

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	03/03/2023 21:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/03/2023 17:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE NO.7 LOR BATAWI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG400A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LYE I-VAN BRANDON
Company Reg No	S8712789C
Email Address	brandonlye@rocketmail.com
Mobile Phone No	(Phone) +65-92785000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1991

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA028122

DRIVER

Name of Driver	LYE I-VAN BRANDON
Company Reg No	S8712789C
Date Of Birth	21/05/1987
Occupation	Indoor

Date Of Driving Pass	18/03/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-92785000
Alt. Phone Number	-
Email Address	brandonlye@rocketmail.com
Address	94 JALAN KELICHAP
Address complement	-
Postcode	534298
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	TAN WAN YI
Gender	Female

PASSENGER 2

Name	LYE RAE-WEN TITUS
Gender	Male

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 TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR2165U
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

VEH NO: SL6400A
INSURER: Etiga
DATE OF ACC: 02/03/23 @ 1702

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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 (Name as in NRIC/ID card)

03/03/23

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pis check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A: SL6400A
(w 2 passengers:
1) TAN WAN YI - F
2) LYE RAE-WEN TITUS - M).

B: SKR2165U
(alone)
Mdm Jin - 97270126

Vehicle No: SL6400A (Ftqa)
Date & Time: 02/03/23 @ 1702 (raining/wet)

I was driving along Lor Batawi whereby i felt an impact and realised motor car SKR2165U have drove out from the centre and collided onto my vehicle front RH portion.

Pis: I felt some discomfort on my neck area and will seek for medical treatment later on.

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 & Time

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

(AMK)



INTERVIEW FORM

Name (Driver) : LYE I-VAN BRANDON

Policy No : MA028122

Vehicle No : SLG 400A

Place of Accident : Outside 7 Lor BATAWI

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 2

Injury to Insured and/or Insured driver, please indicate which hospital:
Driver (NA)

Third Party Vehicle No (if any) : SKR2165U

No of passenger(s) in Third Party Vehicle : 0

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/Third Party property involved:
Minor / Major rd.

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)

[Signature] Lye I-van Brandon
Driver (Name & Signature) / Date 03/03/23

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

[Signature] 03/03/23
Attended by (Name & Signature) / Date

Workshop Name: Cheng Hoe Motor P/L (work)

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