

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	04/07/2022 19:54 (SGT)
Reported by	Both
Date of Accident	04/07/2022 09:22 (SGT)
Exact Location of Accident	Sin Ming Dr, Singapore
Additional Location Information	T-JUNCTION OF SIN MING DRIVE AND SIN MING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE7781B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH KOK YONG
NRIC No	S7642301F
Email Address	GOHKYONG76@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90888690
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA013226

DRIVER

Name of Driver	GOH KOK YONG
NRIC No	S7642301F
Date Of Birth	28/12/1976
Occupation	Indoor

Date Of Driving Pass	29/04/2003
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90888690
Alt. Phone Number	-
Email Address	GOHKYONG76@YAHOO.COM.SG
Address	BLK 689A WOODLANDS DRIVE 75 #08-90
Address complement	-
Postcode	731689
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 - 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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
Reasons for not uploading a video of the accident	ACCIDENT VIDEO IS WITH OWNER CAR WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3623C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH MENG CHEK KENT

NRIC No	S8402307H
Contact Number	(Phone) +65-98527474
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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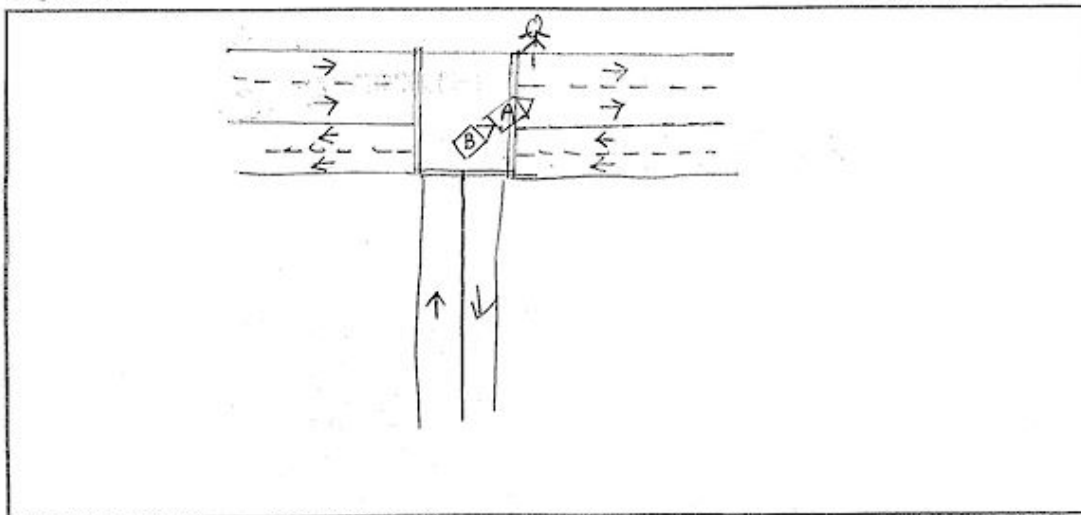
Vehicle: SKE 7781B

04/07/2022

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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

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

Witnessed by Reporting Centre Personnel

AN LIMABEOR COMPANY

Date of accident: 4.7.2022 Time: 0914hrs Location: T-junction Sin Ming Dr & Sin Ming Road
 My Vehicle A: SKE 7781B Vehicle B: SAB 3653C Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

9.14 am

On 4 July 2022 at the T-junction of Sin Ming drive and Sin Ming Road I was approaching the junction and saw a cyclist intending to cross the road. I slowed down to a complete stop to allow the cyclist to cross but was hit back a yellow taxi.

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.

