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 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.

- 4. The issue and acceptance of this is form by instrained 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 10/11/2022 11:15 (SGT) Reported by Date of Accident 09/11/2022 09:50 (SGT) Exact Location of Accident Singapore Additional Location Information TAMPINES RD TOWARDS KPE TUNNEL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1497

Vehicle Registration Number SMK2491R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA CHIANG HUAT** NRIC No S7240370C Email Address PATRICKCHUA1972@GMAIL.COM Mobile Phone No (Phone) +65-96189278 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model City 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 hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number M0022127

DRIVER

Name of Driver **CHUA CHIANG HUAT** NRIC No S7240370C Date Of Birth 31/10/1972 Occupation Outdoor

Date Of Driving Pass 12/02/1999 Driving experience 23 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96189278 Alt. Phone Number Email Address PATRICKCHUA1972@GMAIL.COM Address 14 UPPER SERANGOON CRESCENT #16-36 S.534029 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **PASSENGER** Gender **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? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

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 WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	GBK4090G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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 Gender	CHUA CHIANG HUAT Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK2491R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised Driver.
- 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.
- 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.
- 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)

Lunderstand, 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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Reporting Centre Resonnel

Sketch Plan

A = SM K 249 / R

B = GBK 469 0 G

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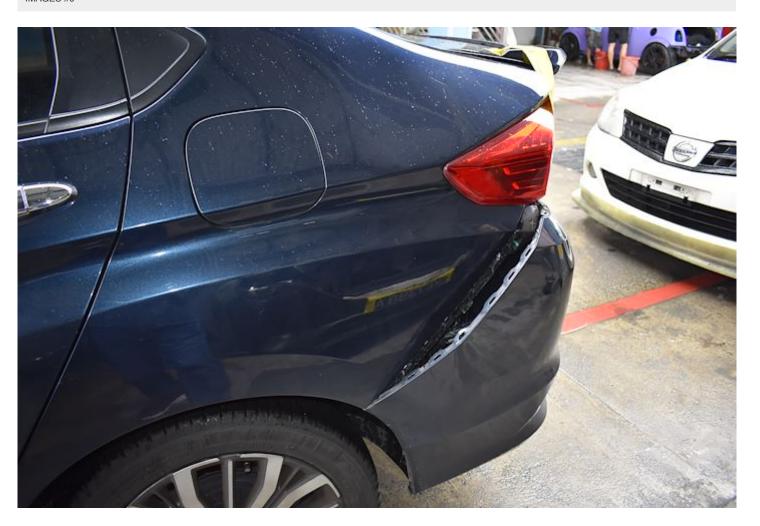






