

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	22/09/2022 19:09 (SGT)
Reported by	Both
Date of Accident	21/09/2022 08:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEAR NATIONAL HEART CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2681E
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KONG SIANG
NRIC No	S7928599D
Email Address	tallinang@yahoo.com
Mobile Phone No	(Phone) +65-96873714
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA006596

DRIVER

Name of Driver	ANG CHANG PIN
NRIC No	S8136323D
Date Of Birth	24/10/1981
Occupation	Indoor

Date Of Driving Pass	10/04/2001
Driving experience	21 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81287449
Alt. Phone Number	-
Email Address	tallinang@yahoo.com
Address	BLK 9 YISHUN CLOSE, 05-18
Address complement	-
Postcode	768008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	DRIVER' S DAUGHTER
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

REFER STATEMENT ATTACH

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	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8865H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-92361160
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	MALAY
Gender	Female

PASSENGER 2

Name	MALAY
Gender	Female

SKETCH PLAN

VEH NO: SMG 2681E

INSURER: BT/99

DATE OF ACC: 21/09/22 8:16 a.m

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

22/09/22
Policyholder's Signature / Date & Time

22/9/22
Driver's Signature (if driver is not the policyholder) / Date & Time

22/9/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) W

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

(☒) Claim OD/TP at other workshop ()

Sketch Plan

A : SM62681E
B : SHC8865H

National Heart Centre Singapore (NHCS)

Hospital Drive

Outram Community Hospital (OCH)


Hospital Boulevard

- Entered the roundabout from Hospital Boulevard on the leftmost lane. Continued driving past Hospital Drive toward Hospital Boulevard to get to OCH, when suddenly B hit me (A) on the right back wheel area. B was heading towards NHCS, and he was cutting across from the right lane in the roundabout.

Declaration

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

 22/09/22
Policyholder's Signature / Date & Time

 22/9/22
Driver's Signature (if driver is not the policyholder) / Date & Time

 22/9/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 



INTERVIEW FORM

Name (Driver) : Ang Chang Pin
 Policy No : MA006596
 Vehicle No : SMG 2861E
 Place of Accident : Near National Heart Centre
 Insured Driver's relationship with Insured : Wife
 Drink Driving of Insured and/or Insured Driver : —
 No of passenger(s) in Insured vehicle : 2 (including 1 baby girl)
 Injury to Insured and/or Insured driver, please indicate which hospital:
—

Third Party Vehicle No (if any) : SHC 8865H
 No of passenger(s) in Third Party Vehicle : 2
 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:

Side ~~Impact~~

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)

lv 22/9/22
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to
 my best knowledge

Kwale 22/9/22
 Attended by (Name & Signature) / Date

Workshop Name: Cheng Hoe Motor (WL)

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

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 20133105K

A Member of Maybank Group





