

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 16:45 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 14/05/2023 17:40 (SGT)
Exact Location of Accident Tampines St. 21, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK4422B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIEW JIA HAO
NRIC No S 396I
Email Address
Mobile Phone No
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Evo
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 Manual
CC 2000

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number CN010096

DRIVER

Name of Driver SIEW JIA HAO
NRIC No S 396I
Date Of Birth 04/02/1998
Occupation Indoor

Date Of Driving Pass	01/11/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230514/2072.

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	SHA6342Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

I understand, acknowledge, agree and consent that:

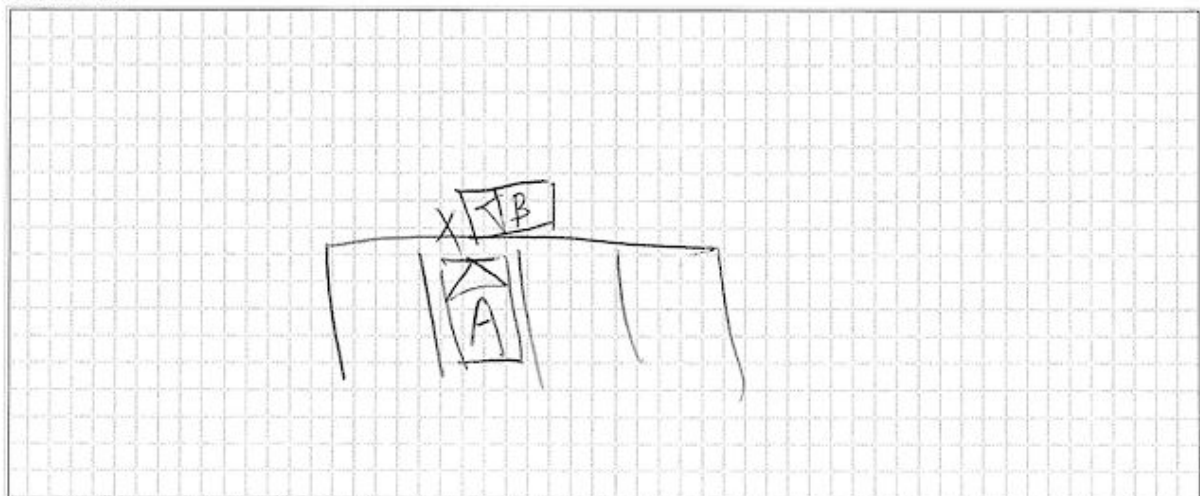
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



Describe Circumstance of the Accident

refer to police report

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)

ETIQA
Insurance

INTERVIEW FORM

Name (Driver) : SIEW JIA HAO
 Policy No : CA 0100-96
 Vehicle No : SKK 4422B
 Place of Accident : TAMPINES ST 21
 Insured Driver's relationship with Insured : as above
 Drink Driving of Insured and/or Insured Driver : NO
 No of passenger(s) in insured vehicle : NO
 Injury to Insured and/or Insured driver, please indicate which hospital:
NO
 Third Party Vehicle No (if any) : SHA 6342 Z
 No of passenger(s) in Third Party Vehicle : not sure
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO
 Type of collision and the extent/seriousness of the damages to all vehicles involved:
my veh head other veh LH
 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)
 I, affirmed the above information is given to
 my best knowledge

Attended by (Name & Signature)
 Workshop Name:

Etiqua Insurance Berhad (Company Reg. No. 10910054K)
 1 North Bridge Road, 6th-8th Floor, Sun Life Centre, Singapore 179094
 T: +65 6936 0477 F: +65 6339 2109

Approved by: [Signature] Date: [Blank]























**SINGAPORE
POLICE FORCE**



T/20230514/2072

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20230514/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2023 23:48	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: SIEW JIA HAO	Address:		
ID Type / ID No.: NRIC NO / S 396I	Contact No.:		
Nationality: SINGAPORE CITIZEN	Home/Office: Mobile:		
Sex: Male	Age: 25	Date of Birth: 04/02/1998	Email:
Race: Chinese	Type of Informant: Driver		
Occupation: SELF-EMPLOYED	Language:		
Driving Licence Information:		Date of Expiry:	
Class: 3			

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/05/2023 17:40	Type of Location: Car Park
Location: TAMPINES STREET 21				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6342Z	Car					0
SKK4422B	Car	MITSUBISHI	EVO IX GT	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK4422B	ETIQA INSURANCE BERHAD	M0025478	26/06/2022	25/06/2023



SINGAPORE
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Report No. T/20230514/2072

CONTINUATION OF REPORT

Brief Details.

I am the owner of SKK4422B. On the 14/05/2023, at around 5.08pm, I parked my car at the open space carpark of Blk 245 Pasir Ris St 21. Later at around 6pm, I went to retrieve my vehicle and proceeded to other location. When I reached home at Pasir Ris at around 8pm, I made a check on my vehicle and discovered some damages on the front bumper.

Hence, I viewed the recordings of my in-car camera, and it was revealed that on the 14/05/2023 at 5.47pm (Based on camera timing) while my car was parked at Tampines Street 21, a vehicle bearing plate SHA6342Z (Blue Taxi) drove passed my vehicle and the right side of the said vehicle hit onto the front part of my vehicle.

I would like to inform the police that was no note left on my vehicle and i do not have any details about the other party.



SINGAPORE
POLICE FORCE



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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20230514/2072

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 3 MUHAMMAD FIRDAUS
BIN ABDULLAH SHAFI-IE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2023 23:48

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

NP168