

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 18/05/2022 16:53 (SGT)
Date of Accident 17/05/2022 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CECIL STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SX5603B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIU ENG TAT
NRIC No S1816367E
Email Address nataliechiu1106@gmail.com
Mobile Phone No (Phone) +65-90888229
Alternative Phone No +65-90888229

VEHICLE PARTICULARS

Manufacturer Audi
Model A3 SPORTBACK 1.0 TFSI S TRONIC (LED)
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA013179
Cover Note Number 02/03/2022 TO 01/03/2023

DRIVER

Name of Driver CHIU KHENG HWEE NATALIE
NRIC No S9720693G

Date Of Birth	11/06/1997
Occupation	Indoor
Date Of Driving Pass	04/08/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98225116
Alt. Phone Number	-
Email Address	nataliechiu1106@gmail.com
Address	4 JALAN MALU-MALU (S) 769623
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACH.

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	SKB9890Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	HO
Contact Number	(Phone) +65-81663636
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND9588A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALFRED
NRIC No	S9538095F
Contact Number	(Phone) +65-81114736
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIU KHENG HWEE NATALIE
Gender	Female
Phone No	(Phone) +65-98225116
Address	4 JALAN MALU-MALU (S) 769623
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MOUNT ALVERNIA HOSPITAL - 5 DAYS MC
Injured person in which vehicle?	SX5603B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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' 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")

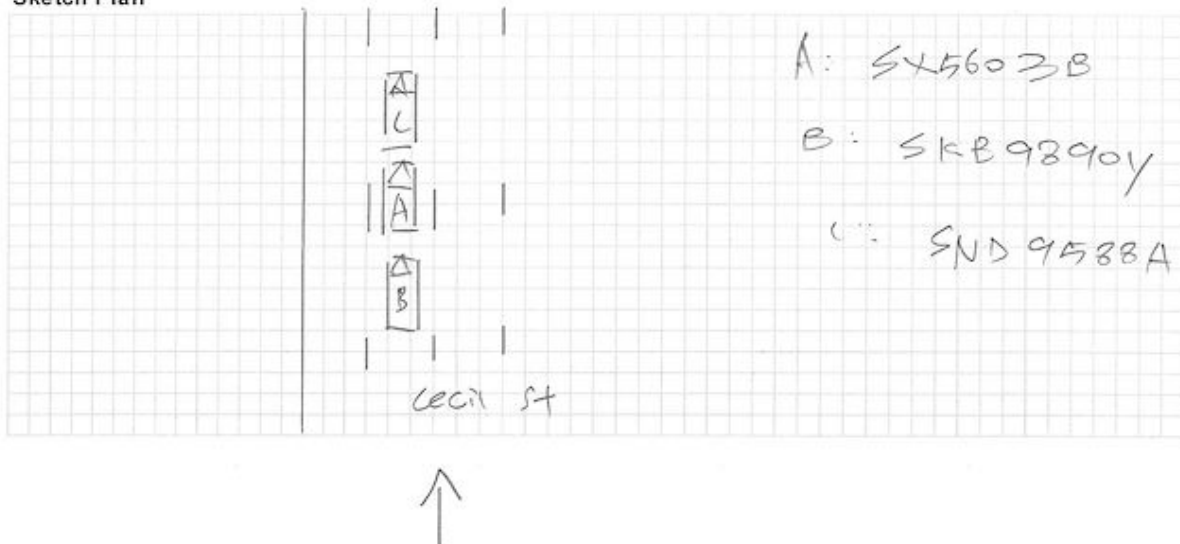
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Refer to attach police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

