

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 28/03/2022 15:34 (SGT)
Date of Accident 28/03/2022 06:45 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information YCK RD TWDS UPPER THOMSON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ2333E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DAE WEE XITONG @ WEE WAN HONG
NRIC No S7638753B
Email Address TEOJJSG@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96331199
Alternative Phone No +65-96331199

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
Variant Q3 SPORTBACK 1.4 TFSI S TRONIC (17")
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 1395

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA015502
Cover Note Number 30/09/2021 - 29/09/2022

DRIVER

Name of Driver DAE WEE XITONG @ WEE WAN HONG
NRIC No S7638753B

Date Of Birth	31/10/1976
Occupation	Indoor
Date Of Driving Pass	22/09/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96331199
Alt. Phone Number	+65-96331199
Email Address	TEOJJSG@YAHOO.COM.SG
Address	40 YIO CHU KANG GARDENS
Address complement	-
Postcode	568087
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RHYS TEO IANG PAK
Gender	Male

PASSENGER 2

Name	TEO IEN KI
Gender	Female

PASSENGER 3

Name	KYLER TEO MENG HIENG
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SLL8963M
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK9942Y
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDV5088B
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	EA23U
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 -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
- (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:

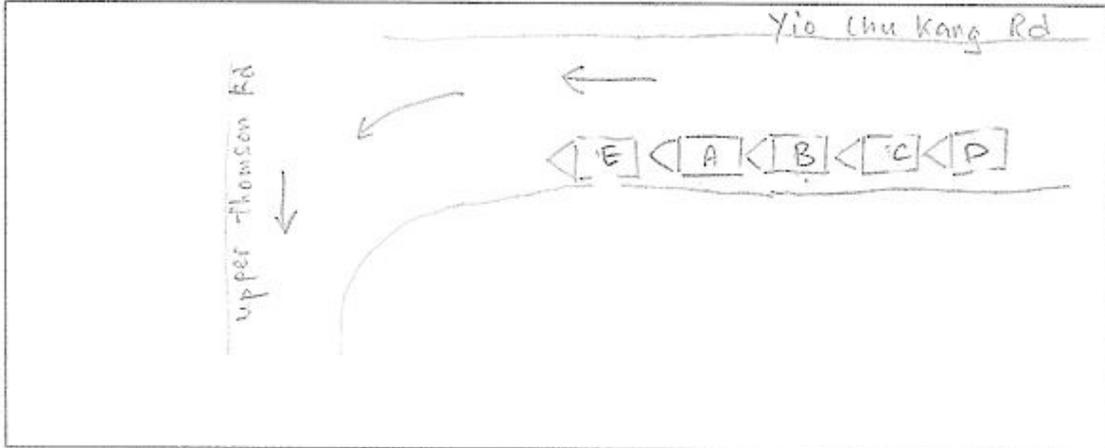
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Zila
Ah Lin Motor Company

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

COMPLETED 20 MAR 2022

Date of accident: 28/03/2022 Time: 645am Location: Yio Chu Kang Rd forward Upper Thomson Rd.
 My Vehicle A: SJJ233E Vehicle B: EA23U Vehicle C: SLL8963M
 SKETCH PLAN C: SLK942Y D: SDV5098B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yio Chu Kang Rd about 645am. Vehicle B (EA23U) cut into my lane from the right and stopped suddenly. I managed to stop my vehicle A (SJJ233E) in time. However, vehicle C (SLL8963M) behind me could not stop in time and hit my vehicle from behind. As a result, my vehicle moved forward and hit vehicle B. Vehicle B was then hit by other vehicles behind it and then it hit my vehicle again. My vehicle then hit Vehicle B again.

My vehicle (A) suffered damages to my front grille and bumper. Back bumper was also damaged.

* Claim TMD only.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address : OPTIMA WERZ
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
 Date & Time:

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

Zila
 Ah Lim Motor Company

Reporting Centre Personnel's Signature
 Name: COMPLETED 20 MAR 2022
 NRIC/FIN No.:



INTERVIEW FORM

Name (Driver): DAE WEE KIAN

Policy No: MA015302

Vehicle No: SJS2332E

Place of Accident: YCC Rd wtds Upper Thomson Rd.

Insured Driver's relationship with Insured: owner

Drink Driving of Insured and/or Insured Driver: NIL

No of passenger(s) in Insured vehicle: YCC

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

Third Party Vehicle No (if any): SL-9AB3M

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

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

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

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

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)

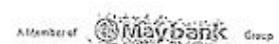
[Signature]
Driver (Name & Signature) / Date
I, affirmed the above information is given to my best knowledge

[Signature] 28 MAR 2022
Attended by (Name & Signature) / Date
Workshop Name: [Signature]

Etiqa Insurance Pte Ltd
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Company Reg. No. 20133102K





























ORIGINAL

**THE SCHEDULE**

Policy Number	: MA015502	Agency No	: 70000176
Policy Type	: Private Car	Agency Name	: PRIME INSURANCE AGENCY PTE. LTD.
Insurance Start Date	: 30/09/2021	Issue Date	: 23/08/2021
Insurance End Date	: 29/09/2022 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: DAE WEE XITONG @ WEE WAN HONG		
Insured's Address	: 77 JALAN GELENGGANG SEMBAWANG HILLS ESTATE Singapore 578251		

Annual Premium	: S\$	1,397.57
Premium Due	: S\$	1,397.57
Premium GST	: S\$	97.83
Total Due	: S\$	1,495.40

Risk No. 0001 Motor Private Car

Basic Annual Premium	: SGD1,815.03
Less NCD 30.00%	: SGD544.51
NCD Protector 10.00%	: SGD127.05
Premium Due	: SGD1,397.57
Premium GST	: SGD97.83
Total Due of this risk	: SGD1,495.40

Registration	: SJJ2333E	Make/Model	: Audi Q3 1.4 TFSI S-tronic (A)
Type of Cover	: Comprehensive	No. of seats	: 0
Body Type	: Sport Utility Vehicle - Auto	Engine No	: CZDC06742
Capacity cc's	: 1395	Year of Regn	: 2020
Chassis No	: WAUZZZF32M1013834		
Certificate Ref	: MX1		

Excess: Unnamed Drivers	SGD500
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Named Drivers	: DAE WEE XITONG @ WEE WAN HONG TEO JINQ JONG (ZHANG JINGZHONG)
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Hire Purchase	: United Overseas Bank Limited
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The following benefits apply to this risk

FLOOD &/OR OTHER CONVULSION OF NATURE AND STRIKE, RIOT & CIVIL COMMOTION

LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

PASSENGER LIABILITY

FREE WINDSCREEN COVER WITH IMPOSED EXCESS (IF APPLICABLE)
AUTOMATIC REINSTATEMENT OF WINDSCREEN

SETTLEMENT BASED ON MARKET VALUE AT TIME OF LOSS

Etiqa Insurance Pte. Ltd. (Company Reg. No. 20331925K)
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Page 1 of 3