

# 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	15/05/2023 13:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/05/2023 12:50 (SGT)
Exact Location of Accident	Upper Changi, Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5943M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISHAK BIN YUSOFF
NRIC No	SXXXX903Z
Email Address	ISHNOR@GMAIL.COM
Mobile Phone No	(Phone) +65-90112156
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1600

### INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	M0038408

### DRIVER

Name of Driver	ISHAK BIN YUSOFF
NRIC No	SXXXX903Z
Date Of Birth	30/10/1962
Occupation	Indoor

Date Of Driving Pass	15/12/1992
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90112156
Alt. Phone Number	-
Email Address	ISHNOR@GMAIL.COM
Address	BLK 222 PASIR RIS STREET 21
Address complement	#02-120
Postcode	510222
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 - 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)	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	NORAINE BINTE KIDI
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

SEE ATTACHED REPORT.

#### 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	SGG4748E
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KELVIN SIEW
NRIC No	SXXXX2241
Contact Number	(Phone) +65-96482523
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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7. By the lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

 15/5/2023  
Policyholder's Signature Date  
& Time: 1300 hrs

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/5/2023 at about 1250hrs while I was driving along Upper Changi Rd East, suddenly a ~~car~~ while I was waiting to turn left, suddenly a vehicle cut into my lane when I just start to move a vehicle behind me SGG4798E cannot stop in time and hit my rear.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At NPH

Claim OD / TP Own W/shop

Reporting Only

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date  
& Time:

1300 hrs

Driver's Signature

(If driver is not the policyholder) Date  
& Time:

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

### Accident Information

1 Date of Accident : 14/5/2023 Time(base on 24hrs): 1250 hrs  
2 Location : Upper Changi Rd East  
3 Weather condition : Clear / Rain Road Surface : Dry / Wet  
4 Claiming under : Own Damage \_\_\_\_\_ Third Party ☒ Reporting Only \_\_\_\_\_  
5 Injuries : Yes / No Type Of Collision : HIT my back  
6 Witness Name / Hp : No  
7 Police Report : Yes / No Which Station : \_\_\_\_\_

### VEHICLE A

Vehicle No : SLV5943M Model : Honda Jazz  
Policy Holder Name : Ishak bin Yusoff  
Policy I/C No. : S1586903Z Contact: 90112156  
Policy Address : B1k 222, Pasir Ris St. 21, #02-120 S(510222)  
Policy No. : M0038408 Cover : Comp / 3<sup>rd</sup> pty / Fire n Theft  
Insurance Company: Etiga No Of Pax 2 (including Driver)  
1) Ishak bin Yusoff Sex( Male / Female)  
2) Nor'aini binte Kidi Sex(Male / Female)

### Driver Particulars

Name : Ishak bin Yusoff NIRC S1546903Z DOB: 30/10/1962  
Address : As above

Pass Date: 15/12/1992 Gender : Male / Female Occupation: Indoor / Outdoor  
Contact :HP 90112156 Office \_\_\_\_\_ Home \_\_\_\_\_  
Email ishnor@gmail.com Relationship: Spouse/Children/Friend/Relative  
Employee/ Hirer/Parent/Sibling

VEHICLE B : SGG9748E Model: Mazda 3 black Insurance : AIG  
Driver Name : Kelvin Siew I/C No. : S7826229I  
Contact No. : 96482523

# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : Ishak bin Yusoff

Policy No : \_\_\_\_\_

Vehicle No : SLV5943M

Place of Accident : Upper Changi Rd East

Insured Driver's relationship with Insured : Self

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1

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

Third Party Vehicle No (if any) : SGG 4748E

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:  
Hit my back

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)**

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

\_\_\_\_\_  
Attended by (Name & Signature) / Date

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

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