☐ 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

Witnessed by Reporting Centre Personnel 04/07/2022

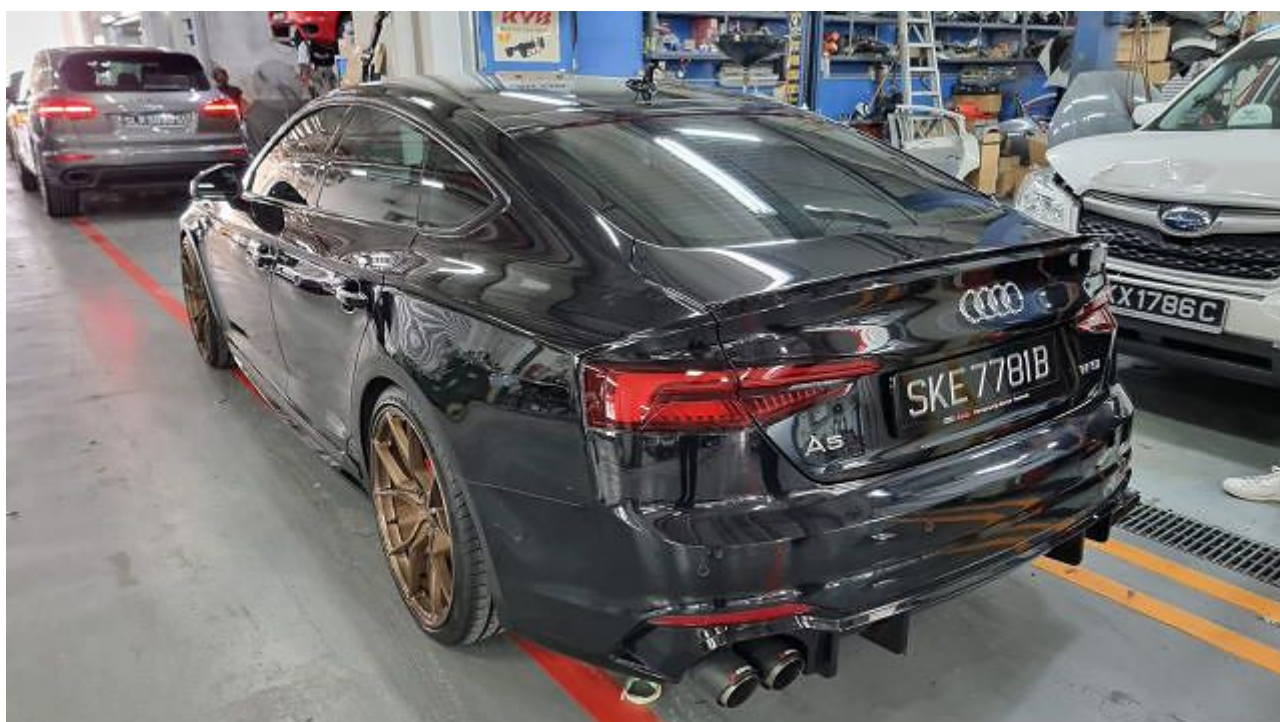
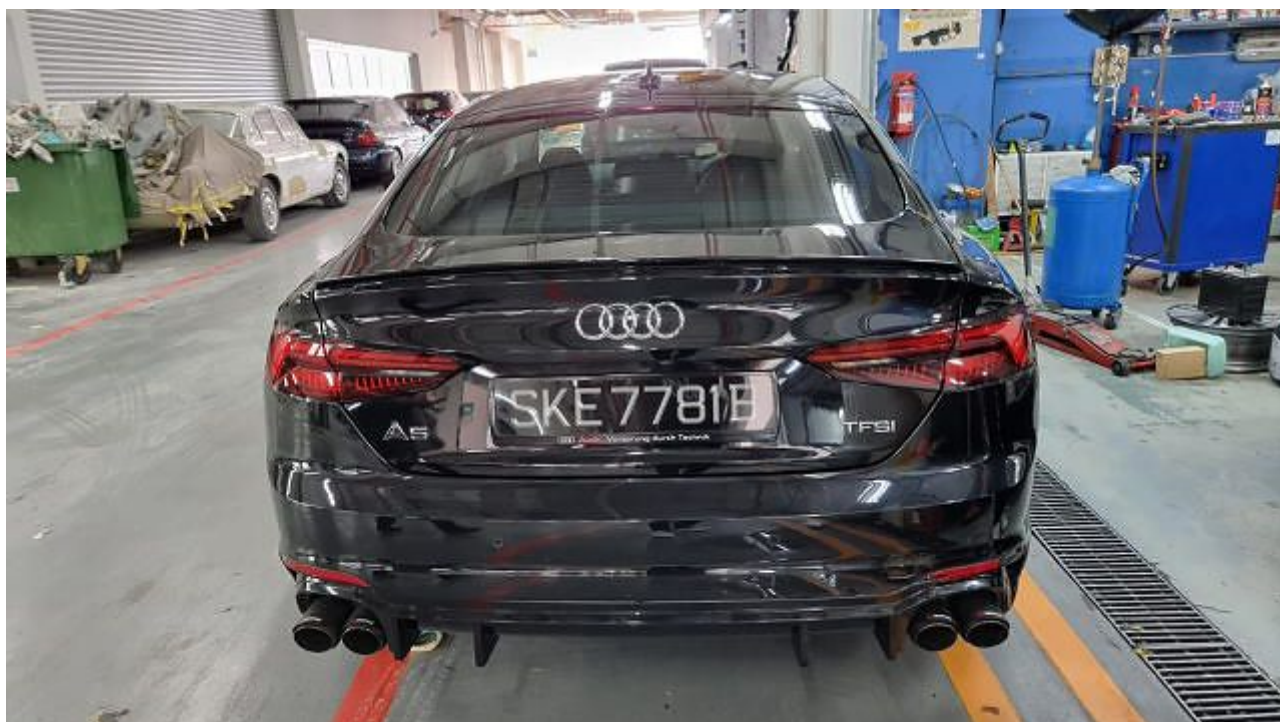




