

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 First Submission	02/09/2024 12:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/09/2024 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLAND AVE 5, SLIP RD TO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2889J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JINNG YI
NRIC No	SXXXX674F
Email Address	JINNGYI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91054408
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA023048

DRIVER

Name of Driver	TAN JINNG YI
NRIC No	SXXXX674F
Date Of Birth	15/09/1987
Occupation	Indoor
Driving Pass Date	27/01/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91054408
Alt. Phone Number	-
Email Address	JINNGYI@HOTMAIL.COM
Address	190 CANBERRA DRIVE #07-41
Address complement	-
Postcode	767957
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 02/9/2024 @ ARD 0900HRS, I WAS TRAVELLING ALONG WOODLANDS AVE 5. AT THE SLIP RD TO WOODLANDS AVE 3, I STOPPED @ THE GIVE WAY LINE WAITING FOR THE MAIN RD TRAFFIC TO CLEAR. WHILE WAITING, SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISE THAT VEH (B) YQ8616K HAD COLLIDED INTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	KIV

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ8616K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN JINNG YI
Gender	Male
Phone No	(Phone) +65-91054408
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX2889J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

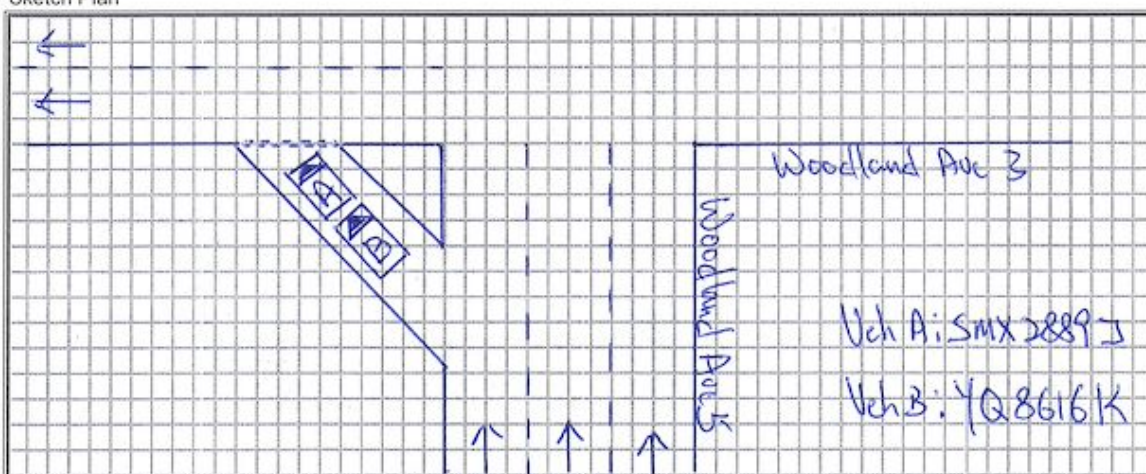
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual 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

On 02/9/2024 @ ard 0900hrs, I was travelling along Woodlands Ave 5. At the slip rd to Woodlands Ave 3, I stopped @ the giveaway line waiting for the main rd traffic to clear. While waiting, suddenly I felt an impact from the rear of my vehicle. I got out of my vehicle and realised that veh(B) YQ8616K had collided into my vehicle rear portion.

Declaration

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



Policyholder's Signature / Date & Time



Actual 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 FORMName (Driver) : Tan Jinnng YiPolicy No : MA 023048Vehicle No : SMX 2889 JPlace of Accident : Woodlands Ave 5, slip rd to Ave 3Insured Driver's relationship with Insured : Driver Owner

Drink Driving of Insured and/or Insured Driver : _____

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : YQ 8616 K

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:

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

NoTraffic 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)

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


[Signature]
 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. 20533905K

A Member of  Maybank Group

MX1
71120029
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. MA023048

- | | | | | |
|--|--------------|-------------------------|--------------------------------|-------|
| 1. Index Mark and Registration Number of Vehicle | SMX2889J | | | |
| 2. Name of Policyholder | TAN JINNG YI | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 26/08/2024 | Excess: Named Drivers | S\$ | 600 |
| | | Excess: Unnamed Drivers | S\$ | 1,100 |
| 4. Date of Expiry of Insurance | 04/07/2025 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No | : G4FMLU208877 | |
| | | Chassis No | : KMHLN41ETMU111824 | |
| | | Hire Purchase | : Jet E Motor & Credit Pte Ltd | |

(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.

TAN JINNG YI

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).

GOPPKEL 10/06/2024 16:30:42

For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer


Authorised Signature