

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	17/03/2023 17:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 20:34 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	BEFORE WOODLEIGH CLOSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4557X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ZI XUAN
NRIC No	S9839465F
Email Address	LZXLEO24@GMAIL.COM
Mobile Phone No	(Phone) +65-81385857
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER
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	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	AN3204841

DRIVER

Name of Driver	LIM ZI XIANG
NRIC No	S9115708Z
Date Of Birth	02/05/1991
Occupation	Indoor

Date Of Driving Pass	04/04/2013
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90082927
Alt. Phone Number	-
Email Address	ZIXIANGLIM@GMAIL.COM
Address	834 HOUGANG CENTRAL #06-580
Address complement	-
Postcode	530834
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	Yes
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	LIM YU XUAN
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

I FILTERED TOWARDS THE RIGHT OUT OF THE BUS LANE BUT VEHICLE B WAS SQUEEZING THROUGH AND THE FRONT OF HIS VEHICLE COLLIDED ONTO THE REAR RIGHT OF MINE AND CAUSED ME TO SWERVE.

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	SNA9686R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA WENG JIM
Contact Number	(Phone) +65-96532037
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


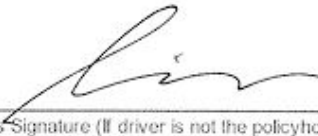
Name of injured person	LIM YU XUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4557X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

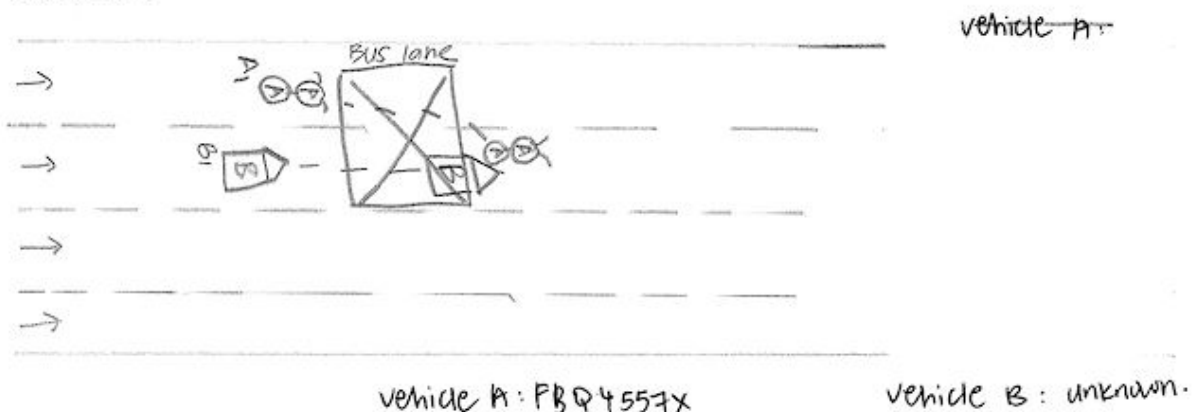
INJURED 2

Name of injured person	LIM ZI XIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4557X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

 2:50pm 17/03/23	 2:50pm 17/03/23	Witnessed by Reporting Centre Personnel
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	


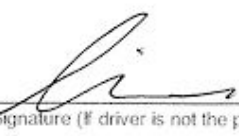
Sketch Plan

Describe Circumstances of the Accident

I filtered towards the right out of the bus lane but vehicle B was squeezing through and the front of his vehicle collided onto the rear right of mine and caused me ^{to} swerve.

Declaration

We declare the foregoing particulars are true in every respect.

 2:50pm 17/03/23 Policyholder's Signature / Date & Time	 2:50pm 17/03/23 Driver's Signature (If driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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eTiqa

Insurance

INTERVIEW FORMName (Driver) : LIM ZI XIANGPolicy No : AN 3204841Vehicle No : PD FBQ457 FBQ457XPlace of Accident : Upper Serangoon RoadInsured Driver's relationship with Insured : SiblingDrink Driving of Insured and/or Insured Driver : -No of passenger(s) in Insured vehicle : 2

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

Tan Tock SengThird Party Vehicle No (if any) : SNA9686RNo 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 involved:
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)

LIM ZI XIANG

Driver (Name & Signature)

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

Attended by (Name & Signature)

