

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 23/08/2022 13:56 (SGT)
Reported by Both
Date of Accident 22/08/2022 12:15 (SGT)
Exact Location of Accident Anchorvale St, Singapore
Additional Location Information SLIP RD INTO SENGKANG EAST RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR7068X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM YAN CHYE
NRIC No S0528416C
Email Address ALFIESIM@GMAIL.COM
Mobile Phone No (Phone) +65-97550898
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 Manual
CC 1497

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MA021189

DRIVER

Name of Driver SIM YAN CHYE
NRIC No S0528416C
Date Of Birth 01/01/1948
Occupation Indoor

Date Of Driving Pass	01/12/1966
Driving experience	55 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97550898
Alt. Phone Number	-
Email Address	ALFIESIM@GMAIL.COM
Address	BLK 203B PUNGGOL FIELD #09-328
Address complement	-
Postcode	822203
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?	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
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

I WAS TRAVELLING ALONG ANCHORVALE STREET SLIP RD TO SENGKANG EAST RD ON THE LEFT LANE OF 2 LANES. AS I WAS TRAVELLING, I STOP TO GIVE WAY TO ONCOMING TRAFFIC. WHEN SUDDENLY, ONE M/CAR (SLE4964Z) CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY STATIONARY VEHICLE.

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	SLE4964Z
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	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM YAN CHYE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJR7068X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

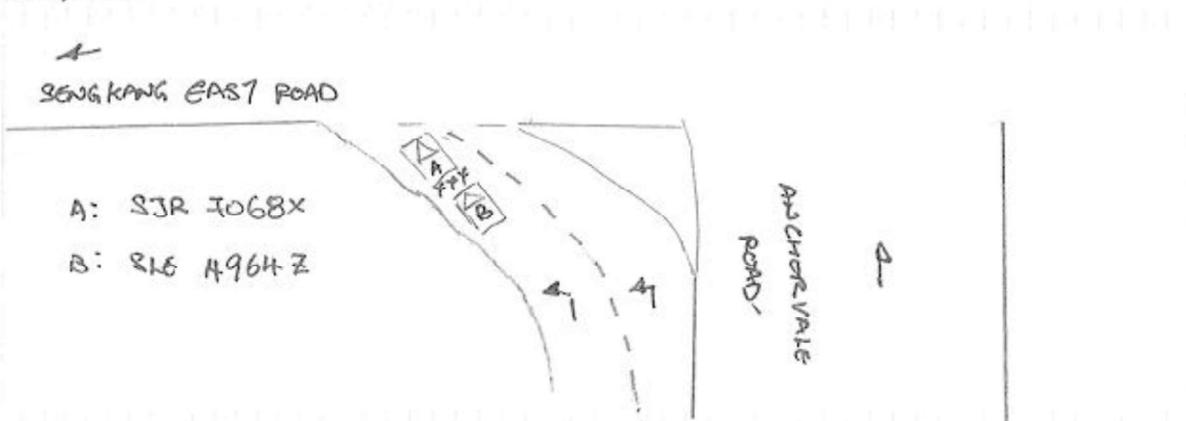
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 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

I WAS TRAVELLING ALONG ANCHORVALE STREET SLIP ROAD TO SENGKANG, GART ROAD ON THE LEFT LANE OF 2 LANES, AS I WAS TRAVELLING, I STOP TO GIVE WAY TO ONCOMING TRAFFIC, WHEN SUDDENLY ONE MICAR SLE H964Z CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY STATIONARY STOP VEHICLE.

Declaration

I/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

LETTER OF UNDERTAKING

I/We, Sim Yon Chye, the owner of vehicle no. SJR 7068X

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:


.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date

eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : SIM YAN CHYE

Policy No : MA 021189

Vehicle No : SJR 7068X

Place of Accident : ANCHORVALE ST SLIP ROAD SENGKANG, EAST RD

Insured Driver's relationship with Insured : _____

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : NO

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

Third Party Vehicle No (if any) : SLE 4964Z

No of passenger(s) in Third Party Vehicle : 01

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:
HEAD TO REAR COLLISION / SLIGHT DAMAGES

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)

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

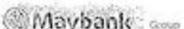
Attended by (Name & Signature) / Date

Workshop Name: _____

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

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F +65 63392109

www.etiqa.com.sg
(Company Reg. No. 19331005K)

Member of  Maybank Group















MX1
88000001
COV.Type: Third-Party Fire & Theft

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. MA021189	
1. Index Mark and Registration Number of Vehicle	SJR7068X
2. Name of Policyholder	SIM YAN CHYE
3. Effective Date of Commencement of Insurance for the purposes of the Act	09/07/2022
	Engine No.: 1NZX822721 Chassis No.: MR053HY9305086698
4. Date of Expiry of Insurance	08/07/2023
5. Persons or Class of Persons entitled to drive (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION	
	SIM YAN CHYE
	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 SO 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 headings.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' 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 General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

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

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

Authorised Signature