

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 | 01/11/2024 17:32 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 01/11/2024 14:35 (SGT) |
| Exact Location of Accident | 280 Tampines Street 22, Block 280, Singapore 520280 |
| Additional Location Information | CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNG5311S |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | AZAMSHAH BIN MOHD HASHIM |
| NRIC No | S7144018D |
| Email Address | AZAMSHAHHASHIM@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90061022 |
| 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 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|-------------------------|
| Name of Insurance Company | Etiga Insurance Pte Ltd |
| Policy Number / Cover Note Number | M0037565 |

DRIVER

| | |
|--|------------------------------------|
| Name of Driver | AZAMSHAH BIN MOHD HASHIM |
| NRIC No | S7144018D |
| Date Of Birth | 17/12/1971 |
| Occupation | Indoor |
| Driving Pass Date | 27/11/2008 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 16 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-90061022 |
| Alt. Phone Number | - |
| Email Address | AZAMSHAHHASHIM@GMAIL.COM |
| Address | BLK 280 TAMPINES STREET 22 #04-242 |
| Address complement | - |
| Postcode | 520280 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 0 |
| 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

MY VEHICLE WAS PARKED WHEN SUDDENLY, MY NEIGHBOUR INFORMED ME THAT MY CAR HAS BEEN BANGED BY A TAXI. I CAME DOWN TO SEE VEHICLE B CAR COLLIDED WITH MY VEHICLE. I TOOK SOME PICTURES AND NOBODY WAS INJURED.

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 | SHD2370C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | TEO YONG SOO |
| NRIC No | S1690505D |
| 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) | - |



SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

(l) 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 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

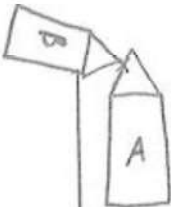
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A-SNE 5311S

B-SHD 2370 C



yJun2022

1


Describe Circumstance of the Accident

My vehicle was parked when suddenly my neighbour informed me that my car had been barged by a taxi. I came down to see vehicle B car collided with my vehicle. I took some pictures and nobody was injured.

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

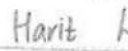
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



INTERVIEW FORM

Name (Driver) : AZAM SHAH BIN MOHD HASHEM
 Policy No : MD037565
 Vehicle No : SNG53115
 Place of Accident : BLK 280 TAMPINES STREET 21 CARPARK
 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) : SHD 2370 G
 No of passenger(s) in Third Party Vehicle : 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 involved:
 DAMAGE WHOLE PARK
 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)

