

## 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 .....	21/10/2022 16:32 (SGT)
Reported by .....	Both
Date of Accident .....	20/10/2022 17:04 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF EUNOS AVE 5 AND PAYA LEBAR ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU472G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG BOON KIAT
NRIC No .....	SXXXX131I
Email Address .....	INNOROCY@GMAIL.COM
Mobile Phone No .....	(Phone) +65-85454278
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Note
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 .....	1200

#### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	M0021903

#### DRIVER

Name of Driver .....	WONG BOON KIAT
NRIC No .....	SXXXX131I
Date Of Birth .....	07/08/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	11/10/2019
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-85454278
Alt. Phone Number .....	-
Email Address .....	INNOROCY@GMAIL.COM
Address .....	BLK 928 HOUGANG STREET 91 #04-53
Address complement .....	-
Postcode .....	530928
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	ACCIDENT VIDEO WITH OWNER WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

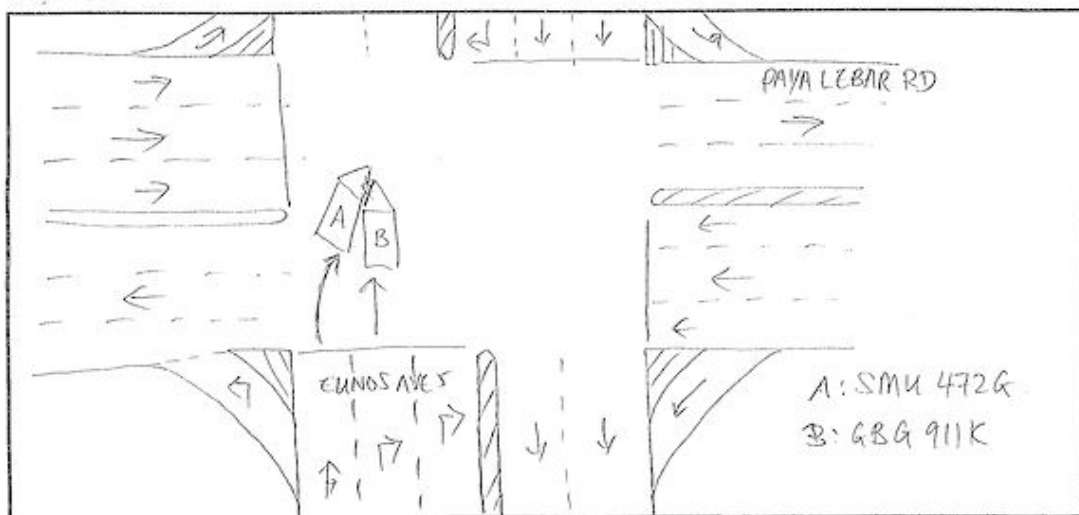
Vehicle Registration Number .....	GBG911K
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv350
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN


## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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  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. The 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.
  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.

## Sketch Plan



  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

ANIMATOR COMPANY

## Describe Circumstances of the Accident

\*Refer to Police Report \*

T/20221021/7023.

☐ Claim OD/TP at Ah Lim Motor    ☒ Claim OD/TP at other workshop    ☐ Reporting Only