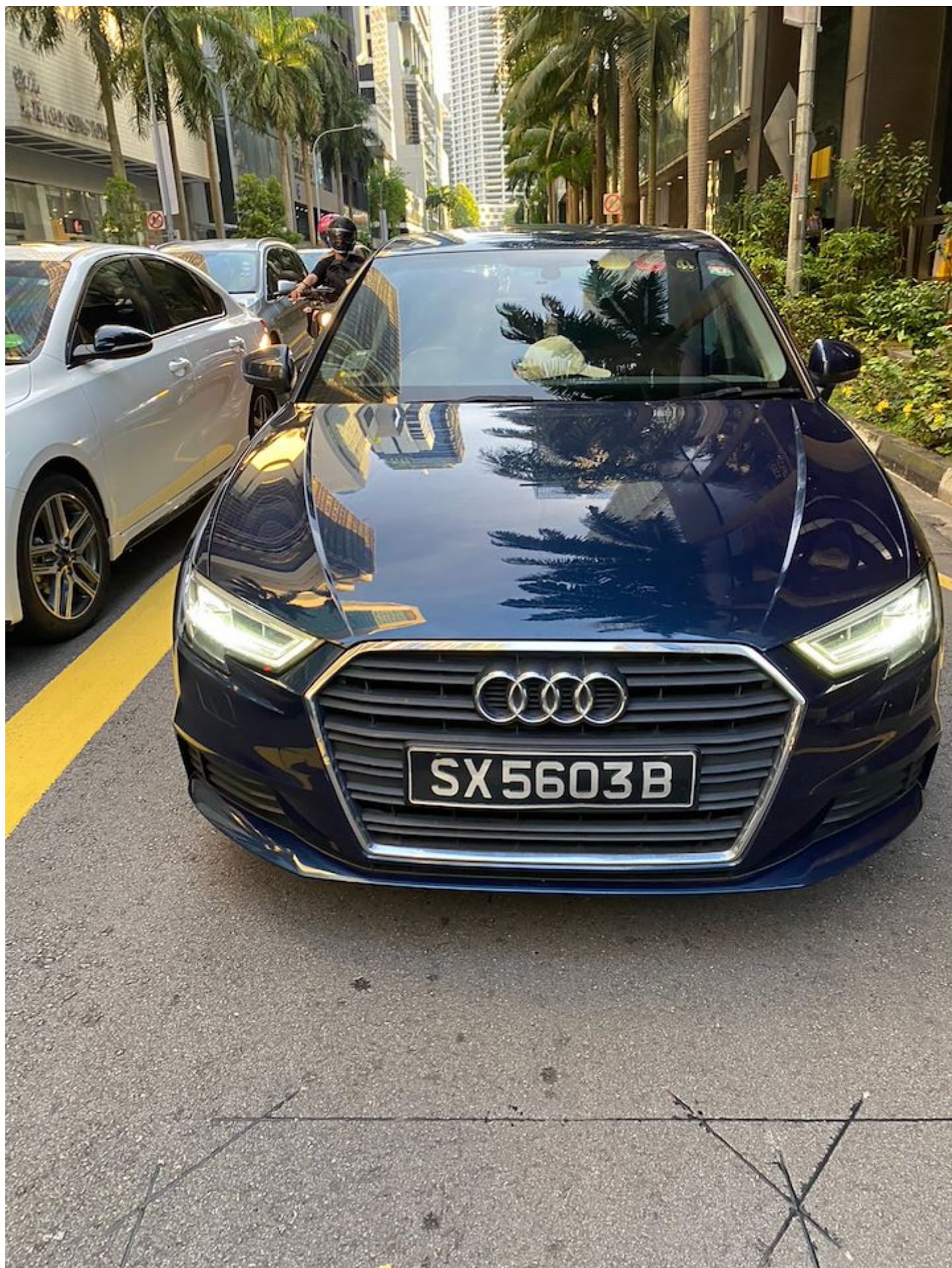
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

