SA1C2365000A-01 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 05/06/2023 17:05 (SGT)
SUBMITTED BY: EILEEN CHUA
VERSION: 2 (26/06/2023 18:43 (SGT))

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 witholding 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	05/06/2023 17:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/06/2023 10:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM8391R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG AH HONG
NRIC No	SXXXX802H
Email Address	GUANHINMOTOR@YAHOO.COM
Mobile Phone No	(Phone) +65-91050987
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60 2.0T AUTO
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	1984

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0039578

DRIVER

Name of Driver	ANG AH HONG
NRIC No	SXXXX802H
Date Of Birth	14/11/1946
Occupation	Indoor

Date Of Driving Pass	08/12/1964
Driving experience	58 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91050987
Alt. Phone Number	-
Email Address	GUANHINMOTOR@YAHOO.COM
Address	BLK 12 PINE CLOSE #11-87
Address complement	-
Postcode	391012
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
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	Mountbatten Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003449999
Alt. Police Station Phone No	(Fax) +65-64474185
Police Station Address	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	GBF3783Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH8665M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

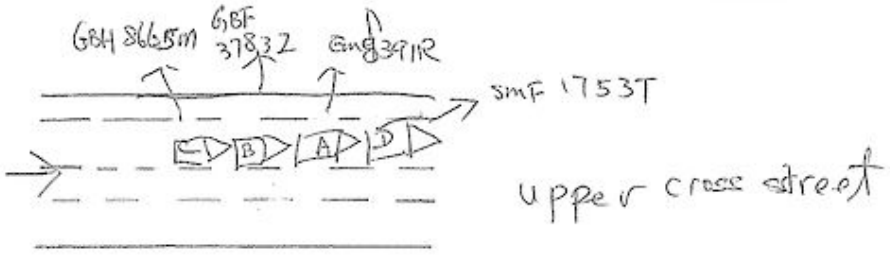
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMF1753T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of accident: 5/6/2023 Time: 10:27 am Location: Upper Cross street

My Vehicle A: EM8391R Vehicle B: GBF3783Z Vehicle C: GBH8665M

SKETCH PLAN D. SMF 1753T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Upper Cross street when the front vehicle stop. I follow. Suddenly a lorry from behind bang to my rear causing my vehicle move forward and hit onto vehicle SMF 1753T, my vehicle front x rear damage.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:
My workshop : Guan Hin motor workshop
Email address : guanhinmotor@yahoo.com.
& myself :
Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

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

AH LIM MOTOR COMPANY

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

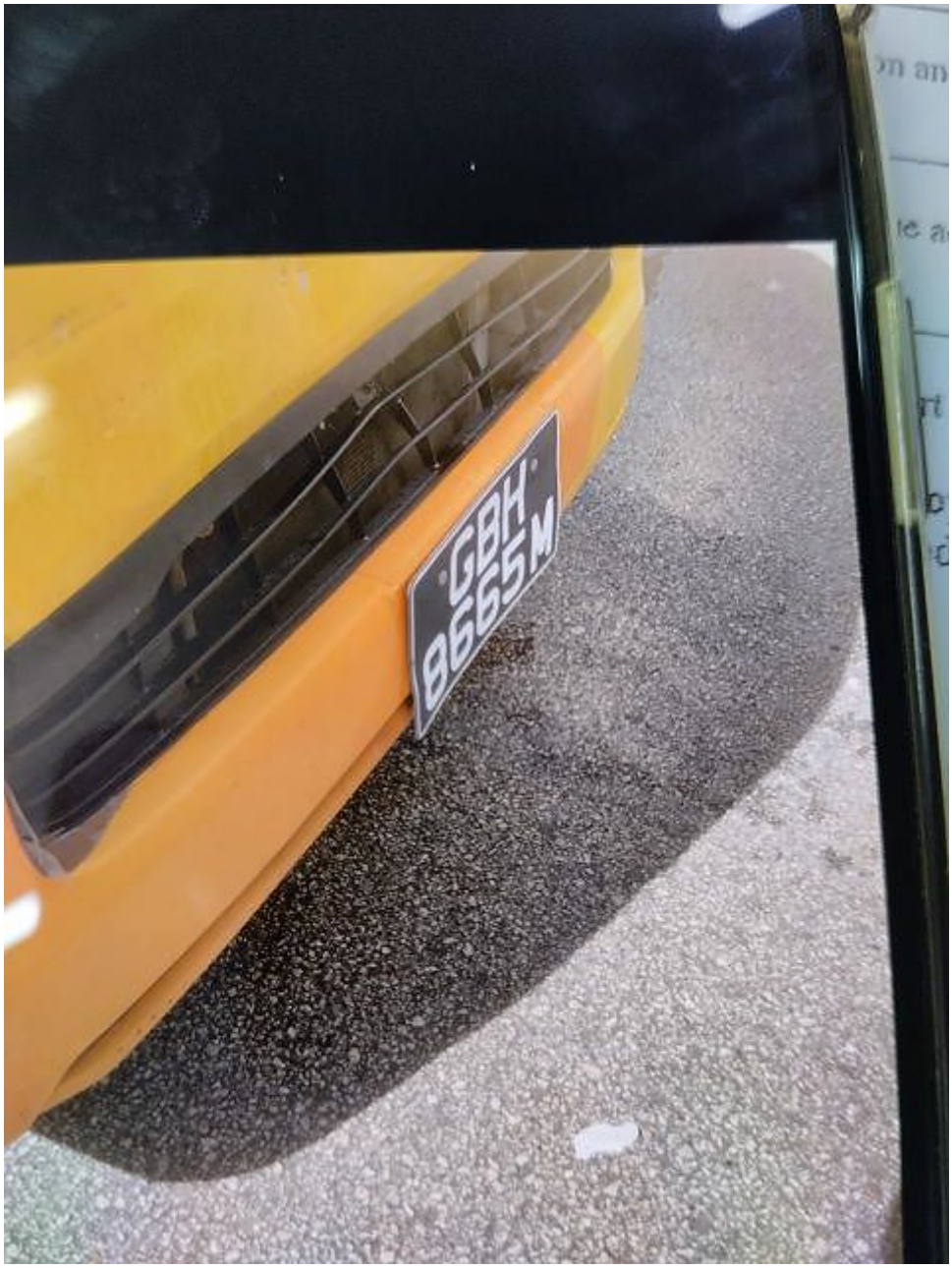
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

