

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	12/06/2023 13:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/06/2023 18:30 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6357T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG CHAY-SERN
NRIC No	S7811269G
Email Address	AARONLAM91@GMAIL.COM
Mobile Phone No	(Phone) +65-98162600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA022584

DRIVER

Name of Driver	LAM WEI-EN AARON
NRIC No	S9136011Z
Date Of Birth	07/10/1991
Occupation	Indoor

Date Of Driving Pass	10/11/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98162600
Alt. Phone Number	-
Email Address	AARONLAM91@GMAIL.COM
Address	BLK 648C TAMPINES ST 62 #12-173
Address complement	-
Postcode	523648
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Change/cross lane
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)	4
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	SANDY KOH
Gender	Female

PASSENGER 2

Name	ADRIEL LAM
Gender	Female

PASSENGER 3

Name	CHRISTINA ANG
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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG PASIR RIS DRIVE 8 INTENDING TO CHANGE LANE TO TURN RIGHT. I TURNED ON THE RIGHT TURN SIGNAL TO SHOW MY INTENT. THERE WAS A REASONABLE GAP BETWEEN THE TAXI AND MY CAR. SO I DECIDED TO MAKE THE LANE CHANGE. HOWEVER, INSTEAD OF THE TAXI SLOWING DOWN TO ASSIST MY LANE CHANGE, HE ACCELERATED INSTEAD, LEADING TO ME HITTING HIS FENDER. WE ALIGHTED TO EXCHANGE PARTICULARS AND CONFIRMED THAT NO ONE WAS INJURED.

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 SHB6226X
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) 2

SKETCH PLAN

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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' law firms/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 making 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' law firms/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 law firms/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

Sketch Plan




Describe Circumstances of the Accident

On the stated date and time, I was travelling along pasir ris drive R. Intending to change lane to turn right, I turned on the right turn signal to show my intent. There was a reasonable gap between the taxi and my car, so I decided to make the lane change. However, instead of the taxi slowing down to assist my lane change, he accelerated instead, leading to me hitting his fender. We stopped to exchange particulars and confirmed that no one was injured.

Declaration

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



Policyholder's Signature / Date & Time

 10/06/23 13:57
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ELIQA
INSURANCE
INTERVIEW FORM

Name (Driver) : Lam Wei En, Aaron
 Policy No : MA022584
 Vehicle No : SMP 6357 T
 Place of Accident : Pasir Ris Dr 8
 Insured Driver's relationship with Insured : Friend
 Drink Driving of Insured and/or Insured Driver : NIL
 No of passenger(s) in Insured vehicle : 3
 Injury to Insured and/or Insured driver, please indicate which hospital:
NIL
 Third Party Vehicle No (if any) : 94B 6x6 X
 No of passenger(s) in Third Party Vehicle : 1
 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 involved:
Side swipe
 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)

Lam Wei En, Aaron 

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

Attended by (Name & Signature)

Workshop Name:

ELIQA Insurance Berhad (Company Reg. No. 1091005410)
 1 North Bridge Road, 6th-11th Floor, Singapore 179094
 T: +65 6336 0477 F: +65 6330 2109

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**THE SCHEDULE**

Policy Number	: MA022584	Agency No	: 70000263
Policy Type	: Private Car	Agency Name	: CREDENCEL AGENCY PTE LTD
Insurance Start Date	: 04/10/2022	Issue Date	: 12/08/2022
Insurance End Date	: 03/10/2023 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: LEONG CHAY-SERN		
Insured's Address	: 126 SIMBI STREET 1 04-290 Singapore 520126		

Annual Premium	: S\$	2,313.23
Premium Due	: S\$	2,313.23
Premium GST	: S\$	161.93
Total Due	: S\$	2,475.16

Risk No. 0001 Motor Private Car

Basic Annual Premium	: SGD2,313.23
Premium Due	: SGD2,313.23
Premium GST	: SGD161.93
Total Due of this risk	: SGD2,475.16

Registration	: SMP6357T	Make/Model	: Honda Shuttle 1.5 G (A)
Type of Cover	: Comprehensive	No. of seats	: 0
Body Type	: Station Wagon - Automatic	Engine No	: L15B6020285
Capacity cc's	: 1496	Year of Regn	: 2019
Chassis No	: GK82100225		
Certificate Ref	: MX1		

Excess: Named Drivers	SGD800
Excess: Unnamed Drivers	SGD1,300

Named Drivers : LEONG CHAY-SERN

Hire Purchase : Standard Chartered Bank (Singapore) Limited

The following benefits apply to this risk

FLOOD &/OR OTHER CONVULSION 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

SETTLEMENT BASED ON MARKET VALUE AT TIME OF LOSS

LIMITS OF LIABILITY APPLICABLE:

Section I - Protection and Removal after Damage or Loss :\$200

Etiqa Insurance Pte. Ltd. (Company Reg. No. 20233905K)
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A Member of Maybank Group



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