

## 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 ..... 15/12/2022 18:11 (SGT)  
Reported by ..... Both  
Date of Accident ..... 14/12/2022 12:00 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... CTE TOWARDS TOWN  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKG138U

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AUTOBAHN MOTOR (S) PTE LTD  
Company Reg No ..... 1XXXXX508R  
Email Address ..... STEFANWOOD@ME.COM  
Mobile Phone No ..... (Phone) +65-97200100  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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 ..... 1796

#### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Policy Number / Cover Note Number ..... M0016256

#### DRIVER

Name of Driver ..... STEFAN WOOD  
Passport No/FIN ..... GXXXX620P  
Date Of Birth ..... 04/03/1973  
Occupation ..... Indoor

Date Of Driving Pass .....	23/04/2009
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97200100
Alt. Phone Number .....	-
Email Address .....	STEFANWOOD@ME.COM
Address .....	3 KIM YAM ROAD #02-02
Address complement .....	-
Postcode .....	239320
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	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 .....	3
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) .....	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? .....	Yes
Police Station Name .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE 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 .....	VIDEO WITH TP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT7653Y
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

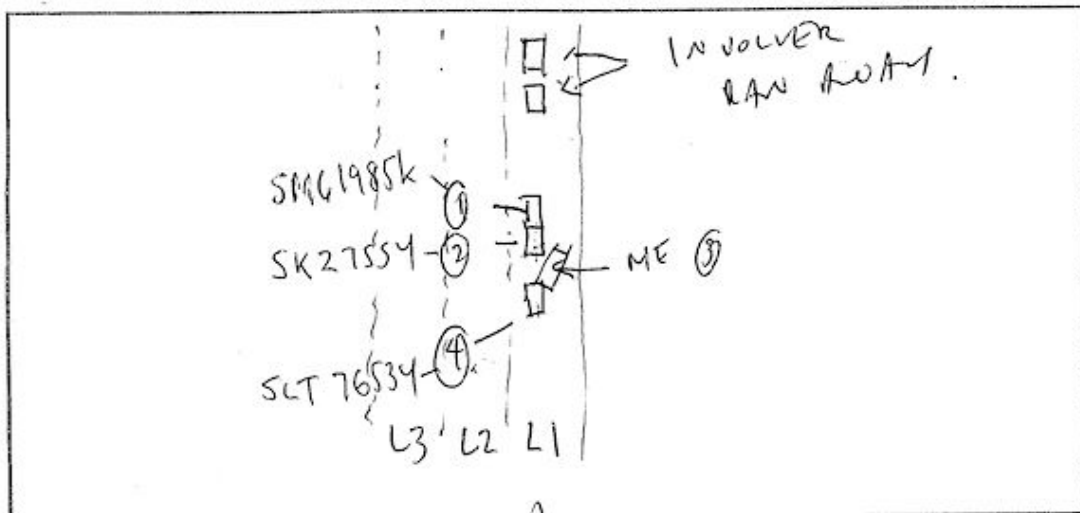
Vehicle Registration Number .....	SKZ7557Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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.
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  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

ANILIMOTORCOMPANY

Date of accident: 14/12/22 Time: 12 noon Location: CTE TOWARD town  
 My Vehicle A: SKG 1384 Vehicle B: SLT 7653Y Vehicle C: SKZ 7557Y  
SMC 1985K

SKETCH PLAN

Describe Circumstances of the Accident

Refer to police report

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ 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

