

# 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 Actual 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 ..... 03/08/2022 10:25 (SGT)  
Reported by ..... Both  
Date of Accident ..... 02/08/2022 19:00 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... ECP TOWARDS CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA4356B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WOO ZHI DE EDMUND  
NRIC No ..... SXXXX016E  
Email Address ..... lydialeung46@hotmail.com  
Mobile Phone No ..... (Phone) +65-94313862  
Alternative Phone No ..... +65-98795142

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 318i  
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  
Policy Number / Cover Note Number ..... M0017254

### DRIVER

Name of Driver ..... WOO ZHI DE EDMUND  
NRIC No ..... SXXXX016E  
Date Of Birth ..... 13/01/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	10/04/2006
Driving experience .....	16 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94313862
Alt. Phone Number .....	+65-98795142
Email Address .....	lydialeung46@hotmail.com
Address .....	BLK 286C COMPASSVALE CRESCENT
Address complement .....	#08-121
Postcode .....	543286
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	LYDIA LEUNG
Gender .....	Female

#### 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

TRAVELLING ON LANE 1 OF ECP. TRAFFIC AHEAD WAS SLOWING DOWN, WE SLOWED DOWN, BUT THE CAR BEHIND WAS TOO CLOSE AND CRASH INTO US. WEATHER DRIZZLING AND WET ROAD.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLE6012H
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOI CHURN MUN(LU JUNWEI)
NRIC No .....	SXXXX2011
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**

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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.

*[Handwritten Signature]* - 3 Aug 22  
100643

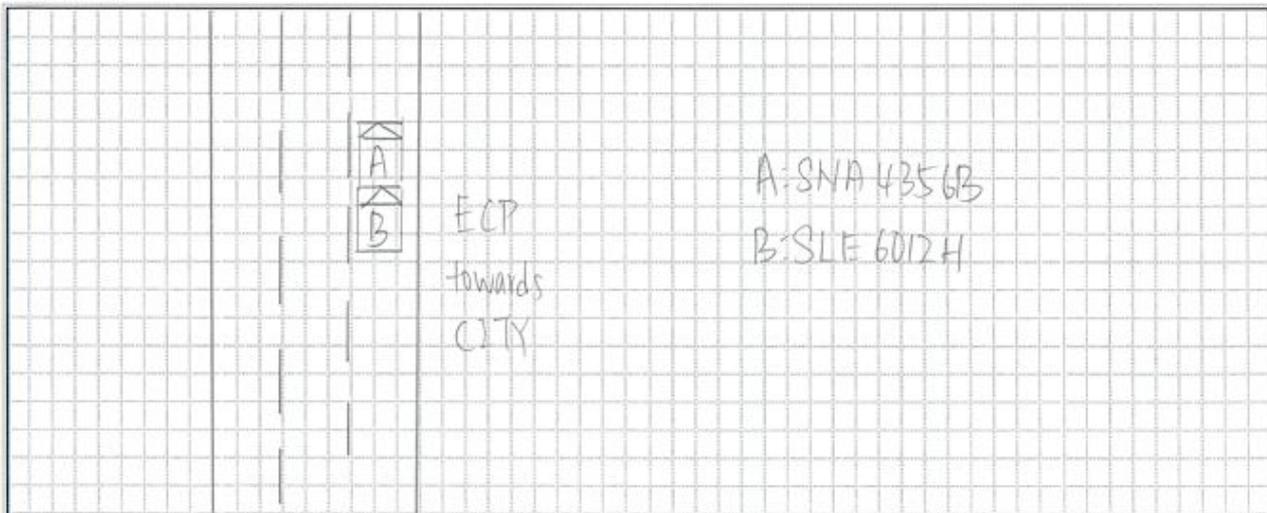
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



vJun2022

1

Describe Circumstance of the Accident

Traveling on lane 1 of ECP. Traffic ahead was slowing down, we slowed down, but the car behind was too close and crash into us. Weather drizzling and wet road.

Declaration

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

 3 Aug '22  
1006hrs.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





















MX1  
70000234  
Cov. Type: Comprehensive

### CERTIFICATE OF INSURANCE

\* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) \* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 \* ROAD TRANSPORT ACT, 1987 (MALAYSIA) \* MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>CERTIFICATE No.</b> M0017254	
1. Index Mark and Registration Number of Vehicle	SNA4356B
2. Name of Policyholder	Woo Zhi De Edmund
3. Effective Date of Commencement of Insurance for the purposes of the Act	27/08/2021
	Excess: Named Drivers: S\$ 700 Excess: Unnamed Drivers: S\$ 1,200 Excess: Windscreen: S\$ 100
4. Date of Expiry of Insurance	13/10/2022
5. Persons or Classes of Persons entitled to drive	Engine No : F3671448B38B15A Chassis No : WBABE36080NU32168 Hire Purchase : United Overseas Bank Limited
<p>(A) THE POLICYHOLDER. THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION. Woo Zhi De Edmund</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.</p>	
6. Limitations as to Use	<p>USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION. THE POLICY DOES NOT COVER: ( i) USE FOR HIRE OR REWARD. ( ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. ( iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p>
7. Loss of Use Benefit	Daily transport allowance of S\$100 up to a maximum of ten (10) days, if the period of repairs recommended by our appointed surveyor or loss adjuster exceeds four (4) days. (For full terms & conditions, please refer to the policy wording.)
<p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.</p>	

#### Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

  
Authorised Signature

G0PL11L 31/08/2021 16:12:28





### INTERVIEW FORM

Name (Driver) : Woo Zhi De Edmund

Policy No : M0017254

Vehicle No : SMA 4356B

Place of Accident : East Coast Expressway (ECP) towards city / after P3 carpark

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : Nil

No of passenger(s) in Insured vehicle : 1

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

Third Party Vehicle No (if any) : SLE6012H

No of passenger(s) in Third Party Vehicle : N.A

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:  
Head to ~~tail~~ rear collision.

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

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)

Edmund Woo / 3 Aug 22  
Driver (Name & Signature) / Date

Tham Hui Lim 02108/22  
Attended by (Name & Signature) / Date

Workshop Name: 

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

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A Member of  Group