

## 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 .....	01/12/2022 16:31 (SGT)
Reported by .....	Both
Date of Accident .....	30/11/2022 17:30 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS TUAS AFTER STEVENS EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK881Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW THIAN SANG
NRIC No .....	S0075845J
Email Address .....	MAJLOW51@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91716233
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Golf
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 .....	1400

#### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA014814

#### DRIVER

Name of Driver .....	LOW THIAN SANG
NRIC No .....	S0075845J
Date Of Birth .....	24/06/1951
Occupation .....	Indoor

Date Of Driving Pass .....	23/05/1974
Driving experience .....	48 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91716233
Alt. Phone Number .....	-
Email Address .....	MAJLOW51@HOTMAIL.COM
Address .....	BLK 226 PENDING ROAD #07-181
Address complement .....	-
Postcode .....	670226
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

Name .....	YEO ANG AN
Gender .....	Female

#### 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

ON STATED DATE AND TIME, I WAS DRIVING MY CAR A ALONG PIE TUAS AFTER STEVENS ROAD ON LANE 1 WITH MY WIFE ONBOARD. OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM THE REAR RIGHT PORTION OF MY CAR. NOTICE THAT A VAN B DID NOT STOP AFTER COLLIDING ONTO MY CAR AND DRIVING FORWARD REAR ENDED CAR C.

#### 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 .....	NOT AVAILABLE.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ1037L
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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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMA365M
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 .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LOW THIAN SANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLK881Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	YEO ANG AN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLK881Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. 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.
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

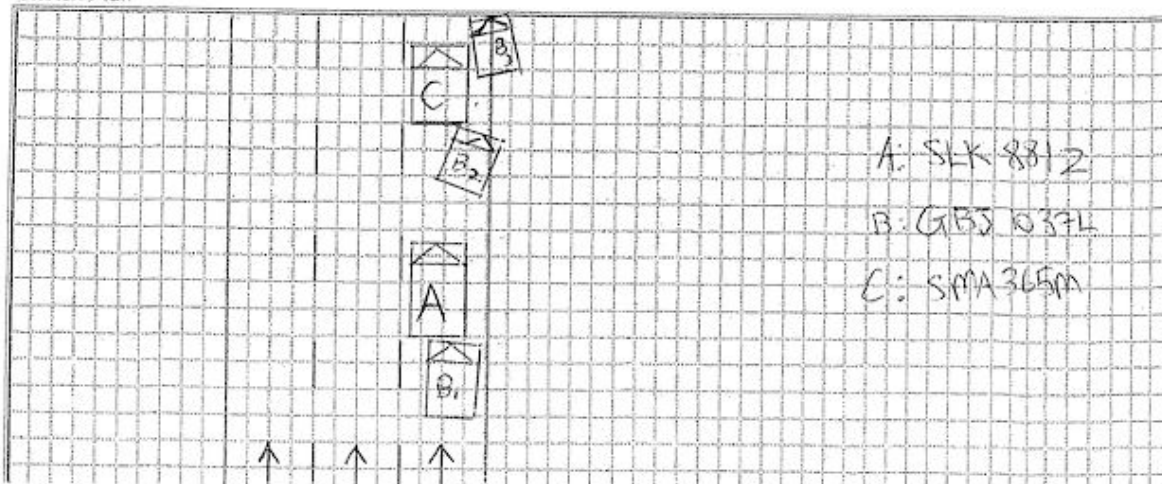
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



## Describe Circumstance of the Accident

On state state and time, I was driving my car (A) along  
 PIE turn after Herons Rd Exit on lane 1 with my wife onboard. Out  
 of a sudden, I felt a huge impact from the rear right portion  
 of my car. Notice that a van (B) did not stop after collided onto  
 my car and driving forward rear ended car (C).

## Declaration

I/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

  
 Witnessed by Reporting Centre Personnel

## LETTER OF UNDERTAKING

I/We, LOW THIAN LANG, the owner of vehicle no. SLR 8812

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:



.....  
Nric no. & signature of policyholder

.....  
Company stamp

1/12/22  
.....  
Date





# **INTERVIEW FORM**

Name (Driver) : low Thian Sang

Policy No : MA014814

Vehicle No : SLK881Z

Place of Accident : PIE tuas After Stevens Exit

Insured Driver's relationship with Insured : -

Drink Driving of Insured and/or Insured Driver : no

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) : GBJ1037L, SMA365M

No of passenger(s) in Third Party Vehicle : - no

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 involved:  
head to rear

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

*low Thian Sang*

Driver (Name & Signature)

