

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	08/05/2023 20:40 (SGT)
Reported by	Actual Driver
Date of Accident	07/05/2023 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ELIAS MALL BIG CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ37J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH BOON TONG
NRIC No	SXXXX589I
Email Address	marcusoh126@gmail.com
Mobile Phone No	(Phone) +65-98713883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
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	1998

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA025573

DRIVER

Name of Driver	SEE KER AI
NRIC No	SXXXX642Z
Date Of Birth	27/01/1952
Occupation	Indoor

Date Of Driving Pass	18/07/1974
Driving experience	48 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92202729
Alt. Phone Number	-
Email Address	marcusoh126@gmail.com
Address	BLK 610 ELIAS RD
Address complement	#07-168
Postcode	510610
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	MABLE SAY PO
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

REFER TO SKETCH PLAN

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	SMH2819X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AFIFAH BINTE ARRAN
NRIC No	SXXXX215A
Contact Number	(Phone) +65-97228747
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

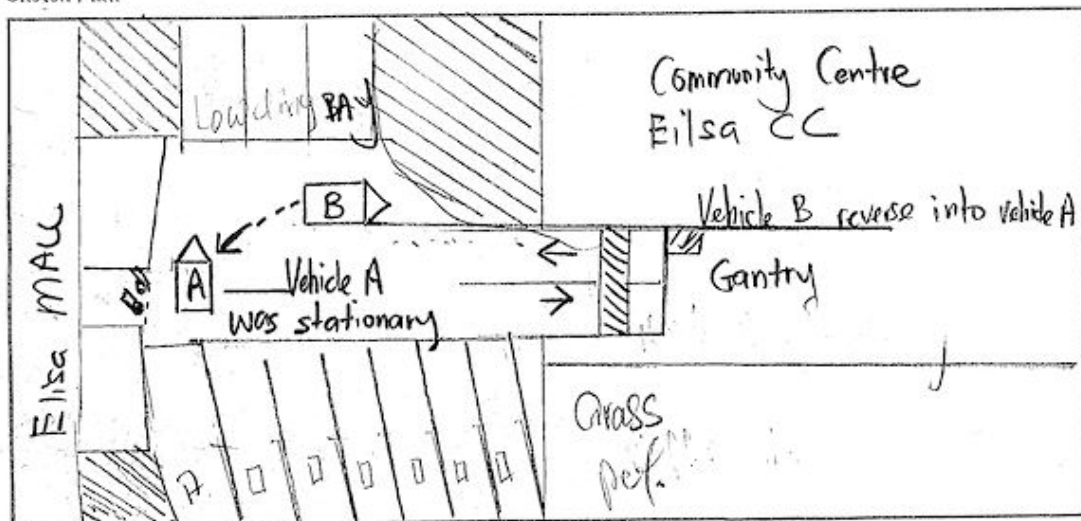
Insurer: Etiqa

Vehicle: SGJ 37J

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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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Report of Centre Personnel

ALLIANCE MOTOR COMPANY

Date of accident: 07/05/2023 Time: 1.20 pm Location: Elias mall Big open space car-park
 My Vehicle A: SGJ 37J Vehicle B: SMH 2819X Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

My vehicle was stationary as I was dropping off my maid. The vehicle B which was few car length away suddenly started to reverse towards my vehicle at a fast speed. The vehicle B then collided into my vehicle. After the vehicle B have reverse into my car the driver a young lady then came out of the car to apologise. She then explain that she failed to see my vehicle as I was in the blind spot of the mirror.