Workshop Name:

Etika Insurance Berhad (Company Reg. No. 10970054K)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

A Member of the TCB Group











eTiQa

Etiqa Insurance Pte. Ltd. Company Reg. No.: 201331905K
One Raffles Quay #22-01 North Tower Singapore 048583
www.etiqa.com.sg

PROPOSAL FORM

Motorcycle Insurance

ANDa INSURANCE AGENCIES PTE LTD

1 King George's Avenue #06-00 Rehau Building Singapore 208557
Tel: 6554 2288 Fax: 6453 4466
E-mail: thomson@anda.com.sg
Co. Reg No.: 197903504K

Cover Note No. AN 3204841

Dealer's Code: HLC801

IMPORTANT NOTES

- Under Section 25 (5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.
- Please complete this Form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this Form will be taken as an answer in the negative.

(1) Insured Particulars		(2) Named Rider's Particulars	
Full Name	LIM ZI XUAN	LIM ZI XIANG	
Address	834 HOUGANG CENTRAL #06-580 S (530834)		
Occupation	STUDENT	BANKER	
NRIC/Passport No.	S9839465F	S9115708Z	
Date of Birth (dd/mm/yyyy)	16-11-1998	02-05-1991	
Mobile No.	81385857		
Email Address			
Gender	Male	Male	
Marital Status	Single	Single	
Race/Nationality	CHINESE/SINGAPOREAN	CHINESE/SINGAPOREAN	
Riding Experience	4	9/-	
Demerit Points over past 3 years?	No	-	
Any Accident over past 3 years?	No	-	
Claims Amount (S\$)	OD : S\$0.00	TP : S\$0.00	
(3) Vehicle's Details			
Registration No.	FBQ4557X	Usage : PLEASURE	
Coverage	COMPREHENSIVE	Food Delivery	With effect from 5-Oct-2022, this policy is extended to include food and/or parcel delivery services. Geographical area: Restricted to Singapore only. Additional All Claim Excess: S\$140
Period of Insurance (dd/mm/yyyy)	05/10/2022 to 04/10/2023		
Make & Model	YAMAHA SNIPER T150	Year of Manufacture : 2019	
Engine No.	G3E6E0543317	Date of Registration (dd/mm/yyyy) : 05-10-2019	
Chassis No.	MH3UG0740K0153462	Sum Insured (with COE)	Market Value
Engine Capacity	150 CC	Finance Company	
(4) NCB Details			
Vehicle No.	FBQ4557X	NCB Earned	20 %
Policy No.	P2377657	Expiry Date (dd/mm/yyyy)	04-10-2022
Previous Insurer	AXA		
(5) Declaration			
In accordance with Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.			
1. I hereby declare and agree to insure my motor vehicle with Etiqa Insurance Pte. Ltd.; I agree to accept the company's Policy subject to terms, conditions and exceptions of the Policy; and I hereby declare that the above-mentioned Motor Vehicle is and will be kept in good condition.			
2.			

I hereby warrant that all answers given in this proposal are true and correct and that this Proposal and Declaration shall form part of the contract between the Company and myself.

3. I hereby agree to give my consent for the Company to verify any given information with the relevant authority.

Notes:

- Our liability does not commence until we have accepted this Proposal and the Premium paid by the Proposer.
- Your Policy carries a Premium Warranty Clause which requires the premium to be paid in full within 60 days failing which there would be no liability under the policy.

(6) Personal Data

I/We expressly authorise and consent to Etiqa Insurance Pte. Ltd. ("Etiqa"), its officers and employees, at their sole discretion, to disclose any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my/our application and to provide the product or services which I/we am/are applying for (including any new policy application, renewals and/or alterations), and such other purposes as described in Etiqa's Data Protection Statement on Etiqa's website:

1. Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates; 2. Any of Etiqa's contractors, or third party service providers or distribution partners or professional advisers or representatives; 3. Any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice; 4. Any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; and 5. Any credit bureau or insurer, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing and investigation.

Anda Insurance Agencies Pte Ltd may collect your personal data, and from time to time, contact you in relation to the other products or services that may interest you.

Please tick this box if you do not wish to receive this information.



Signature of Proposer

Date : 20-Sep-2022 2:43:55 PM

Cover Note No.: AN3204841