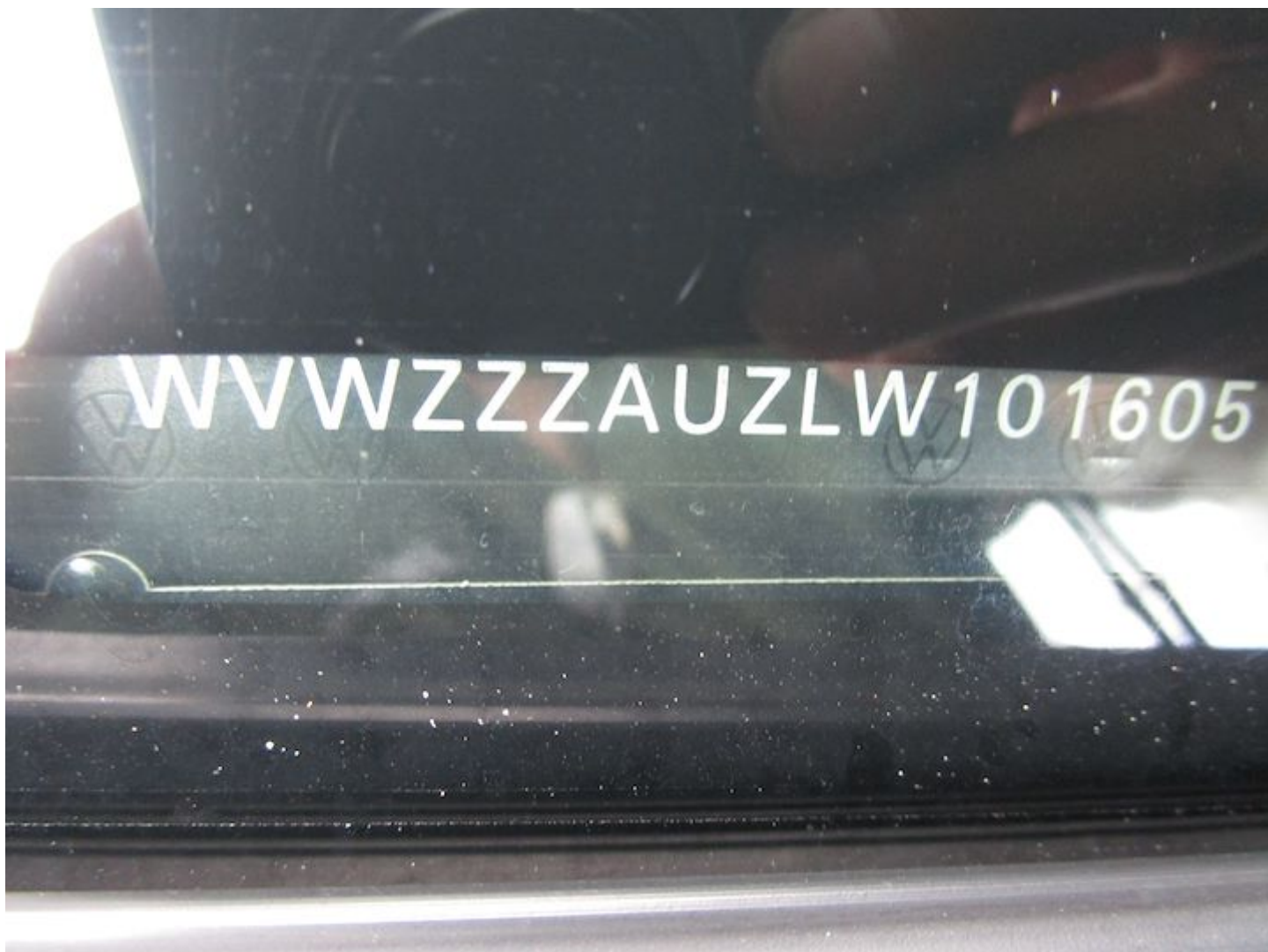
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name: \_\_\_\_\_

**Etiqa Insurance Berhad** (Company Reg. No. T09FC0054K)  
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 9109

Member of the Group



























MX1  
70000244  
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.** MA014814

- |                                                                            |                |                         |                     |       |
|----------------------------------------------------------------------------|----------------|-------------------------|---------------------|-------|
| 1. Index Mark and Registration Number of Vehicle                           | SLK881Z        |                         |                     |       |
| 2. Name of Policyholder                                                    | LOW THIAN SANG |                         |                     |       |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 21/07/2022     | Excess: Named Drivers   | S\$                 | 600   |
|                                                                            |                | Excess: Unnamed Drivers | S\$                 | 1,100 |
| 4. Date of Expiry of Insurance                                             | 20/07/2023     |                         |                     |       |
| 5. Persons or Classes of Persons entitled to drive                         |                | Engine No               | : CZCC10615         |       |
|                                                                            |                | Chassis No              | : WVVZZZAUZLW101605 |       |

(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.

LOW THIAN SANG

LOW LIHUI VALERIE

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.

7. Loss of Use Benefit

Daily transport allowance of S\$100 up to a maximum of ten (10) days, if the period of repairs recommended by our appointed surveyor or loss adjuster exceeds four (4) days. (For full terms & conditions, please refer to the policy wording.)

\* 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).

GOPLTY 01/06/2022 12:15:10



For and on behalf of Etika Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature