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.

- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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 18/09/2024 12:52 (SGT) Reported by **Actual Driver** Date of Accident 17/09/2024 18:25 (SGT) Exact Location of Accident Singapore Additional Location Information Tampines Avenue 10 towards TPE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SFX8899Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Nge Kwee Leng NRIC No S7632052G Email Address michaelnge@gmail.com Mobile Phone No (Phone) +65-90992260 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model WISH 1.8 CVT 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 1798 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd Policy Number / Cover Note Number M0038725

Effective Date/Time of Ownership

DRIVER

Name of Driver Joenna Chua Ai Ling NRIC No. S7819232A Date Of Birth 07/07/1978 Occupation Indoor Driving Pass Date 31/10/2002 Driving License Pass Class 3 Driving License Validity Valid Driving experience 21 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-87993889 Alt. Phone Number Email Address joenna8899@gmail.com Address 9 Punggol Field Walk #08-22 S828743 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Spouse 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? Nο Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Shermaine Nge See Min 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 Refer to attached 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 File with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | GBK4161K |
|---|--------------------|
| 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) | _ |

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. 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.
- 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)

Lunderstand, 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 cackages); 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

18/9/2024

Policyholder's Signature / Date & Time Driver's Signature of driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A = SFX 88997 B = GBK 4161K

Sketch Plan

Tampines Avenue 10

Towards TPE

AAA3

Describe Circumstances of the Accident

| | On 17.09 | , 2014 a | t about c | 16.25pm. I | was travelli | ng along | Tampines Aum |
|--------------|---------------------|-----------------------------|---|-------------------------|-----------------|--------------|--|
| owards | TPE du to | the int | hont relia | ele stop, I | also foli | ow . Sudd | Tampines Aum lenly . I feit portion (SFX 88 |
| munit. | the vehic | e B (6 | BK 4161K) | is collided | onto my | rear vehicle | portion (SFX 88 |
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| Ve declare | the foregoing par | ticulars are tr | ue in every resp | ect_ | | | |
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| olicy holder | 's Signature / Date | & Drive | r's Signature (If o | driver is not the polic | yholder) / Date | Witnessed b | y Reporting Centre |

Time

& Time

Personnet





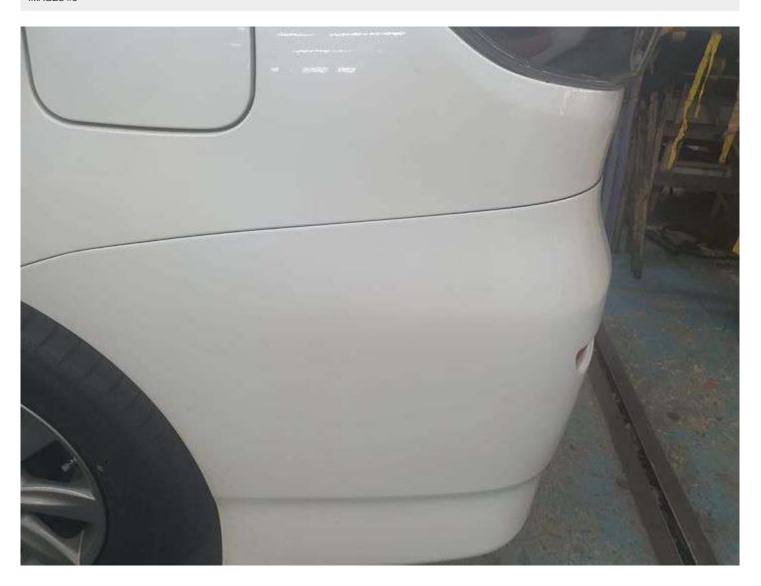


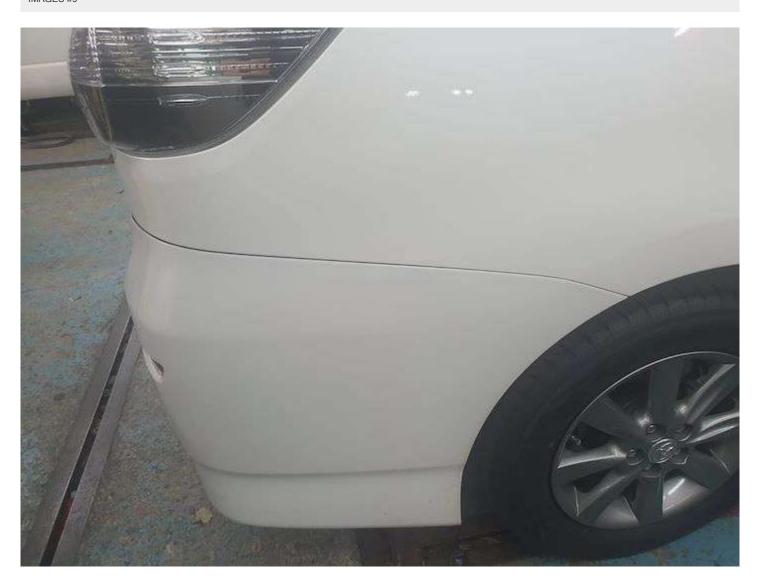








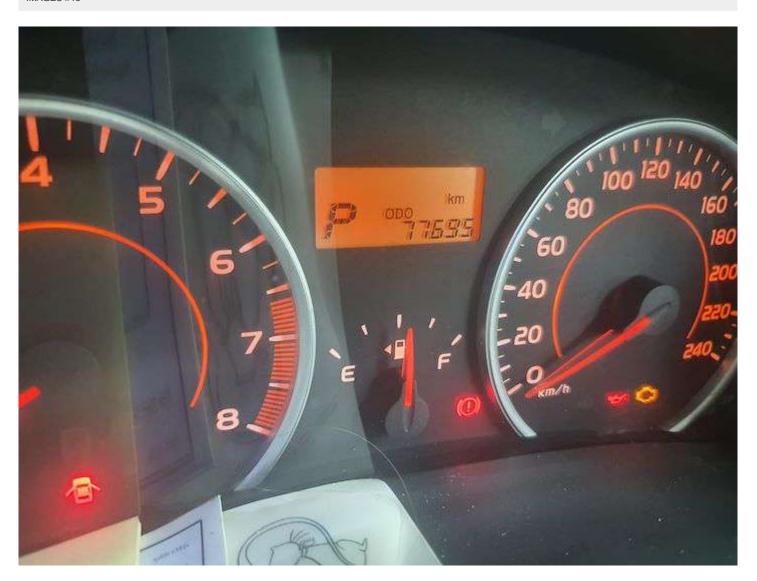












MX1 71120093

Cov. Type: Comprehensive



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) * MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION)
RULES, 1950 * ROAD TRANSPORT ACT, 1987 (MALAYSIA) * MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)

| EI | RTIFICATE No. M0038725 | | | | | # |
|----|---|--|--|--|----------------------------------|---------------------|
| | Index Mark and Registration Number of Vehicle | SFX8899Z | | | | |
| N | Name of Policyholder | NGE KWEE LENG | | | | |
| | Effective Date of Commencement of Insurance for the purposes of the Act | 10/01/2024 | Excess: Named Drivers Excess: Unnamed Drivers Excess: Windsreen | | S\$ S\$ S\$ | 600 1,100 200 |
| | Date of Expiry of Insurance | 09/01/2025 | | | | 967.6/6.00 |
| | Persons or Classes of Persons entitled | to drive | Engine No : 2ZR0A42182 Chassis No : JTDGG20WX0J008529 Hire Purchase : United Overseas Bank Limited | | | |
| | (A) THE POLICYHOLDER. THE POLICYHOLDER MAY ALSO DRIVE OR HISEO (UNDER A HISE PURCHASE # HIS EMPLOYER OR HIS PARTNER. (B) ANY OTHER PERSON WHO IS DRIVIN WITH HIS PERMISSION. | GREEMENT OR OTHERWIS | E) TO HIM OR | | | |
| | NGE KWEE LENG | | JOENNA CHUA | AI LING | | |
| | Provided that the person driving Motor Vehicle or has been per- regulations in that behalf from a | | nce with the licensined by order of a Cou | g or other laws or reg rt of Law or by reason | ulations to dri of any enactm | ve the ent or |
| | Limitations as to Use | | | | | |
| | USE ONLY FOR SOCIAL, DOMESTIC AND WITH THE POLICY BOES NOT COVER: (i) USE FOR HIRE OR REWARD, (ii) USE FOR RACING, PACE-MAKING, R (iii) USE FOR THE CARRIAGE OF GOODS WITH ANY TRADE OR BUSINESS. (iv) USE FOR ANY PURPOSE IN CONNEI | ELIABILITY TRIAL OR SPEED (OTHER THAN SAMPLES) II | -TESTING. N CONNECTION | | | |
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 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 (Mafaysia), 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, 1997 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd.

Authorised Signature

Approved Insurer

TIQUSRGI 16/12/2023 10:16:14