Witnessed by Reporting Centre Person/Net

AHLIM MOTOR COMPANY







































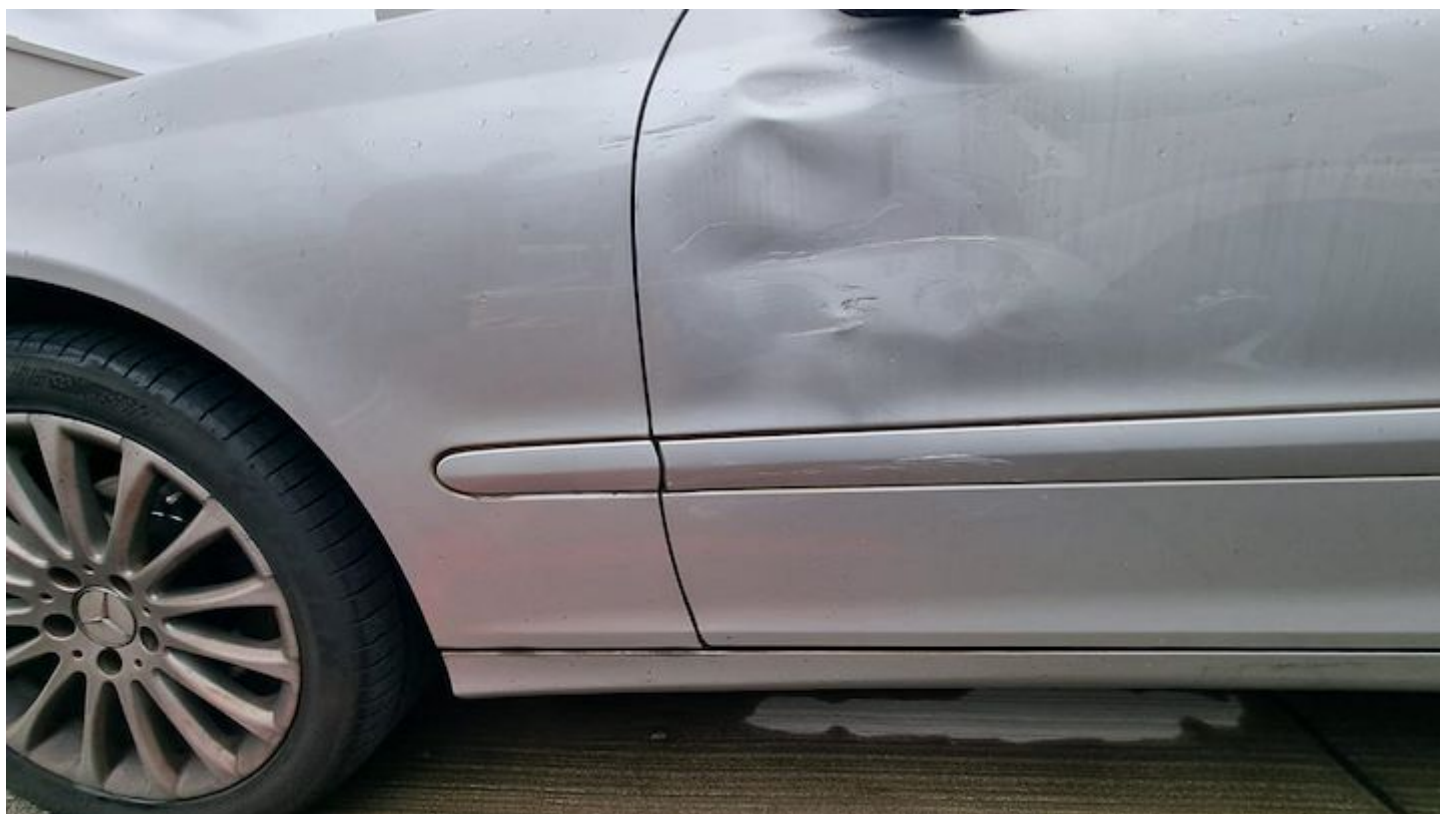








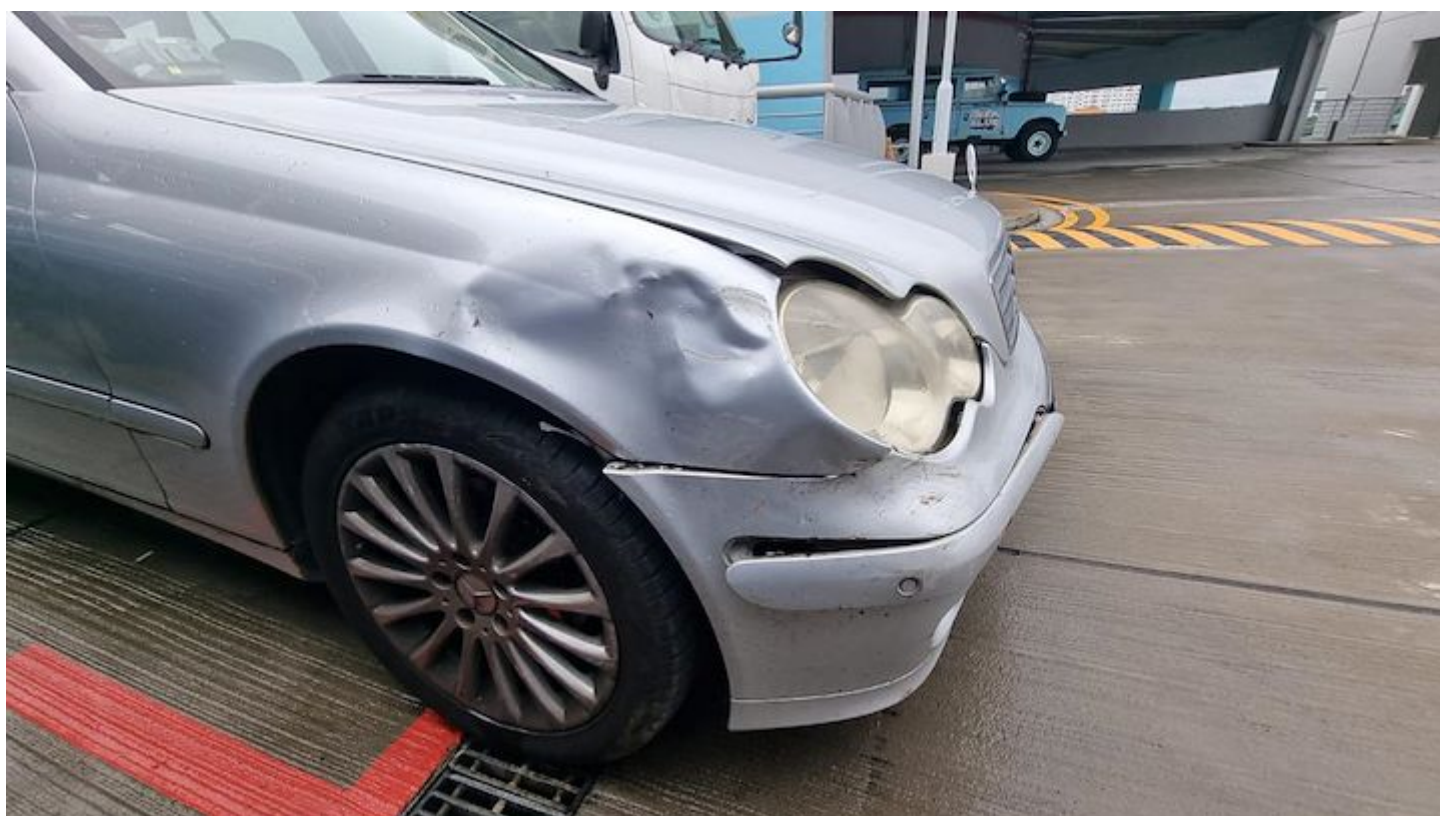




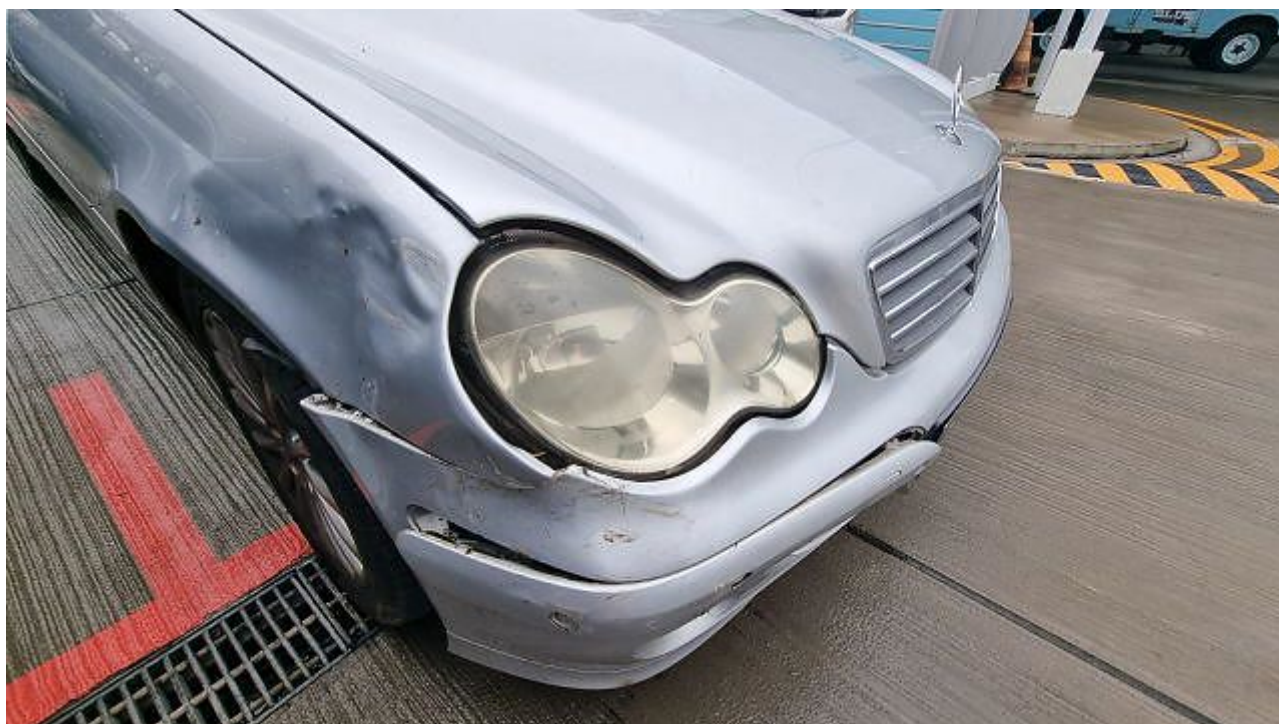




















































**SINGAPORE  
POLICE FORCE**



T/20221214/2096

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

2 of 2

Report No. T/20221214/20

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	STEFAN WOOD		ID No. G6080620P
Related Vehicle	NIL		Contact No. 93381320
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: 07/08/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/12/2022 at about 1200hrs, I was driving my car (SKG138U) down Central Expressway (CTE) on the first lane when the driver of (SMG1985K) suddenly stopped while being in the first lane. Subsequently, (SKZ7557Y) tried to stop but eventually crashed into SMG1985K.