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

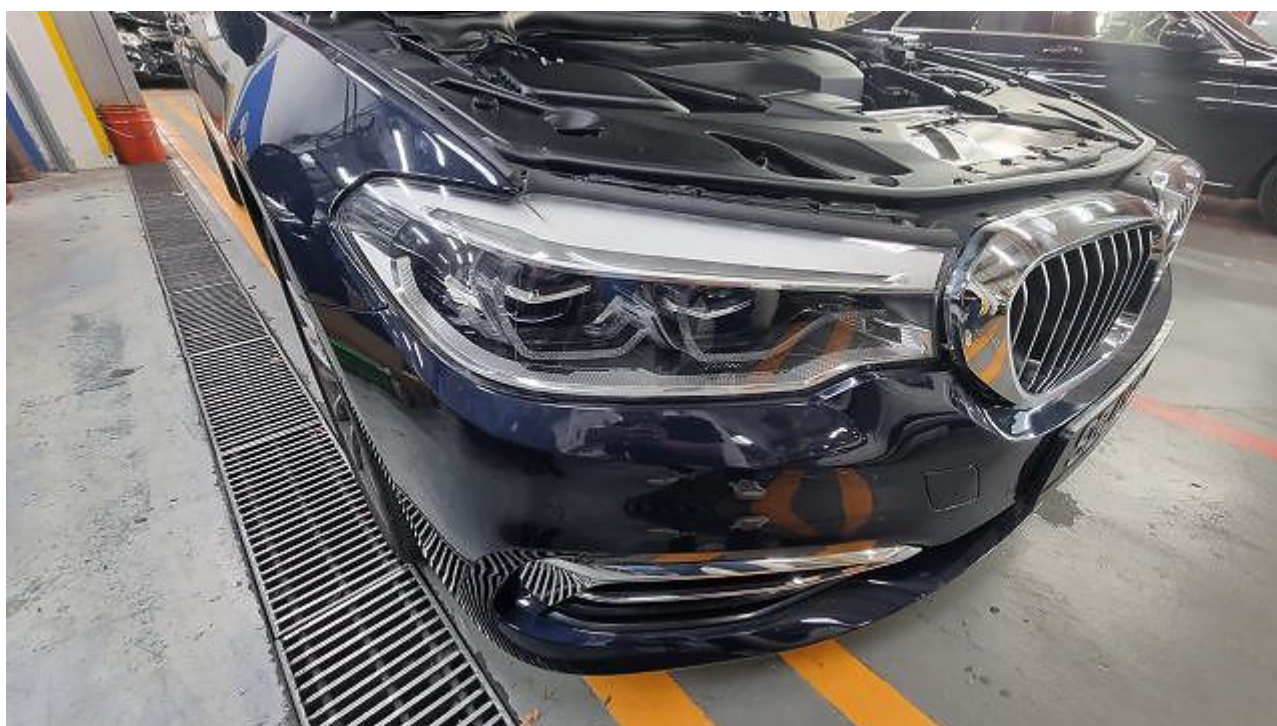
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



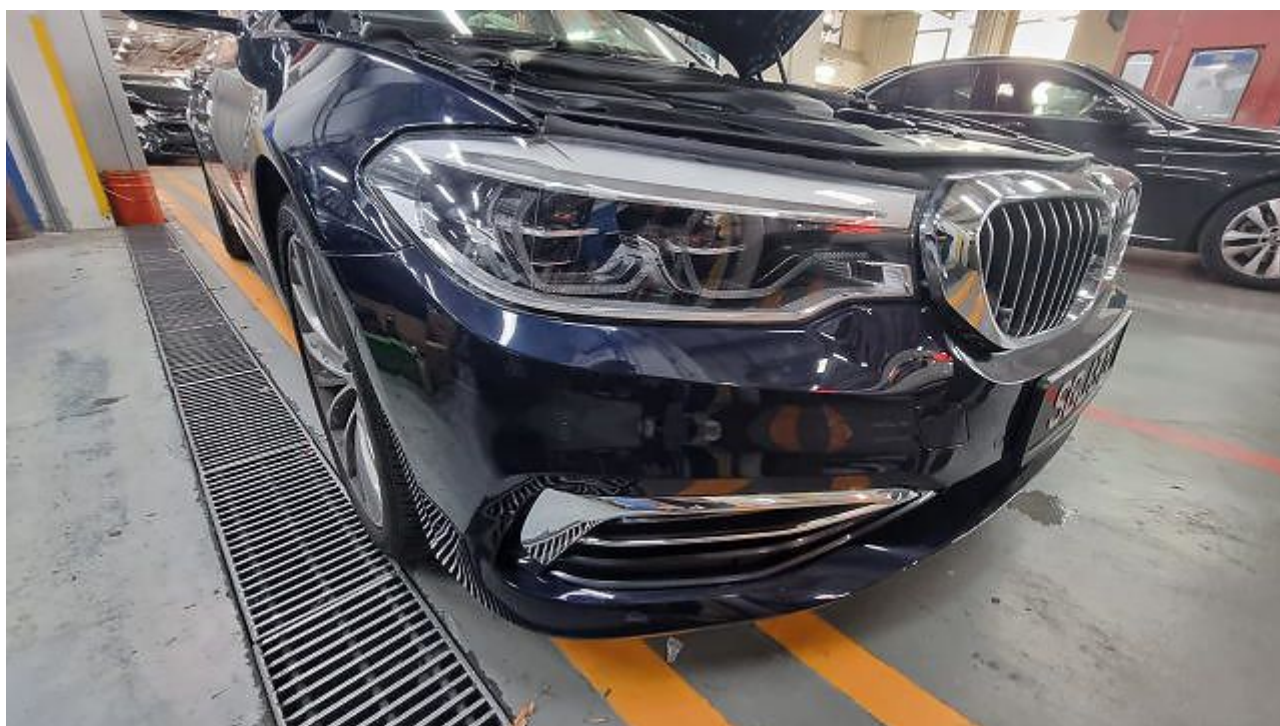
AH LIM MOTOR COMPANY







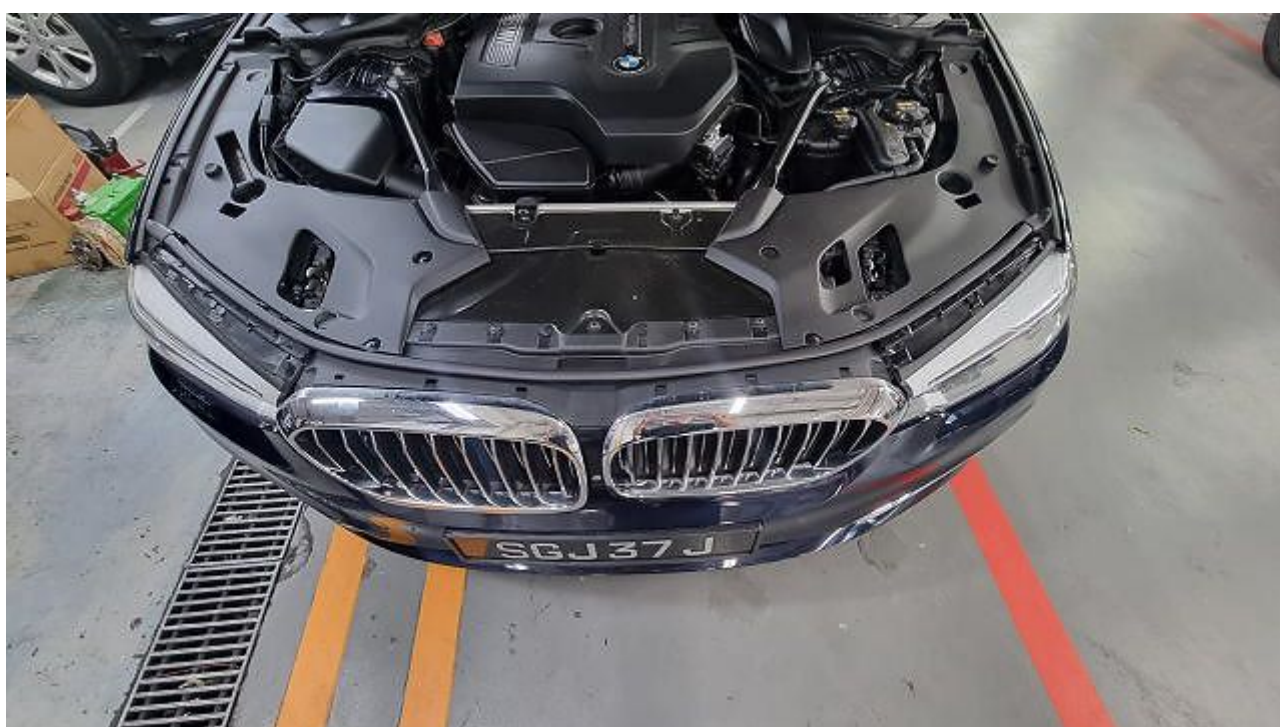
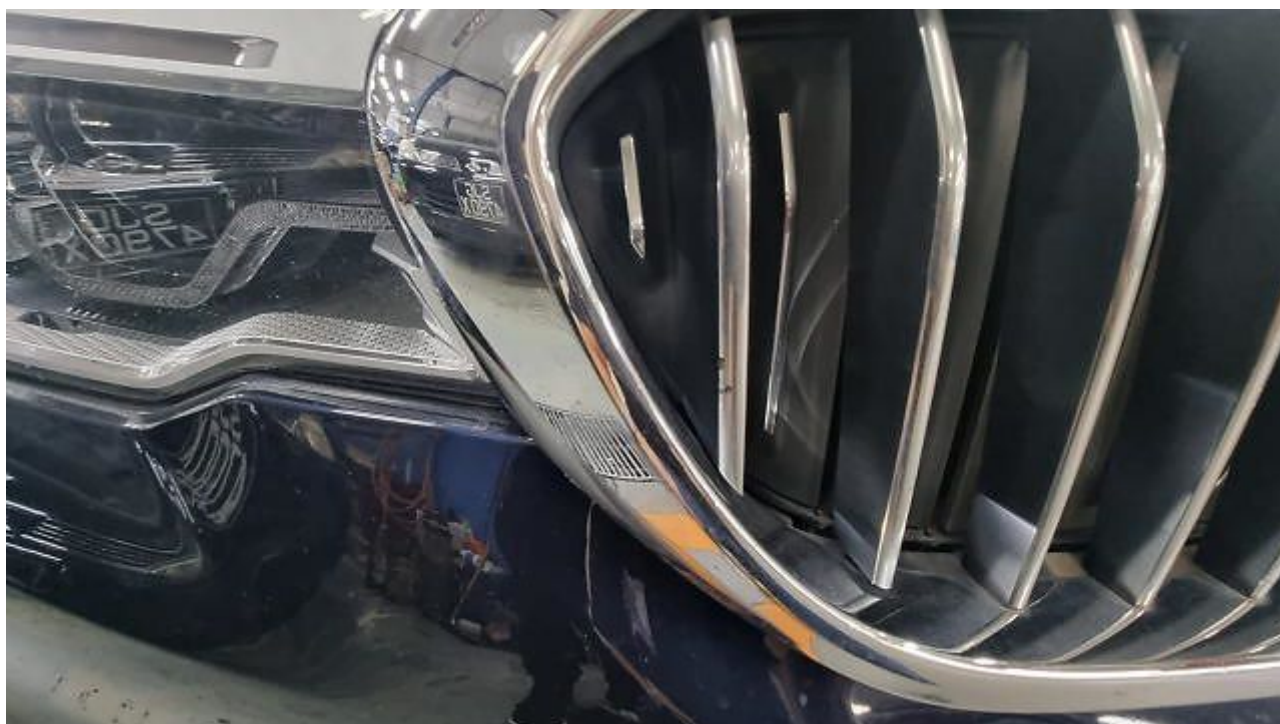












eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : See Ker Ai

Policy No : S0023642 Z

Vehicle No : SGJ 37 J

Place of Accident : ELIAS MAIL Big Open-car-park

Insured Driver's relationship with Insured : MOTHER

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 1 MABLE SAY PO

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

—

Third Party Vehicle No (if any) : SMH 2819 X

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:

3rd party reverse into policy Holder vehicle

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)

[Signature]

Driver (Name & Signature) / Date

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

[Signature] 08/05/2023

Attended by (Name & Signature) [Signature]

Workshop Name: AH LIM MOTOR COMPANY

Etiqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048563

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F +65 63392109

www.etiqa.com.sg
Company Reg. No. 20133905K

A Member of  Maybank Group

ORIGINAL

**THE SCHEDULE**

Policy Number	: MA025573	Agency No	: 71120094
Policy Type	: Private Car	Agency Name	: Henly Enterprises Co Pte Ltd
Insurance Start Date	: 15/11/2022	Issue Date	: 15/11/2022
Insurance End Date	: 12/01/2024 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: OH BOON TONG		
Insured's Address	: 610 ELIAS ROAD 07-168 Singapore 510610		

Premium Due	: S\$	1,346.41
Premium GST	: S\$	94.25
Total Due	: S\$	1,440.66

Risk No. 0001 Motor Private Car

Basic Annual Premium	: SGD1,880.11		
Less NCD 50.00%	: SGD940.06		
NCD Protector 10.00%	: SGD94.01		
Sun/Moonroof (Limit to \$2,000)	: SGD100.00		
Solar Films (Limit to \$1000/-)	: SGD25.00		
Premium Due	: SGD1,346.41		
Premium GST	: SGD94.25		
Total Due of this risk	: SGD1,440.66		
Registration	: EGJ37J	Make/Model	: Mazda 6 Wagon 2.5 (A)
Type of Cover	: Comprehensive	Engine No	: PY20766983
Body Type	: Station Wagon - Automatic	Year of Regn	: 2016
Capacity cc's	: 1488		
Chassis No	: RM6GJ103200238235		
Certificate Ref	: X1		
Excess: Unnamed Drivers			SGD500
Excess: Windscreen			SGD100
Named Drivers	: OH BOON TONG SEE KER AI		
Hire Purchase	: Henly Enterprises Co (Pte) Ltd		

The following benefits apply to this risk

FLOOD &/OR OTHER CONVLSION OF NATURE AND STRIKE, RIOT & CIVIL COMMOTION

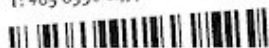
LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

PASSENGER LIABILITY

FREE WINDSCREEN COVER WITH IMPOSED EXCESS (IF APPLICABLE)

AUTOMATIC REINSTATEMENT OF WINDSCREEN

Etiqua Insurance Pte. Ltd. (Company Reg. No. 201339057K)
One Raffles Quay, #22-01 North Tower, Singapore 048583
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MA025573

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