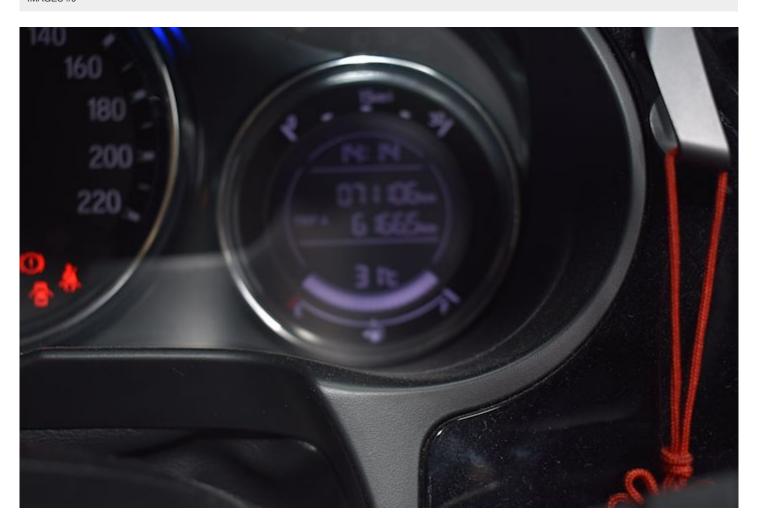


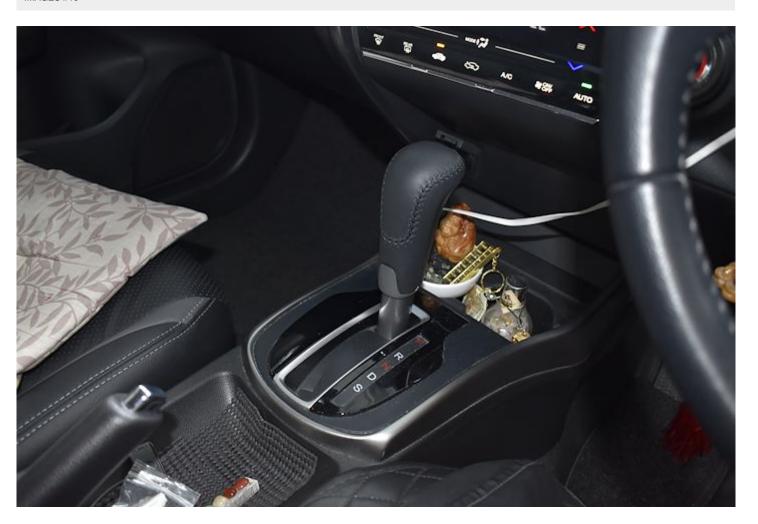




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20221109/7035

REPORT OF A TRAFFIC ACCIDENT

Informant's Particulars Name of Informant: Address:					
CHUA CHIANG HUAT 14 UPPER SERANGOON CRESO 534029	CENT #16-36 SINGAPORE				
ID Type / ID No.: Contact No.: NRIC NO / S7240370C Home/Office: M	obile: 96189278				
Nationality: Email: SINGAPORE CITIZEN patrickchua1972@gmail.com	Email:				
Sex: Age: Date of Birth: Type of Informant: Male 50 31/10/1972 Driver					
Race: Language: Ins Chinese English	stitution / School Name:				
Occupation: Driving Licence Information: Class: 3 Da	ate of Expiry:				

General Infor	mation of the Acc	ident	New York Control of the Party o	
Type of Accident:	Injury Others	Drink Drive: No	Type of Location: Straight Road	
Location: DEFU LANE: Weather: Clear	3	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Dry Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK4090G	Van				Conditio	0
SMK2491R	Car	HONDA	CITY 1.5 SV CVT	Blue	Seriously Damaged	100,100

nce		State was notified	Control Carrier
ompany	Insurance No	Effective	Expiry Date
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Details of Vehicle Insurance

Report No. T/20221109/7035

CONTINUATION OF REPORT

Licence & Expiry

09/11/2022

Serious

The state of the s	- mountaine					
Vehicle No.	Insurance Company		Insura	ince No	Effective	Expiry Dat
SMK2491R	ETIQA INSURANCE B	ERHAD	M0022		20/04/2022	31/03/202
Details of Pe	erson Involved					
The second secon	an Involved: No					
	trians Injured: NIL		Use of Pe	edestrian Cr	nesing: NA	
Passenger			White the same	a country on	ooing. NA	
Name	Unknown Passeng	er		ID No.	NIL	
Related Vehic	cle SMK2491R (Car)	SMK2491R (Car)			o. NIL	
Hospital/Clini	c NIL	NIL			Class: NIL Date of Exp	iry: NIL
Date	NIL		Date	Expiry		
	ranted Medical Leave	NIL	Degree o			
Driver						The state of the s
Name	CHUA CHIANG HU	AT		ID No.	S7240370C	
Related Vehic	le SMK2491R (Car)	SMK2491R (Car)			96189278	
Hospital/Clinic	WONG FAMILY CL	WONG FAMILY CLINIC & SURGERY PTE			Class: 3 Date of Expi	ry: NIL

Brief Details.

ON 09.11.2022 AT ABOUT 0950HRS. I WAS TRAVELLING ALONG KPE TUNNEL. I WAS STATIONARY DUE TO THE FRONT TRAFFIC SUDDENLY I FELT AN IMPACT. THE VEHICLE B (GBK 4090G) COLLISION ONTO THE REAR PORTION OF MY VEHICLE (SMK 2491R).

Date

Degree of

I FELT PAIN IN MY WHIPLASH, CHEST WALL AND LOWER BACK AFTER THE ACCIDENT. I SEEK MEDICAL ATTENTION FROM "WONG FAMILY CLINIC & SURGERY PTE LTD" ON 09.11.2022 AND RECEIVED 5 DAYS MC FROM 09 NOV 2022 TO 13 NOV 2022.

I HAD VIDEO FROM MY IN-CAR CAMERA.

09/11/2022

No. of Days granted Medical Leave





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

3 of 3 Report No. T/20221109/7035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2022 13:38
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:



eTiQa

insuranc

INTERVIEW FORM	
Name (Oriver) :_ Chua Chiana Hugt	
Policy No M 0022127	
Vehicle No : SMK 2491R	.5
Place of Accident [KPE Turne	
Insured Driver's relationship with Insured: Owner	
Drink Driving of Insured andles Insured Driver:	
No of fraction part To transport	
Injury to Insured and/or Insured driver, please indicate which toopstal:	ger
Was File Character	
Third Perty Vehicle No (if any) :_ GBK 4090 G	
No of passanger(s) in Third Party Vehicle:	
Topury to Third Party driver and/or passobger(s), please indicate which hospital:	
Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved; head fo vear Any witness to the accident (if yes, please indicate Name, Contact Na and a copy of the statement):	3.
Yroffic Police report (enclosed) (Yes)/ No	
Picase obisin a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)	
Driver (Namé & Signéturé) / Date I, affirmed the above information is given to my best knowledge Workshop Name:	
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