As I saw SKZ7557Y suddenly stop, I was able to swerve my car to the right to avoid crashing into it. I wish to state that I might have slightly hit onto the right rear of SKZ7557Y.

After swerving my car, (SLT7653Y) crashed into the rear of my car resulting my car to crash into SKZ7557Y hard as well as grazed onto the expressway barrier.

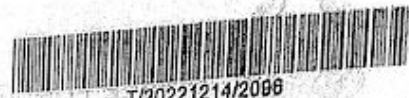
I wish to state that there were 2 unknown cars at the front of the accident, but they had driven off prior I Police arrival. This happened very fast and is to the best of my memory. I wish to state that my car does not have any in car camera.





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999



T/20221214/2096

1 of 1

Report No: T/20221214/2096

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2022 17:39	Vide Report No.: A/20221214/0034	Station Diary No.: 113
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### Informant's Particulars

Name of Informant: STEFAN WOOD	Address: 3 KIM YAM ROAD #02-02 SINGAPORE 239321		
ID Type / ID No.: FIN NO / G6080620P	Contact No.: Home/Office: Mobile: 93381320		
Nationality: AUSTRALIAN	Email: stefanwood@me.com		
Sex: Male	Age: 49	Date of Birth: 04/03/1973	Type of Informant: Driver
Race: Caucasian	Language: English		Institution / School Name:
Occupation: DIRECTOR	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry: 07/08/2024

### General Information for the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2022 12:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Raining	Road Surface: Wet	Road Speed Limit: 90 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKG138U	Car				Seriously Damaged	0
SKZ7557Y	Car				Seriously Damaged	0
SLT7653Y	Car				Seriously Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



SINGAPORE  
POLICE FORCE

T/20221214/2096

3 of 3

Report No. T/20221214/2096

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E  
SGT 2 Muhammad Hazim Bin  
Hashim

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/12/2022 17:39

Officer In Charge Of Case:

TP/GIT/  
SR STAFF SGT LEE GUANG HUI  
Contact No: 65476423

Classification Of Case:

NP168





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1B22CF0001 Vehicle Registration No: SKG138U  
 Name (as shown in NRIC): STEFAN WOOD NRIC/FIN/Passport No: G6080620P  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 3 KIM YAM ROAD #02-02 Singapore (239320)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9720 0100  
 Email Address: STEFANWOOD@ME.COM  
 Date of Accident: 14/12/2022 Time of Accident: 12:00 HRS  
 Place of Accident: CTE TOWARDS TOWN  
 Insurance Company: ETIQA INSURANCE

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Driver have inform that he was traveling from CTE towards SLE to CTE towards Town.

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OPERATOR 15/12/2022  
 Policyholder / Driver's Signature  
 Date:



15/12/2022  
 Reporting Centre Personnel's Signature  
 Name: 7782 LMC629  
 NRIC/FIN No.:  
 Date: 5/2/23

14.25 5.49



1004  
80000087  
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.** M0016256

1. Index Mark and Registration Number of Vehicle	SKG138U		
2. Name of Policyholder	Autobahn Motors (S) Pte Ltd		
3. Effective Date of Commencement of Insurance for the purposes of the Act	12/11/2022	Excess: Named Drivers	S\$ 500
		Excess: Unnamed Drivers	S\$ 1,000
		Excess: Windscreen	S\$ 100
4. Date of Expiry of Insurance	11/11/2023		
5. Persons or Classes of Persons entitled to drive		Engine No	: 27194630896495
		Chassis No	: WDB2032462F942879

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Hong Choon Siong, Jack

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 FOR THE POLICYHOLDER'S BUSINESS.

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.

° 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).

TIQSRGI 03/11/2022 14:42:51



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

Authorised Signature



# eTiqa

Insurance

## INTERVIEW FORM

Name (Driver) : stefan wood

Policy No : M0016256

Vehicle No : SKG1384

Place of Accident : CTE towards SLE

Insured Driver's relationship with Insured : Friend

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : NO

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

Third Party Vehicle No (if any) : SLT7653Y & SK27557Y

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:  
chain collision

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: AH 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. 201331909K

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