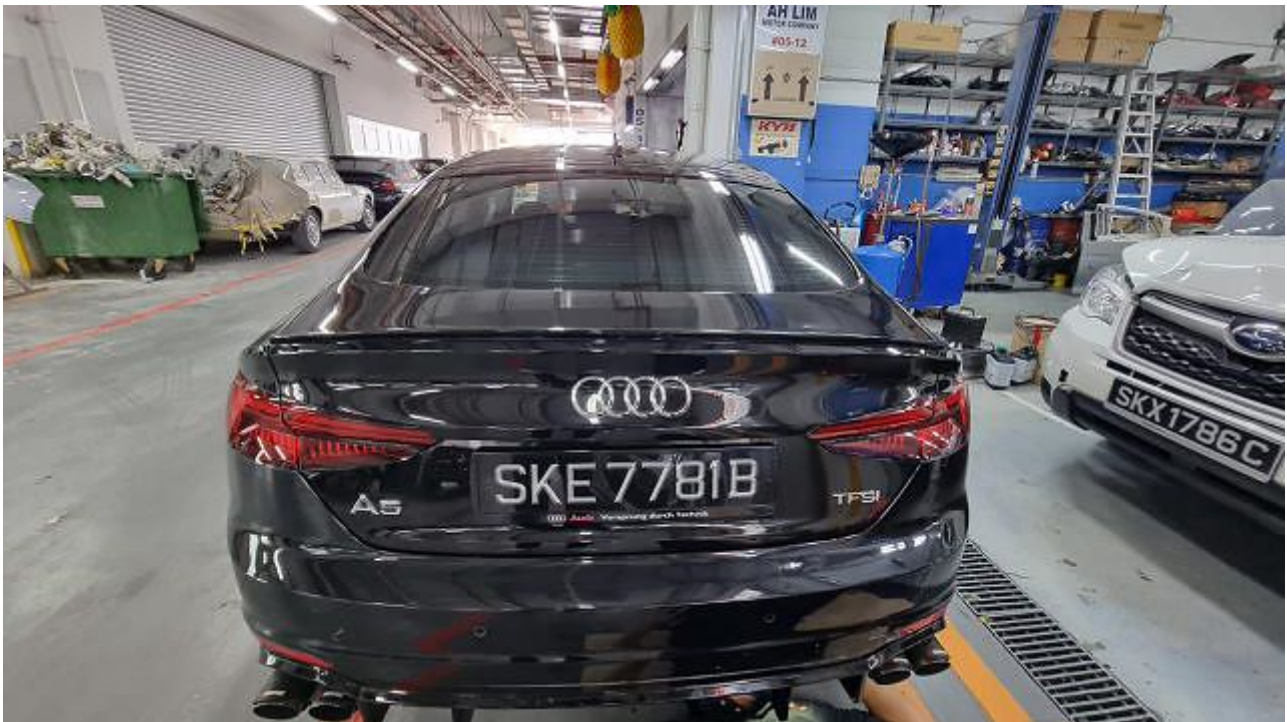






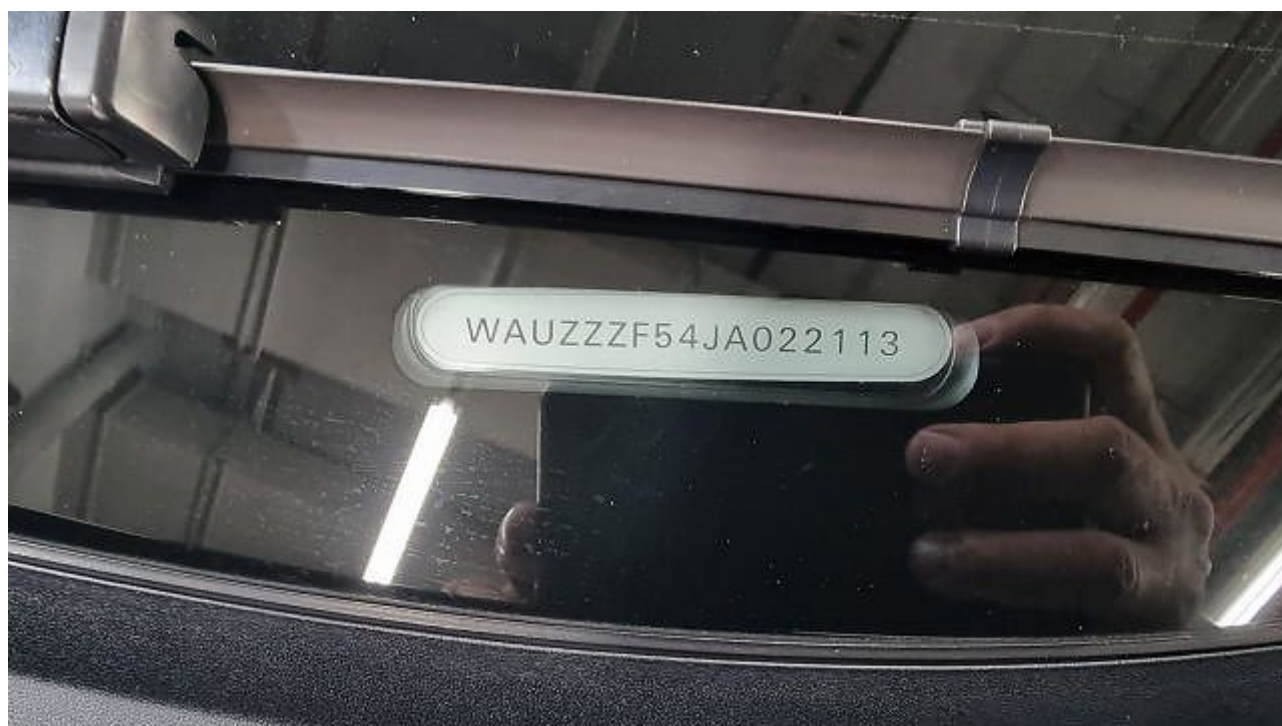
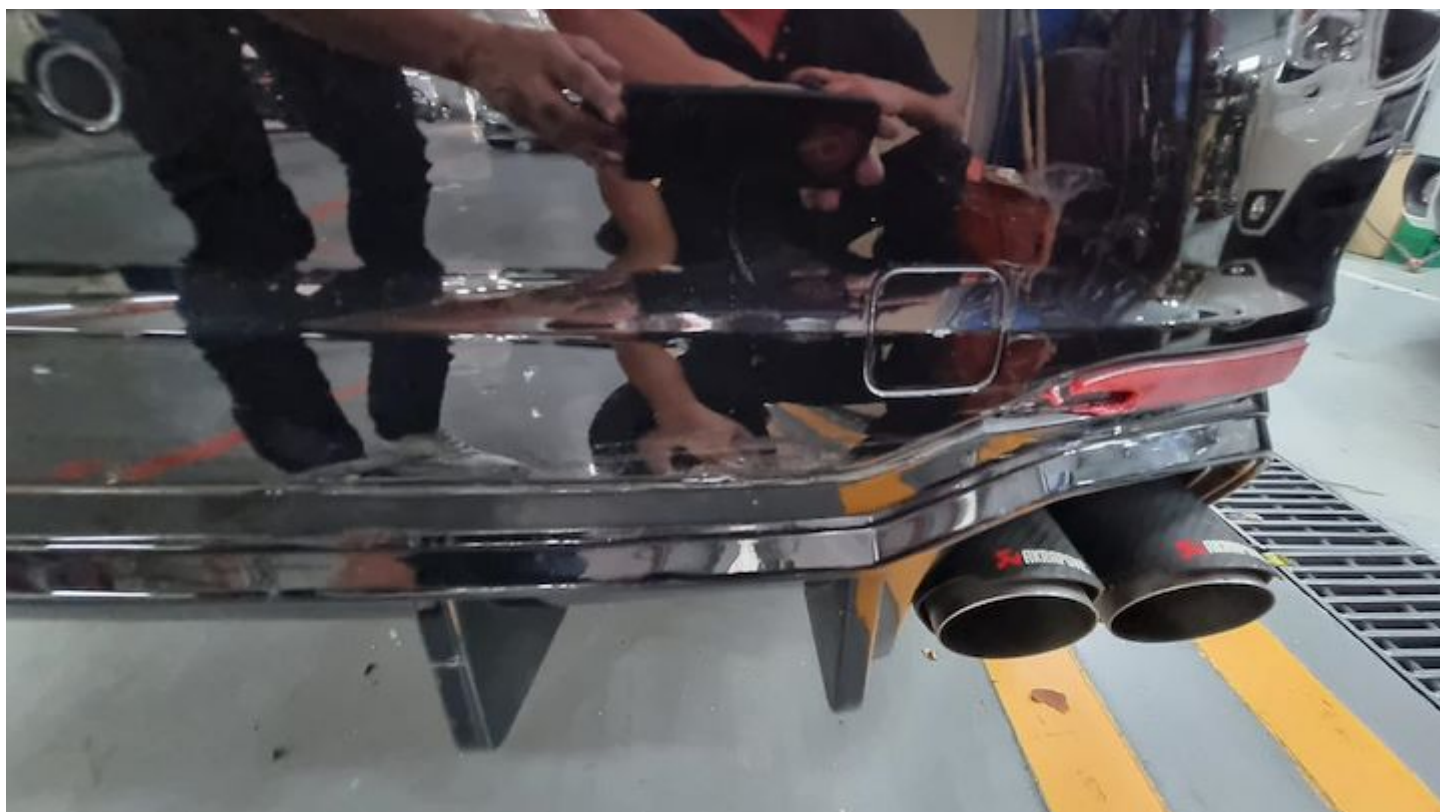














eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Goh Kok Yong.

Policy No : MA013006

Vehicle No : SKE7781B.

Place of Accident : Sm Ming Road / Sm Ming Drive T-Junction

Insured Driver's relationship with Insured : owner.

Drink Driving of Insured and/or Insured Driver : NO.

No of passenger(s) in Insured vehicle : -

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

✓

Third Party Vehicle No (if any) : SHB 3603C

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

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

-

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

- Head to rear

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)


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

04/07/2022
 Attended by (Name & Signature) / Date
 Workshop Name: AH LIM MOTOR COMPANY

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