

## 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 .....	17/04/2023 18:05 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/04/2023 16:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS TUAS(NEAR TPY)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB2149P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JACKSON TAY CHONG MENG
NRIC No .....	S7472081A
Email Address .....	j_cksontay@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-81180143
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED
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 .....	2488

#### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA009875

#### DRIVER

Name of Driver .....	NG CHEE BENG(HUANG ZHIMING)
NRIC No .....	S8100265G
Date Of Birth .....	06/01/1981
Occupation .....	Indoor

Date Of Driving Pass .....	11/06/2012
Driving experience .....	10 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98738054
Alt. Phone Number .....	-
Email Address .....	joshuaang@cityenergy.com.sg
Address .....	BLK 622C PUNGGOL CTRL #13-292
Address complement .....	-
Postcode .....	823622
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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? .....	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 .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
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 SKETCH ATTACHED

#### 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 .....	SKH7695B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZAHIRAH
Contact Number .....	(Phone) +65-91674969
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: SLB 2149P  
INSURER: BTG  
DATE OF ACC: 16/4/23  
@ 16/04/23

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

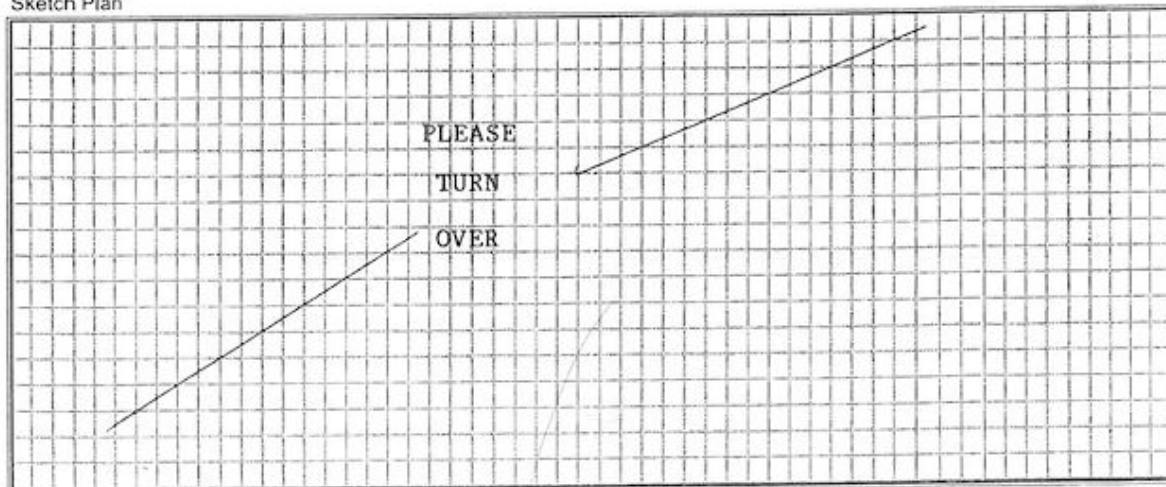
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) *Alfred (YS)*

Sketch Plan



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. Pls check your policy for more information.

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

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan

16/04/2023 about 16.10hrs I was driving on the 2nd lane. As the 1st lane has road work, Car in front of my car brake to stop and give way for cars from 1st lane filter in. I managed to brake in time, however vehicle B collided onto my car rear portion. We exchange contact and took few photos. No injury involve.

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)

17/4/23

Edy (YS)  
2





























## INTERVIEW FORM

Name (Driver) : Ng Chee Beng (Huang Zhiming)

Policy No : MA 009875

Vehicle No : SLB 2149P

Place of Accident : PIE Towards Tuas (Near Toa Payoh)

Insured Driver's relationship with Insured : Cousin

Drink Driving of Insured and/or Insured Driver : \_\_\_\_\_

No of passenger(s) in Insured vehicle : 1 male (driver), 2 female, 2 dogs

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

Third Party Vehicle No (if any) : SKH 7695B

No of passenger(s) in Third Party Vehicle : 1 baby, 1 male, 1 female (driver)

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
N/A

Type of collision and the extensiveness of the damages to all vehicles/Third Party property 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)**

Driver (Name & Signature) / Date : \_\_\_\_\_  
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date : 17/4/23

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

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