

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 13/12/2021 16:16 (SGT)
Date of Accident 09/12/2021 09:05 (SGT)
Exact Location of Accident Singapore, Sentosa Siloso Beach
Additional Location Information SENTOSA SILOSO BEACH CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP5793K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner COCKS NICHOLAS CAMPBELL
NRIC No SXXXX848H
Email Address NICK@READYMIX.COM.SG
Mobile Phone No (Phone) +65-96369965
Alternative Phone No +65-96369965

VEHICLE PARTICULARS

Manufacturer Mini
Model Cooper
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 1499

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA009655
Cover Note Number -

DRIVER

Name of Driver BESSE STEPHANIE
NRIC No SXXXX849F

Date Of Birth	13/11/1966
Occupation	Indoor
Date Of Driving Pass	12/12/1997
Driving experience	24 YEARS
Gender	Female
Mobile Number	(Phone) +65-96342151
Alt. Phone Number	-
Email Address	STEPHANIE.C.BESSE@GMAIL.COM
Address	45 SCOTTS ROAD #21-03
Address complement	-
Postcode	228232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

KINDLY REFER TO ACCIDENT REPORT

ATTACHMENT(S)

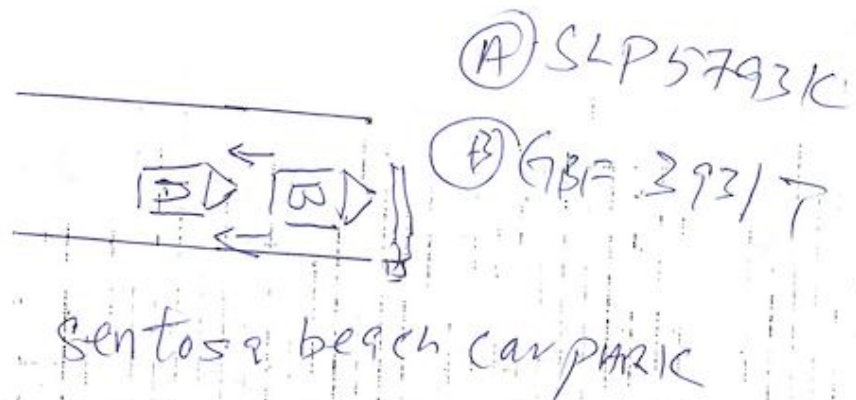
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3931T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting to enter Sentosa Beach carpark, a truck was in front of me. I assume it was waiting for the gantry beam to lift.

The truck then reversed & hit my car.

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.:

















Personal ParticularsDate of Accident: 9/12/21 (dd/mm/yy) Time of Accident: 9:05 (24 Hrs)Vehicle No: SLP3753K Vehicle Make/Model: MiniExact Location of Accident: Silosa Beach carpark SentosaOwner's Name / IC No: S97008484Owner's Contact No: 96369965 Owner's Email*: nich@readymix.com.sgDriver's Name / IC No: S9700849FDriver's Contact No: 96342151 Driver's Email*: stephanie.c.besse@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/

Others please specify: _____ Insurance Company & Policy No: _____

Does the driver own any other vehicle?Yes / No If Yes, Vehicle no. _____ & Insurance Company & Policy No: ET199 MAD09655What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): _____Own Insurance Third Party / Reporting OnlyExact purpose for which the vehicle was being used at the time of accident?Private use / Work purposeWeather condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

OccupationAny Witness?*Any Video?

Indoor / Outdoor

Yes / No If Yes, please specify _____

Yes / No

Any Injuries? (Police report is required if mc is above 3 days)*Seat Belt?

Yes / No If Yes, which police station, which part? _____

Yes / No

Third Party (Vehicle B) details:Driver's Name/IC No: _____ Vehicle No: GBE 3931T

Third Party Insurance: _____ Driver's Contact No: _____

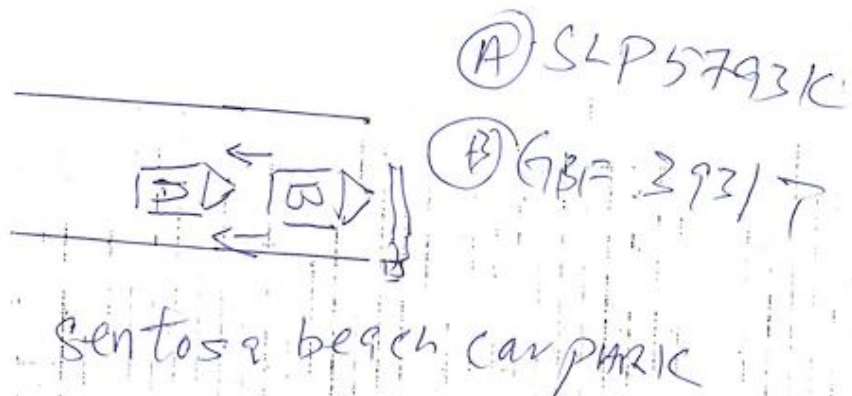
Other's Vehicle Involved (If applicable)

Vehicle C: _____ Vehicle D: _____ Vehicle E: _____

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: _____

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Date & Time:

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

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

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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.:



INTERVIEW FORM

Name (Driver) : Stephanie Besse

Policy No : MA009655

Vehicle No : SLP5793K

Place of Accident : SZLOSA BEACH CARPARK SENTOSA

Insured Driver's relationship with Insured : SPOUSE

Drink Driving of Insured and/or Insured Driver : -N/A-

No of passenger(s) in Insured vehicle : _____

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

Third Party Vehicle No (if any) : _____

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

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

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

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

Attended by (Name & Signature) / Date

Workshop Name: _____

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Stephanie Besse

A Member of Maybank Group