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

21/10/2022  
Witnessed by Reporting Centre Personnel

AMULIA MOTOR COMPANY





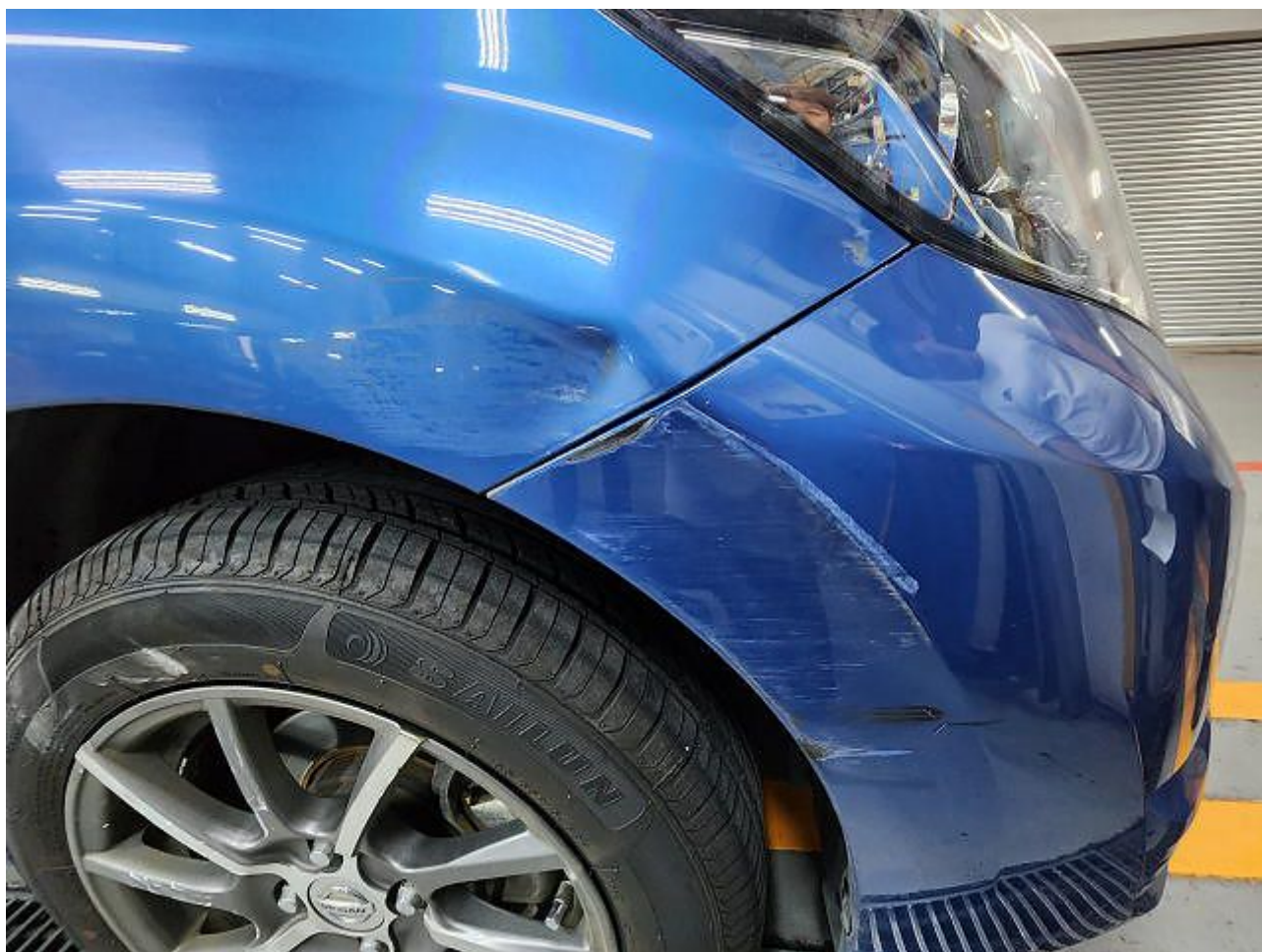






































**SINGAPORE  
POLICE FORCE**



T/20221021/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20221021/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/10/2022 14:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG BOON KIAT			Address: 928 HOUGANG STREET 91 #04-53 SINGAPORE 530928		
ID Type / ID No.: NRIC NO / S79701311			Contact No.: Home/Office: Mobile: 85454278		
Nationality: SINGAPORE CITIZEN			Email: INNOROCY@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 07/08/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/10/2022 17:05	Type of Location: X-Junction
Location:  EUNOS ROAD 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG911K	Van	NISSAN		Silver		0
SMU472G	Car	NISSAN	NOTE 1.2 CVT	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU472G	ETIQA INSURANCE BERHAD	M0021903	08/04/2022	07/04/2023



**SINGAPORE  
POLICE FORCE**



T/20221021/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20221021/7023

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WONG BOON KIAT	ID No.	S79701311
Related Vehicle	SMU472G (Car)	Contact No.	85454278
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I was traveling along Eunos Ave 5, on a turning lane to Paya Lebar Road towards PIE. I was on the extreme left lane with it can go straight or a right turn. A van (GBG 911 K) which was traveling beside me is on a right turning lane only. While I was making a right turn, out of the sudden the Van beside me didn't turn but increased its speed went straight and collided onto my vehicle. After colliding the van did not stopped and continue to drive straight forward and went off. I honk at him and flashed him wind down window and wave at him but he didn't stopped at all. He sped away. I did not went after because I had passenger in my vehicle. Therefore I'm lodging a report for insurance claim purpose. I have video footage of the accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20221021/7023

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Report No. T/20221021/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/10/2022 14:11

Classification Of Case:

NP168



# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : Wong Boon Kiat

Policy No : M0021903

Vehicle No : SMU 472G

Place of Accident : Junction of Eunos Ave S / Paya Lebar Rd

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 1

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

Third Party Vehicle No (if any) : GBG 911K

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

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:  
Hit and run

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)

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

Attended by (Name & Signature) / Date  
Workshop Name: AN LIM MOTOR COMPANY

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. 20030905X

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