2021 14:30 (SGT)
Exact Location of Accident 18 King Albert Park, Singapore 598306
Additional Location Information KING ALBERT PARK (OPPOSITE NO 26A)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD6284C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEY CHOON CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No 1XXXXX441H
Email Address ADMIN@LEYCHOON.COM
Mobile Phone No (Phone) +65-67570900
Alternative Phone No (Office) +65-67570900

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant FV51JJD4RDEA
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 12882

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0016353
Cover Note Number 01/01/2021 - 31/12/2021

DRIVER

Name of Driver MOHD AZHAR B MOHD SOM
NRIC No SXXXX547C

Date Of Birth	20/02/1968
Occupation	Outdoor
Date Of Driving Pass	04/07/1991
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96605541
Alt. Phone Number	-
Email Address	AZHARACHONG@YAHOO.COM
Address	BLK 429 WOODLANDS ST 41 #03-254
Address complement	-
Postcode	730429
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	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)	0
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ8216G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-90430625
Address	-
Address complement	-

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

Date of accident: 30-11-21 Time: 1430 HRS Location: KING ALBERT PARK COPP NO.26A)
 My Vehicle A: XD 6284C Vehicle B: YQ 8216G Vehicle C: _____

SKETECH PLAN

Describe Circumstances of the Accident

I was sitted in my parked vehicle with cones and signage for road works (for cable laying) all around the lorry. A 14ft lorry with high canopy hit against the right side mirror while overtaking my lorry. I horned at the lorry and the driver stopped and alighted. I told the driver the canopy had hit the side mirror but he was unaware. We took photos and exchanged contact numbers. My in charge then contacted the other company's in charge and was told to make a claim through insurance.

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you 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 01-12-21


 Witnessed by Reporting Centre Personnel 03/12/2021

SKETCH PLAN

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

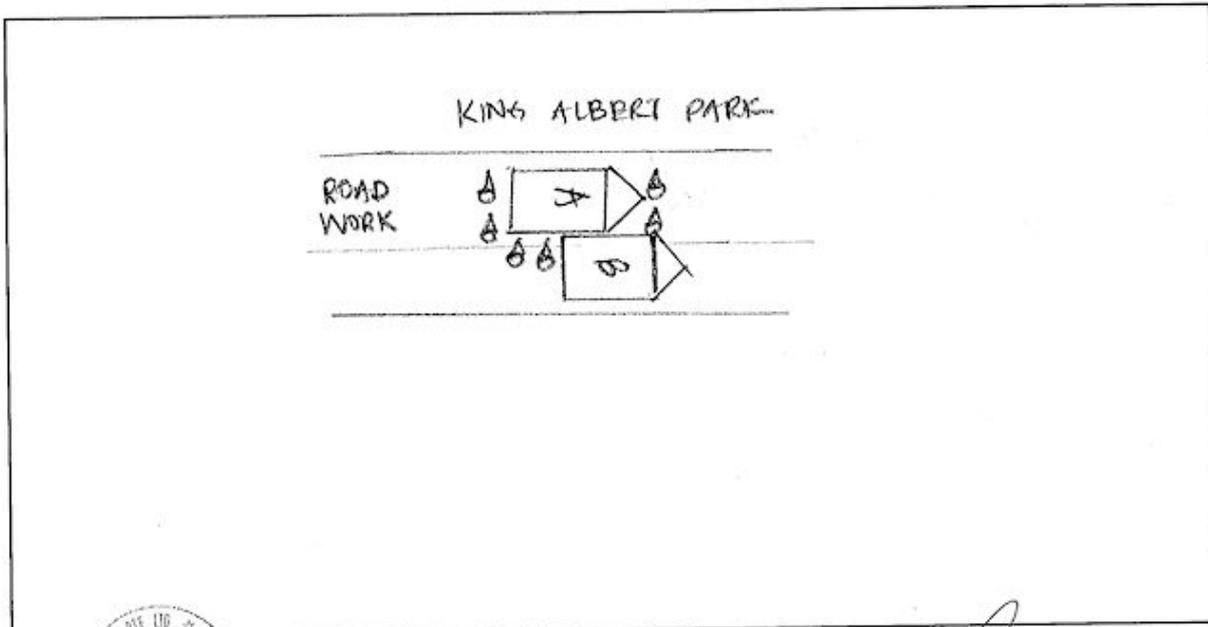
I understand, acknowledge, agree and consent that :

(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.

Sketch Plan



Policyholder's Signature / Date & Time

[Handwritten Signature]

Driver's Signature (If driver is not the policyholder) / Date & Time 01-12-21



Witnessed by Reporting Centre Personnel

03/12/2021































eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : MOHD AZHAR B MOHD SOM

Policy No : M0016353

Vehicle No : XD 6284C

Place of Accident : KING ALBERT PARK

Insured Driver's relationship with Insured : EMPLOYEE

Drink Driving of Insured and/or Insured Driver : NA

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : YQ 82164

No of passenger(s) in Third Party Vehicle : 0

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

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
SIDE SWIPE / MINOR

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)

  3-12-21

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



Attended by (Name & Signature) / Date

Workshop Name: AH LIM MOTOR COMPANY

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#22-01 North Tower
Singapore 048583

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