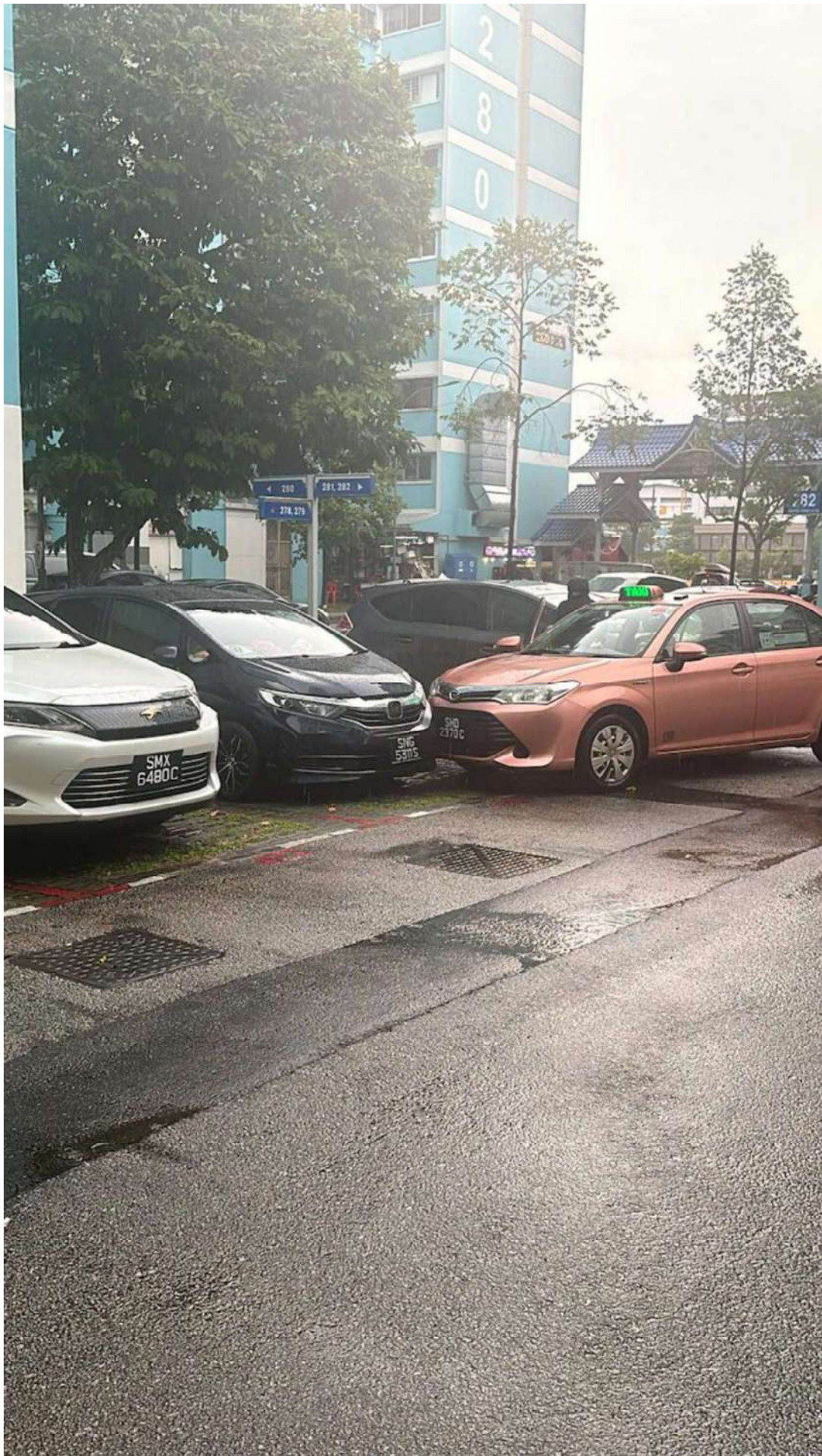

 Driver (Name & Signature)
 I, affirmed the above information is given to
 my best knowledge

