

## 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	04/01/2022 10:10 (SGT)
Date of Accident	03/01/2022 10:35 (SGT)
Exact Location of Accident	Pickering St, Singapore
Additional Location Information	TWDS CHURCH ST AT CHINA STREET JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9774B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH HUI CHIN
NRIC No	S9607261I
Email Address	tricia.oh@gmail.com
Mobile Phone No	(Phone) +65-96454552
Alternative Phone No	+65-96454552

#### 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	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA015915
Cover Note Number	-

#### DRIVER

Name of Driver	OH HUI CHIN
NRIC No	S9607261I



Date Of Birth	29/02/1996
Occupation	Indoor
Date Of Driving Pass	08/06/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96454552
Alt. Phone Number	+65-96454552
Email Address	triciia.oh@gmail.com
Address	BLK 737 YISHUN ST 72 #05-93
Address complement	-
Postcode	760737
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 - Major/Minor Rd
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

AS PER ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SMU9774B) ALONG PICKERING STREET TOWARDS CHURCH STREET ON THE EXTERME RIGHT LANE. SOMEWHERE AT CHINA STREET JUNCTION, AS I WAS TURNING RIGHT INTO CHINA STREET, VEHICLE B (SH8758C) EXITING CHINA STREET WITHOUT CHECKING ONCOMING VEHICLE AND FAILED TO STOP WITHIN THE STOP LINE. AS A RESULT, VEHICLE B FRONT PORTION COLLIDED ONTO MY VEHICLE RIGHT SIDE PORTION. I ALIGHTED AND WE EXCHANGE PARTICULARS.

#### 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	SH8758C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HAMID




# SKETCH PLAN

## IMPORTANT NOTICE

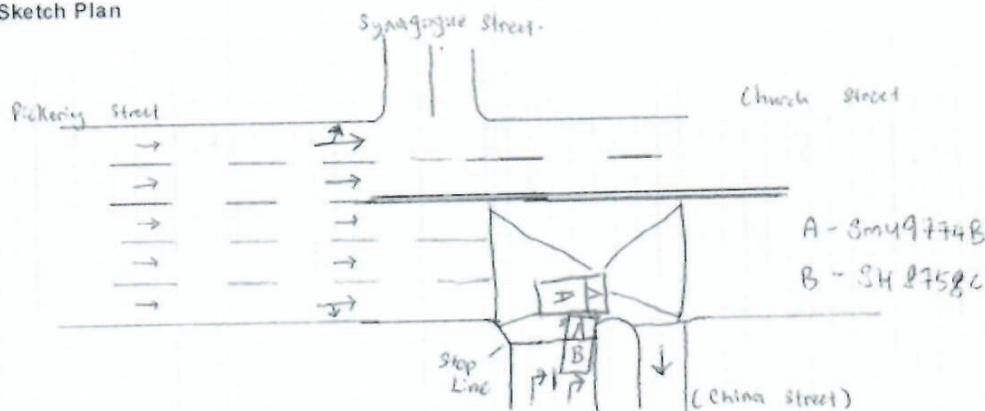
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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' law firms/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' law firms/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 law firms/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**


As per above date and time, I was driving my vehicle Smu9774B along Pickering Street towards Church Street on the extreme right lane. Somewhere at China Street Junction, as I was turning right into China Street Veh(B) SH875DC exiting China Street without checking oncoming vehicles and failed to stop within stop line. As a result, Veh(B) front portion collided onto my vehicle right side portion. I alighted and we exchanged particulars.


Veh A - Smu9774B

Veh B - SH875DC

**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