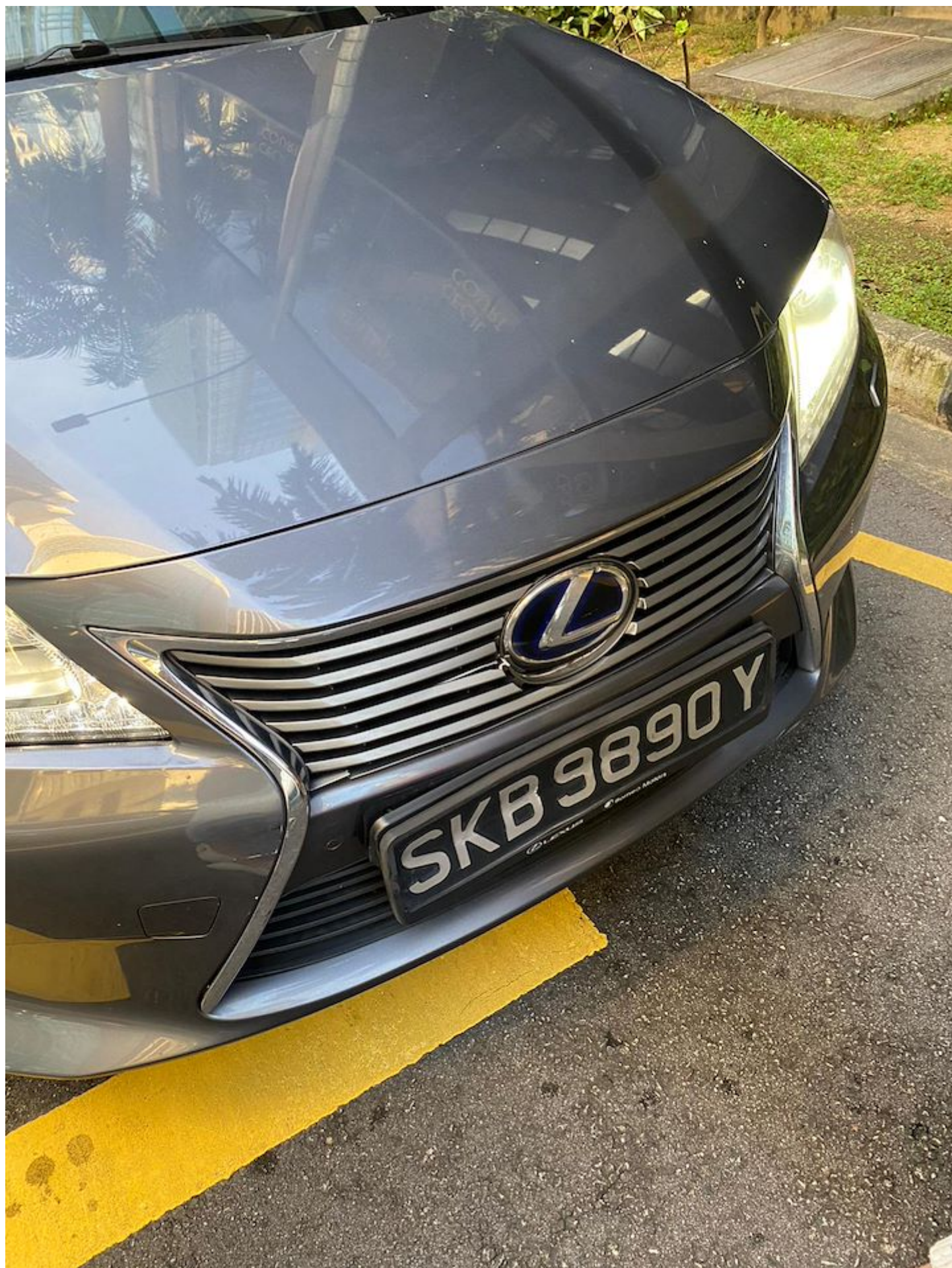
Witnessed by Reporting Centre
Personnel













































**SINGAPORE
POLICE FORCE**



T/20220518/2000

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20220518/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2022 00:02		Vide Report No.:		Station Diary No.: 1
Informant's Particulars				
Name of Informant: CHIU KHENG HWEE NATALIE		Address: 4 JALAN MALU-MALU SINGAPORE 769623		
ID Type / ID No.: NRIC NO / S9720693G		Contact No.: Home/Office: Mobile: 98225116		
Nationality: SINGAPORE CITIZEN		Email: nataliechiu1106@gmail.com		
Sex: Female	Age: 24	Date of Birth: 11/06/1997	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SENIOR EXECUTIVE		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2022 18:30	Type of Location: X-Junction
Location: CECIL STREET				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against stationary vehicle - Head to Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB9890Y	Car				Slightly Damaged	0
SND9588A	Car				Slightly Damaged	0
SX5603B	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220518/2000

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Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20220518/2000

CONTINUATION OF REPORT

Driver			
Name	Ho	ID No.	NIL
Related Vehicle	SKB9890Y (Car)	Contact No.	81663636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Alfred	ID No.	S9538095F
Related Vehicle	SND9588A (Car)	Contact No.	81114736
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIU KHENG HWEE NATALIE	ID No.	S9720693G
Related Vehicle	SX5603B (Car)	Contact No.	98225116
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	17/05/2022	Date Discharge	17/05/2022
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 17/5/2022 at about 1830hrs, I was driving along Cecil Street alone whereby a vehicle (registered plate number: SKB9890Y) hit against my vehicle rear. At the point of time, my vehicle was stationary. This resulted in my vehicle to hit against the vehicle (registered plate number: SND9588A) in front of me. My vehicle registered plate number is SX5603B.

All 3 drivers including myself then came out of our own vehicles to exchange particulars. My vehicle suffered a damage on the front with scratches, a dent and scratches on the rear. The vehicle SKB9890Y suffered a dent on its car plate. I am unsure of the damages on SND9588A.