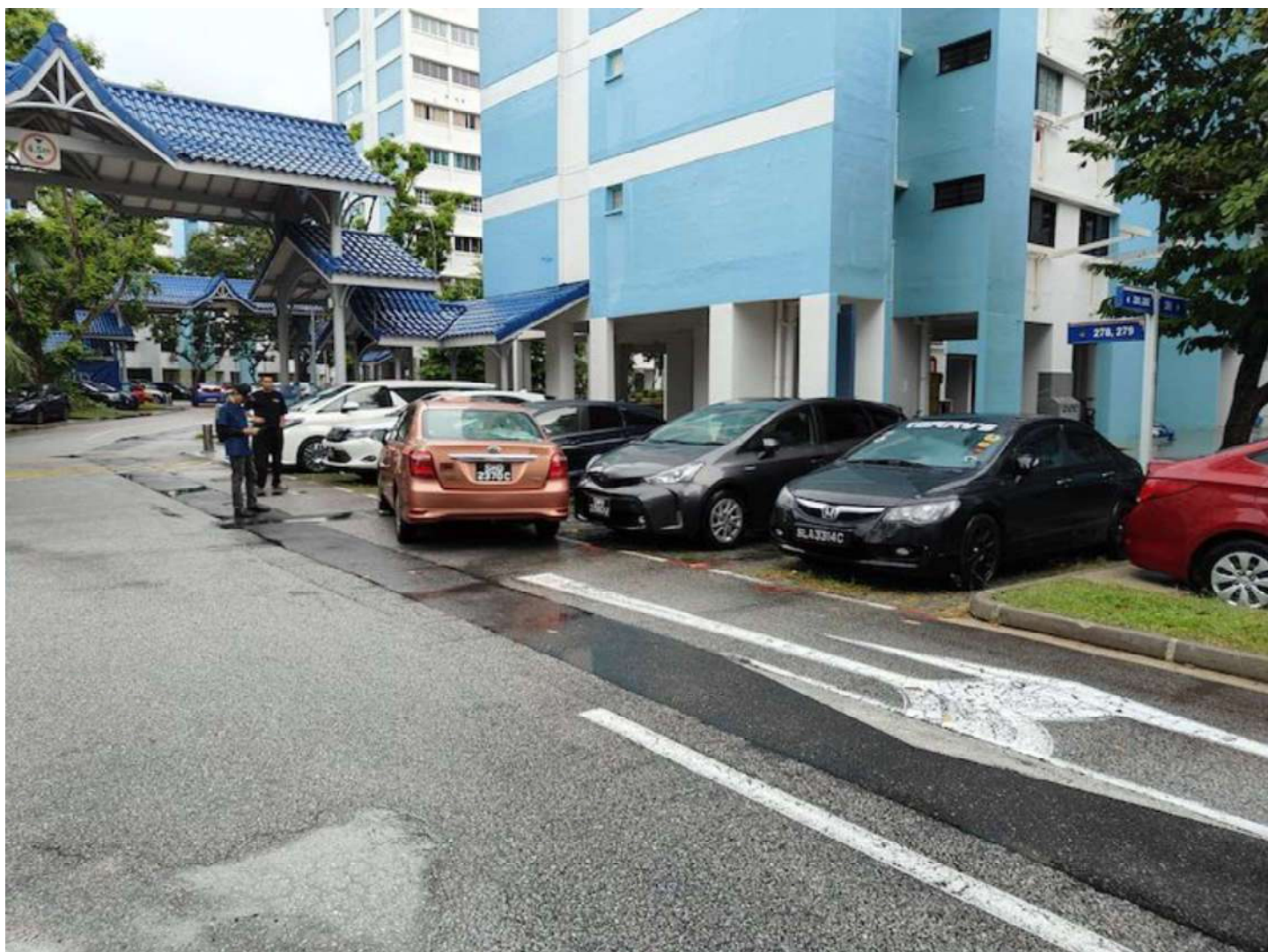

 Attended by (Name & Signature)
 Workshop Name: Focus Auto Pte Ltd

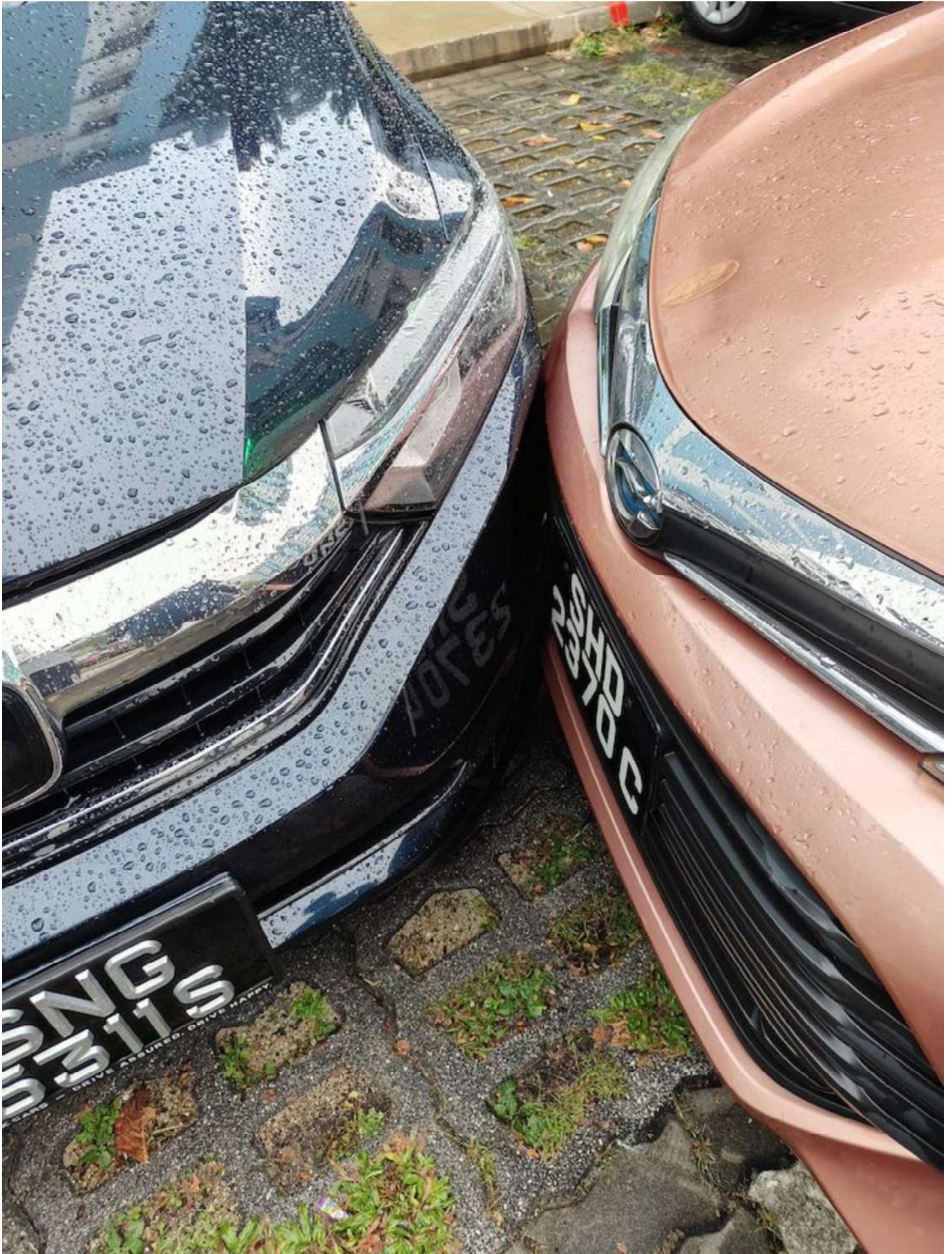
Etiqua Insurance Berhad (Company Reg. No. T091C0054K)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

