# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding 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 29/10/2022 14:33 (SGT) Reported by ..... Both Date of Accident 28/10/2022 10:05 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS BEFORE JURONG TOWN HALL EXIT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number ..... FBL9052D

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DANIEL CHENG YONG JIAN NRIC No ..... T0026411Z Email Address ..... danielyjcheng1944@gmail.com Mobile Phone No ..... (Phone) +65-98150510 Alternative Phone No ......

# VEHICLE PARTICULARS

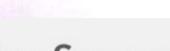
Manufacturer ..... Honda Model ..... **CBF190X MANUAL** Variant ..... Exact purpose for which vehicle was being used at time of accident ..... Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual 184

#### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd Policy Number / Cover Note Number MX101362

# DRIVER

Name of Driver DANIEL CHENG YONG JIAN T0026411Z NRIC No Date Of Birth 08/08/2000 Indoor



Page 1 of 30

Date Of Driving Pass	04/05/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150510
Alt. Phone Number	
Email Address	danielyjcheng1944@gmail.com
Address	BLK 139B LORONG 1A TOA PAYOH #04-58 (S) 312139
Address complement	
Postcode	
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verificie registration Number of Other Verificie Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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	
PASSENGEN I	
Name	PASSENGER
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Name	(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 WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHE	R VEHICLE PROPERTY 1

Accident report SK0U22AT0004



Page 2 of 30

Vehicle Registration Number	GBF2683K
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TEO
Contact Number	(Phone) +65-90050323
Address	
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GBL1495L
Vehicle Manufacturer	•
Vehicle Model	-
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)	2
AND COMMITTED TO COMPANY OF THE COMMITTED TO	

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SMV9978A
Vehicle Manufacturer	-
Vehicle Model	j.∰
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	-
No. Of Passenger (Including Driver)	2

# **INJURED PERSONS DETAILS**

# **INJURED 1**

DANIEL CHENG YONG JIAN Name of injured person Gender Male Phone No (Phone) +65-98150510 BLK 139B LORONG 1A TOA PAYOH #04-58 (S) 312139 Address ..... Address Complement Post Code ..... Approximate Age Years Old Injuries Sustained ..... NG TENG FONG HOSPITAL -3 DAYS Injured person in which vehicle? FBL9052D

Accident report SK0U22AT0004

Powered by Cs CamScanner

Were seat belts worn? Was this injured conveyed to hospital by ambulance? .....

#### SKETCH PLAN

### 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.
- Information provided must be as <u>fruthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 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 [farm] 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 dalms;
- (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 iswyers/isw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Old 99/10/m Pelicyholder's Signature / Date & Time	09 29/16/22  Driver's Signature (if driver is not the policyholder)/Data & Time	Witnessed to Regional event
Sketch Plan	(B) GBL 1495 L. (C) GBL 1495 L.	
	(0) SMV 9978 A.	5 N
PIE	towards Tues before June	

cribe Circumstan	ce of the Accid	dent					
	Pls	refer T/.	20221	Police	Report	No:	
A CONTRACTOR							

Declaration

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

2 29/10/12

Palkyholder's Signature / Date & Time

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

Witnessed by Reporting Centra Personnel (Name as in NRICAD card)

2

Page 6 of 30