

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	30/06/2023 15:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2023 12:05 (SGT)
Exact Location of Accident	Temasek Ave, Singapore
Additional Location Information	TWDS SUNTEC CITY TOWER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2491R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHIANG HUAT
NRIC No	S7240370C
Email Address	PATRICKCHUA1972@GMAIL.COM
Mobile Phone No	(Phone) +65-96189278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0022127

DRIVER

Name of Driver	CHUA CHIANG HUAT
NRIC No	S7240370C
Date Of Birth	31/10/1972
Occupation	Outdoor

Date Of Driving Pass	12/02/1999
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96189278
Alt. Phone Number	-
Email Address	PATRICKCHUA1972@GMAIL.COM
Address	14 UPPER SERANGOON CRESCENT #16-36
Address complement	-
Postcode	534029
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230630/7018.

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	SGW6420C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91803188
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA CHIANG HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK2491R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

[Signature]

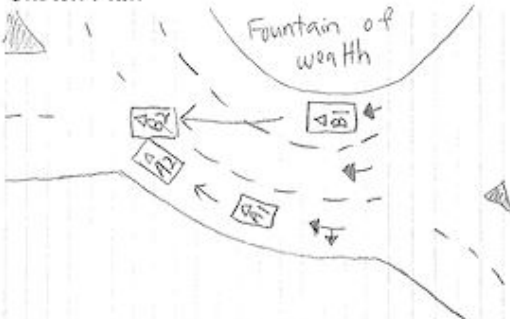
Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SMK 2491R
B : SGW 6420C

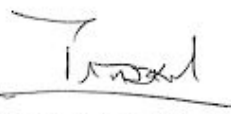
Describe Circumstances of the Accident

On 29.06.2023 at about 12:05 PM. I was travelling along Temasek Ave towards Suntec City tower 1. Suddenly, vehicle B (SGW 6420C) cut into my lane and hit my vehicle (SMK 2491R) of the front right portion.

Please refer the police report : T/2023 06 30 / 7018.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 30/6/2023

Driver's Signature (if driver is not the policyholder) / Date & Time

1:15 PM

Witnessed by Reporting Centre Personnel



INTERVIEW FORM

Name (Driver) : Chua Chiang Huat

Policy No : M 0022127

Vehicle No : SMK 2491R

Place of Accident : Temasek Ave towards Suntec City tower 1

Insured Driver's relationship with Insured : owner

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 1 person (driver)

Injury to Insured and/or Insured driver, please indicate which hospital:
Bok Family Clinic Pte Ltd - yes

Third Party Vehicle No (if any) : SGW 6420C

No of passenger(s) in Third Party Vehicle : 3

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:
side swipe

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: _____

eTiQa 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. 201120004K

4 Starred Maybank Group



















**SINGAPORE
POLICE FORCE**



T/20230630/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230630/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2023 13:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA CHIANG HUAT			Address: 14 UPPER SERANGOON CRESCENT #16-36 SINGAPORE 534029		
ID Type / ID No.: NRIC NO / S7240370C			Contact No.: Home/Office: Mobile: 96189278		
Nationality: SINGAPORE CITIZEN			Email: patrickchua1972@gmail.com		
Sex: Male	Age: 50	Date of Birth: 31/10/1972	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2023 12:00	Type of Location: Roundabout
Location: TEMASEK BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGW6420C	Car	TOYOTA				0
SMK2491R	Car	HONDA	CITY 1.5 SV CVT	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230630/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230630/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK2491R	ETIQA INSURANCE BERHAD	M0022127	01/04/2023	31/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA CHIANG HUAT	ID No.	S7240370C
Related Vehicle	SMK2491R (Car)	Contact No.	96189278
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	30/06/2023	Date	30/06/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 29.06.2023 at about 12.05PM. I was travelling along Temasek Ave towards Suntec City Tower 1 . Suddenly, vehicle (SGW 6420C) cut into my lane and hit my vehicle (SMK 2491R) of the front right portion.

I felt pain on my neck, back and numbness on my right hand. I visited to BOK FAMILY CLINIC PTE LTD after the accident. The doctor gave me 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230630/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230630/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/06/2023 13:09

Classification Of Case:

NP168

eTiqa
Insurance

EXL
20000/1K
Cov... Type... Comprehensive

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. M0022127

1. Index Mark and Registration Number of Vehicle	SMK2451R		
2. Name of Policyholder	Chua Chiang Huat (Cai Zhangfa)		
3. Effective Date of Commencement of Insurance for the purposes of the Act	01/04/2023	Excess: Named Drivers	\$5 2,000
		Excess: Unnamed Drivers	\$5 1,500
		Excess: Windscreen	\$5 100
4. Date of Expiry of Insurance	31/03/2024		
5. Persons or Classes of Persons entitled to drive	Engine No. L15216206866 Chassis No. NMRGM666K1000629		

(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
Chua Chiang Huat (Cai Zhangfa)

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, RACE 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

6691511 20/01/2023 14:27:52


IMPORTANT NOTICE

This Certificate of Insurance is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate of Insurance must be returned to the insurer, or if the Certificate of Insurance is lost or has been destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Road Traffic Regulations. This Certificate must be returned if the insurance is suspended during its currency. If you have sold your vehicle, you must complete this portion and surrender the original Certificate to us. The insurance is invalid when the vehicle is sold.

This is to notify you that I have sold my vehicle No. _____ on _____
Please effect the necessary cancellation.

Name _____
NRIC No. _____
Date _____
Signature _____

ACCIDENT REPORT PROCEDURES

- Report the motor accident within 24 hours at any of Etiga's reporting centres / authorized workshops stated in the list attached to the Certificate of Insurance.
- Also make a police report if someone is injured.

PREMIUM PAYMENT FRAMEWORK**i) For Individual Policyholders**

In accordance with the General Insurance Association of Singapore's Code of Practice For Premium Payment, which comes into effect 1st May 2005, this Certificate of Insurance issued to **Individual Policyholders** shall not be in force unless premium is paid to the Company or intermediary **on or before** the date of inception of this insurance, by **itself or its agent**.

ii) For Corporate Policyholders