

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	08/11/2022 14:15 (SGT)
Reported by	Both
Date of Accident	08/11/2022 07:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWD CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1092X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW TIAM SENG
NRIC No	S6931124E
Email Address	PETER_CHEWT@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96352484
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA015053

DRIVER

Name of Driver	CHEW TIAM SENG
NRIC No	S6931124E
Date Of Birth	16/08/1969
Occupation	Outdoor

Date Of Driving Pass	22/04/2016
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96352484
Alt. Phone Number	-
Email Address	PETER_CHEWT@HOTMAIL.COM
Address	BLK 490 JURONG WEST AVE 1 #06-13 S 640490
Address complement	-
Postcode	-
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

REFER ATTACHED REPORT

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	SGK5335K
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 -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	CHEW TIAM SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO DETAILS IN REPORT - NECK, SHOULDER AND BACK PAIN.
Injured person in which vehicle?	SKX1092X
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

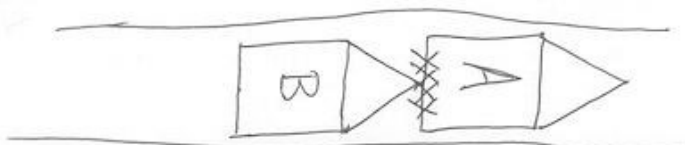

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TWO CHAUCHI

A: SKX1092X

B: SK5335K



Describe Circumstances of the Accident


I WAS DRIVING ALONG PIE TOWARDS CHANGI ON LANE 1
 TRAFFIC WAS HEAVY & I HAD TO STOPPED DUE TO A ROAD TRAFFIC
 ACCIDENT AHEAD. SUDDENLY I FELT A HUGE IMPACT FROM THE
 REAR. I REALISED VEHICLE B SHK533SK REAR-ENDED ME.
 I FELT NECK, SHOULDER & BACK PAIN. AND WILL SEEK MEDICAL
 TREATMENT.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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































INTERVIEW FORM

Name (Driver) : Chew Tiam Sang

Policy No : _____

Vehicle No : SKX1092K

Place of Accident : P16 tud Changi

Insured Driver's relationship with Insured : Own

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1 Driver

Injury to Insured and/or Insured driver, please indicate which hospital:
Yes

Third Party Vehicle No (if any) : SGK 5325K

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:
Collision - Head to Rear

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

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

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

Workshop Name: _____

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. 201339995K

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