The particulars of vehicle SND9588A are Alfred (Name), 81114736 (hp no.) and S9538095F (NRIC). The particulars of vehicle SKB9890Y are Mr Ho (Name) and 81663636 (hp no.).



**SINGAPORE
POLICE FORCE**



T/20220518/2000

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Report No. T/20220518/2000

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569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

I went to see the doctor on 17/5/2022 and got 5 days medical leave as I was diagnosed with a chip tooth, and I am required to monitor myself for any possible concussion for the next few days. I am unsure if the other drivers sustain any injuries.
No police or ambulance attended to our scene.

I am lodging this report for police's actions and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20220518/2000

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Report No. T/20220518/2000

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /

Other Adeline Tan Buay Khim

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/05/2022 00:02

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168

Done MA013179_SCHEDULE_2022022...



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RENEWAL SCHEDULE

Policy Number	: MA013179	Agency No	: 70000244
Policy Type	: Private Car	Agency Name	: J&T PLANNING SERVICES
Insurance Start Date	: 02/03/2022	Issue Date	: 25/02/2022
Insurance End Date	: 01/03/2023 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: CHIU ENG TATT		
Insured's Address	: 4 JALAN MALUMALU SEMBAWANG SPRINGS ESTATE Singapore 769623		

Annual Premium	: \$	1,234.60
Premium Due	: \$	1,234.60
Premium GST	: \$	86.42
Total Due	: \$	1,321.02

Risk No. 0001 Motor Private Car

Basic Annual Premium	: SGD2,202.06
Less NCD 50.00%	: SGD1,101.03
Demerit Free Discount 5.00%	: SGD55.05
Etiqa Package	: SGD168.62
Additional Named Driver	: SGD20.00

Premium Due	: SGD1,234.60
Premium GST	: SGD86.42
Total Due of this risk	: SGD1,321.02

Registration	: SX5603B	Make/Model	: Audi A3 Sportback 1.0 TFSI S-t
Type of Cover	: Comprehensive	No. of seats	: 0
Body Type	: HATCHBACK - Automatic	Engine No	: CHZ660681
Capacity cc's	: 999	Year of Regn	: 2018
Chassis No	: WAUZZZ8V3JA080338		
Certificate Ref	: MX1		

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Excess: Named Drivers          SGD500
Excess: Unnamed Drivers       SGD1,000
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Named Drivers : CHIU ENG TATT
LIM SHIAU LI PATRICIA
CHIU KHENG HWEE NATELIE

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

Etliqa Insurance Pte. Ltd. (Company Reg. No. 200333905X)
One Raffles Quay, #22-01 North Tower, Singapore 048583
T: +65 6336 0477 F: +65 6339 2109 www.etliqa.com.sg



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MA013179

70000244

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ORIGINAL





INTERVIEW FORM

Name (Driver) : Chiu Kheng Hwee Natalie
 Policy No : MA 013179
 Vehicle No : SX 563B
 Place of Accident : Cecil St
 Insured Driver's relationship with Insured : Father and Daughter
 Drink Driving of Insured and/or Insured Driver : No
 No of passenger(s) in Insured vehicle : Nil

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

Yes. medical check at Mount Alvernia Hospital

Third Party Vehicle No (if any) : SKB9890Y / SMD9588A

No of passenger(s) in Third Party Vehicle : 1 passenger, not sure

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

No

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):

No

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)

Ni 18 May 2022
 Driver (Name & Signature) / Date

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

[Signature]
 Attended by (Name & Signature) / Date

Workshop Name: _____

Etika Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etika.com.sg
 Company Reg. No. 20133905X

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MRN: S9720693G Visit: O220712963 Age: 24y (11-Jun-1997)	CHIU KHENG HWEE NATALIE Gender: Female	Mount Alvernia Hospital Current Location: AE-Main Waiting Area
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Memorandum [Charted Location: AE-Main Waiting Area] [Date of Service: 17-May-2022 22:28, Authored: 17-May-2022 22:28]- for Visit: O220712963, Complete, Entered, Signed in Full, General

Memorandum:

To: Insurer

Dear Sir/Ms,

Ms Chiu was seen here today, for chipped tooth, headache and pain in neck -her car was hit from behind in a traffic accident.

She was physically examined, and discharged with advice, medications, and MC.

Dr Mark Chin

Electronic Signatures:

Mark Chin (Resident Medical Officer) (Signed 17-May-2022 22:28)

Authored: Memorandum

Last Updated: 17-May-2022 22:28 by Mark Chin (Resident Medical Officer)

Requested by: Mark Chin (Resident Medical Officer), 17-May-2022 22:29

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