

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	15/11/2022 13:33 (SGT)
Reported by	Both
Date of Accident	14/11/2022 16:28 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BUKIT TIMAH RAOD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8651M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM HUI KEONG JESSE
NRIC No	SXXXX692G
Email Address	jessehksim@gmail.com
Mobile Phone No	(Phone) +65-93898148
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1598

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA017945

DRIVER

Name of Driver	SIM HUI KEONG JESSE
NRIC No	SXXXX692G
Date Of Birth	19/01/1979
Occupation	Indoor

Date Of Driving Pass	10/02/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93898148
Alt. Phone Number	-
Email Address	jessehksim@gmail.com
Address	BLK 258 JURONG EAST STREET 24 #03-363
Address complement	-
Postcode	600258
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

MY VEHICLE WAS COME TO A STOP DUE TO SLOW TRAFFIC ALONG BUKIT TIMAH ROAD. VEHICLE B (SGC8818G) CAME FROM BEHIND AND HIT THE REAR OF MY CAR SMX8651M. DRIVER ADMITTED THAT IT IS HIS FAULT FOR NOT STOPPING.

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	REFER TO OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SGC8818G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHUA SOON GUAN
NRIC No	SXXXX625B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

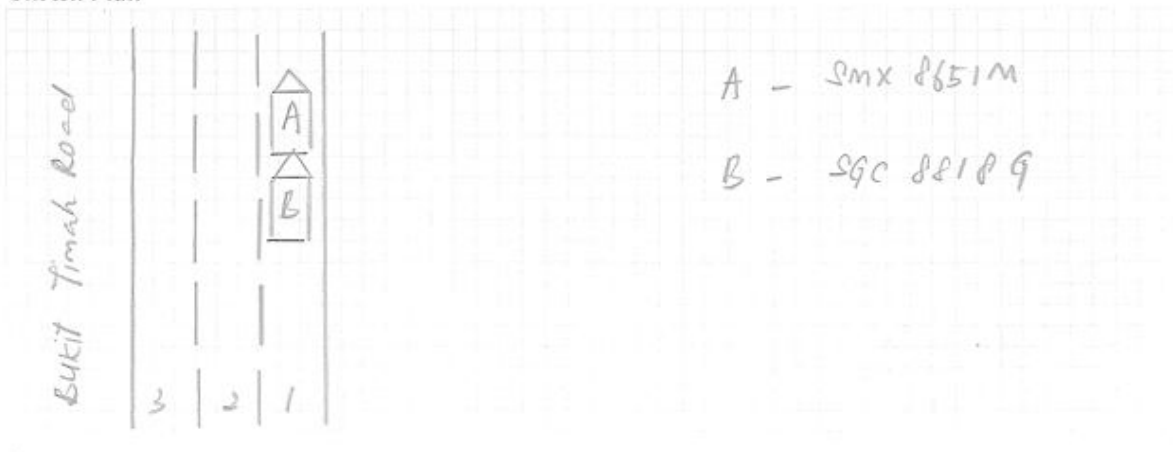
SKETCH PLAN

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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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 15/11/22
 Policyholder's Signature / Date & Time
 1320 hrs
 Driver's Signature (If driver is not the policyholder) / Date & Time

 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

my vehicle was come to a stop due to slow traffic
along Bukit Timah Road. vehicle B (SGC 88156)
came from behind and hit the rear of my car
in x position - Driver admitted that it is his fault
for not stopping.

Declaration

We declare the foregoing particulars are true in every respect.


15/11/22
13.20hrs

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

















MX1
21300123
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)

CERTIFICATE No. MA017945

- | | | | | |
|--|---------------------|-------------------------|---------------------|-------|
| 1. Index Mark and Registration Number of Vehicle | SMX8651M | | | |
| 2. Name of Policyholder | SIM HUI KEONG JESSE | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 02/02/2022 | Excess: Named Drivers | S\$ | 1,000 |
| | | Excess: Unnamed Drivers | S\$ | 1,500 |
| 4. Date of Expiry of Insurance | 02/02/2023 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No | : G4FMLU209550 | |
| | | Chassis No | : KMHLN41ETMU112015 | |

(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.

SIM HUI KEONG JESSE

wee Li Jing Matilda

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.

6. Limitations as to Use

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.

* 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.

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 or www.lia.org.sg or 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).

GOPFAD 28/07/2022 10:08:55



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

Authorised Signature



INTERVIEW FORM

Name (Driver) : SIM HUI KEONG JESSE

Policy No : MA 017945

Vehicle No : SMX 8651M

Place of Accident : Bukit Timah Rd, near 255A

Insured Driver's relationship with Insured : Myself

Drink Driving of Insured and/or Insured Driver : NA

No of passenger(s) in Insured vehicle : ~~ONE~~ NONE

Injury to Insured and/or Insured driver, please indicate which hospital:
NO INJURY

Third Party Vehicle No (if any) : SAC 8818 G

No of passenger(s) in Third Party Vehicle : NONE

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NONE

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
SMX8651M suffer damages to bumper, boot and lights

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)
SIM HUI KEONG JESSE
15/11/22

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

Attended by (Name & Signature) / Date
Workshop Name: speculists motorplc

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