

## 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 .....	27/09/2022 16:35 (SGT)
Reported by .....	Driver
Date of Accident .....	25/09/2022 17:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GEYLANG LOR 39 SIDE ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLG6446D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHNG MUI HONG
NRIC No .....	S1637620E
Email Address .....	EDWIN.CHNG9@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-81274986
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA014966

#### DRIVER

Name of Driver .....	CHNG JUN JIE EDWIN
NRIC No .....	S9911248D
Date Of Birth .....	13/04/1999
Occupation .....	Indoor

Date Of Driving Pass .....	26/03/2019
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81274986
Alt. Phone Number .....	-
Email Address .....	EDWIN.CHNG9@HOTMAIL.COM
Address .....	BLK 153 LORONG 2 TOA PAYOH #07-606
Address complement .....	-
Postcode .....	310153
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collided into Parked Vehicle
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 .....	JORDON YEO
Gender .....	Male

#### 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 2.

#### 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 .....	SMF5592P
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	Glc250
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-98799896
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**SKETCH PLAN**

1. VEHICLE NO.: SLG 644612  
 2. INSURER CO.: ETWA  
 3. ACCIDENT  
 DATE & TIME: \_\_\_\_\_

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated;
  - (ii) for complying with requirements under any regulations, laws or court orders.

CHNG MU2 HONG

Policyholder's Signature  
 Date & Time:

[Signature]

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

[Signature]

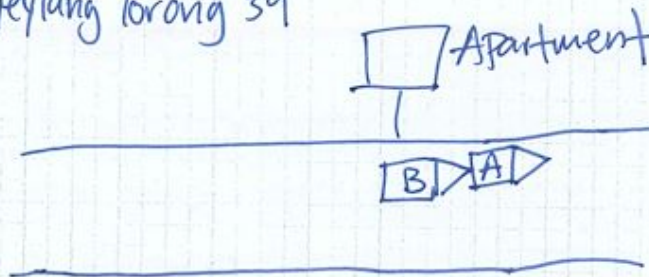
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





## SKETCH PLAN

CARA: SMF5592P Beylang lorong 39  
 CARB: SLG6446D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/09/2022 about 1730hrs at Beylang lorong 39  
 Side road.

I was inside my car SLG6446D. I parked behind a

white mercedes SMF5592P at a sideroad. About 10mins later

Suddenly, SMF5592P REVERSE and hit hard to my  
 car (front). SMF5592P was very rude and hooligan. I have  
 all the videos. My car was badly damage.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim  
 under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

CHHO MUZ HONG

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DATE OF RECEIPT: 29/09/2022

( ) Claim Own Policy (X) Claim Third Party ( ) Reporting Only

(X) Claim O/D/TP at other workshop ( )































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: \_\_\_\_\_ Vehicle Registration No: SLG 64460

Name (as shown in NRIC): EDWIN CHNG NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 25/9/22 Time of Accident: 12:30pm

Place of Accident: GETLANG LUR 39 SIDE ROAD


Insurance Company: ntuc

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT: 25/9/22

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# eTiQa

Insurance

0001  
21400144  
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. MA014966

- |  |               |                                |           |
|--|---------------|--------------------------------|-----------|
| 1. Index Mark and Registration Number of Vehicle                           | SLG6446D      |                                |           |
| 2. Name of Policyholder  | CHNG MUI HONG |                                |           |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 10/10/2022    | Excess: Named Drivers          | S\$ 600   |
|  |               | Excess: Unnamed Drivers        | S\$ 1,100 |
| 4. Date of Expiry of Insurance   | 09/10/2023    |                                |           |
| 5. Persons or Classes of Persons entitled to drive                         |               | Engine No : R16B21600570       |           |
|  |               | Chassis No : MRHFC5650GT000436 |           |
|  |               | Hire Purchase : OCBC Bank Ltd  |           |

(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.

CHNG MUI HONG

CHNG JUN JIE EDWIN

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](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

GOPLTY 20/09/2022 13:36:22



Authorised Signature

# eTiqa

Insurance

## INTERVIEW FORM

Name (Driver) : CHNG Jun Tie Edwin

Policy No : MA014966

Vehicle No : SLG64460

Place of Accident : Feiyang Lur 39 SIDE ROAD

Insured Driver's relationship with Insured : GET FATHER

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 1 DRIVER & 1 passenger

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

Third Party Vehicle No (if any) : SUF5592P

No of passenger(s) in Third Party Vehicle : 1 DRIVER & 1 pax

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:  
REVERSE AND HIT INTO INSURED STATIONARY VEHICLE

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)

X 27/9/22  
 Driver (Name & Signature) / Date

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

[Signature]  
 Attended by (Name & Signature) / Date

Workshop Name: CHS Automobile Services Pte Ltd.

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. 201331905K

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