IMAGES

IMAGES #2



IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

SINGAPORE POLICE FORCE

T/20230621/2071

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20230621/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/06/2023 15:14		15

Informant's Particulars

Name of Informant: ANG AH HONG			Address: APT BLK 12 PINE CLOSE #11-87 SINGAPORE 391012
ID Type / ID No.: NRIC NO / S0434802H			Contact No.: Home/Office: Mobile: 91050987
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 76	Date of Birth: 14/11/1946	Type of Informant: Driver
Race: Chinese			Language:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2023 10:30	Type of Location:
Location: CROSS STREET				
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
EM8391R	Car	VOLVO	S60 2.0T AUTO	Grey	Slightly Damaged	0
GBF3783Z	Lorry				Slightly Damaged	0
GBH8665M	Van					0
SMF1753T	Car				No Damage	0

SINGAPORE POLICE FORCE

T/20230621/2071

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20230621/2071

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EM8391R	ETIQA INSURANCE BERHAD	M0039578	12/02/2023	11/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG AH HONG	ID No.	S0434802H
Related Vehicle	EM8391R (Car)	Contact No.	91050987
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/06/2023 at about 10.30am, as I was along Upper Cross Street junction and the traffic light was red, as such, the vehicles was stationary. As I was waiting for the light to turn to green, suddenly I felt a bump from the rear. I then exited my vehicle and I noticed that the vehicle behind me was hit by another vehicle which caused the vehicle to hit onto mine and also caused my vehicle to jerk forward and hit onto the vehicle in front of me. I had took a few photos of the accident and subsequently all the parties involved drove off.

During the incident, nobody was injured and none of us called for the police or ambulance. As such, I reported the matter to my insurance company. However, I received a Traffic Police letter and instructed me to lodge a traffic accident report as someone involved in the accident had sustained some injuries.

SINGAPORE POLICE FORCE

T/20230621/2071

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE 390060
Tel No: 1800-3449999

Report No. T/20230621/2071

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 3 MUHAMMAD NASRUL AMIRUDDIN BIN SULAIMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2023 15:14
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: EM8391R

Name (as shown in NRIC): Ang Ah Hong NRIC/FIN/Passport No: S0434803H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: Blk 12 Pine Close #11-87 Singapore (39/0/2)

Contact (Tel): 91050987 Mobile No.: 91050987

Email Address: guanlinmotor@yahoo.com

Date of Accident: 5/6/2023 Time of Accident: 10:27 am

Place of Accident: Upper Cross street

Insurance Company: Etiqa Insurance pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Submit police report.

张亚强

Policyholder / Driver's Signature
Date: 26/6/2023.

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

GIARMC Addendum Form

MX1
71120093
Cov. Type: Comprehensive

eTiQa Insurance

CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0039578

1. Index Mark and Registration Number of Vehicle: EM8391R
2. Name of Policyholder: ANG AH HONG
3. Effective Date of Commencement of Insurance for the purposes of the Act: 12/02/2023

Excess: Named Drivers	S$	600
Excess: Unnamed Drivers	S$	1,100
Excess: Windscreen	S$	100

4. Date of Expiry of Insurance: 11/02/2024
5. Persons or Classes of Persons entitled to drive

Engine No : B5204T4067085
Chassis No : YV1RS494972625940

(A) THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

ANG AH HONG

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of **Etiqa Insurance Pte. Ltd.**
Approved Insurer

Authorised Signature

GOPPKEL 02/02/2023 14:30:37

eTiQa Insurance

INTERVIEW FORM

Name (Driver) : Ang Ah Hong

Policy No : M 00 3 9 5 7 8

Vehicle No : EM 8391R

Place of Accident : upper Cross street

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : GBF 3783Z, GBH 8665M & SMF 1753F

No of passenger(s) in Third Party Vehicle : 0 , 0 0

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

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Chain Collision

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NIL

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)

洪亚辉

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

Attended by (Name & Signature) / Date

Workshop Name:

Eliqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

www.etiqa.com.sg
Company Reg. No. 201331005K

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