Member of the 100% FWD Group





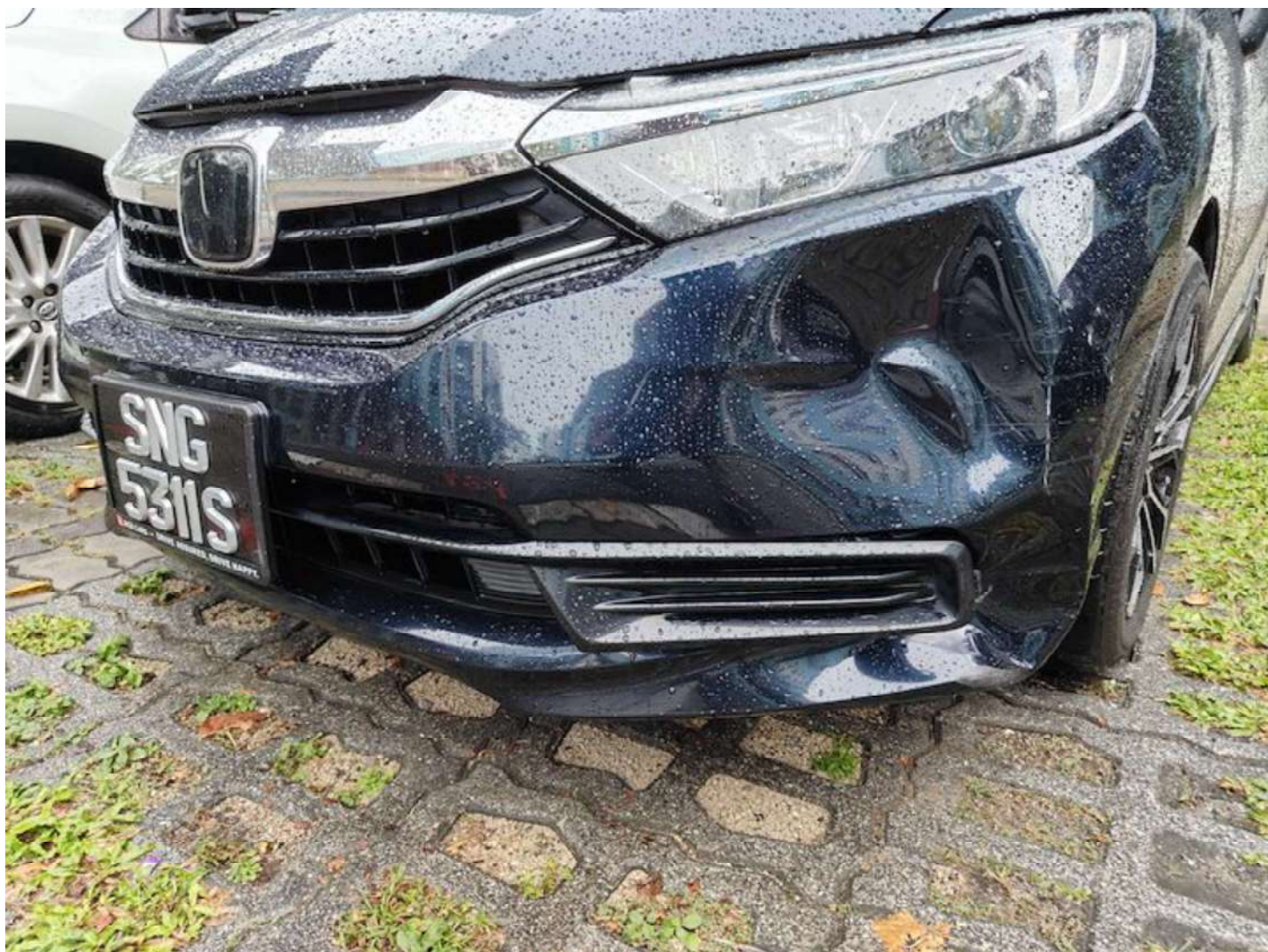


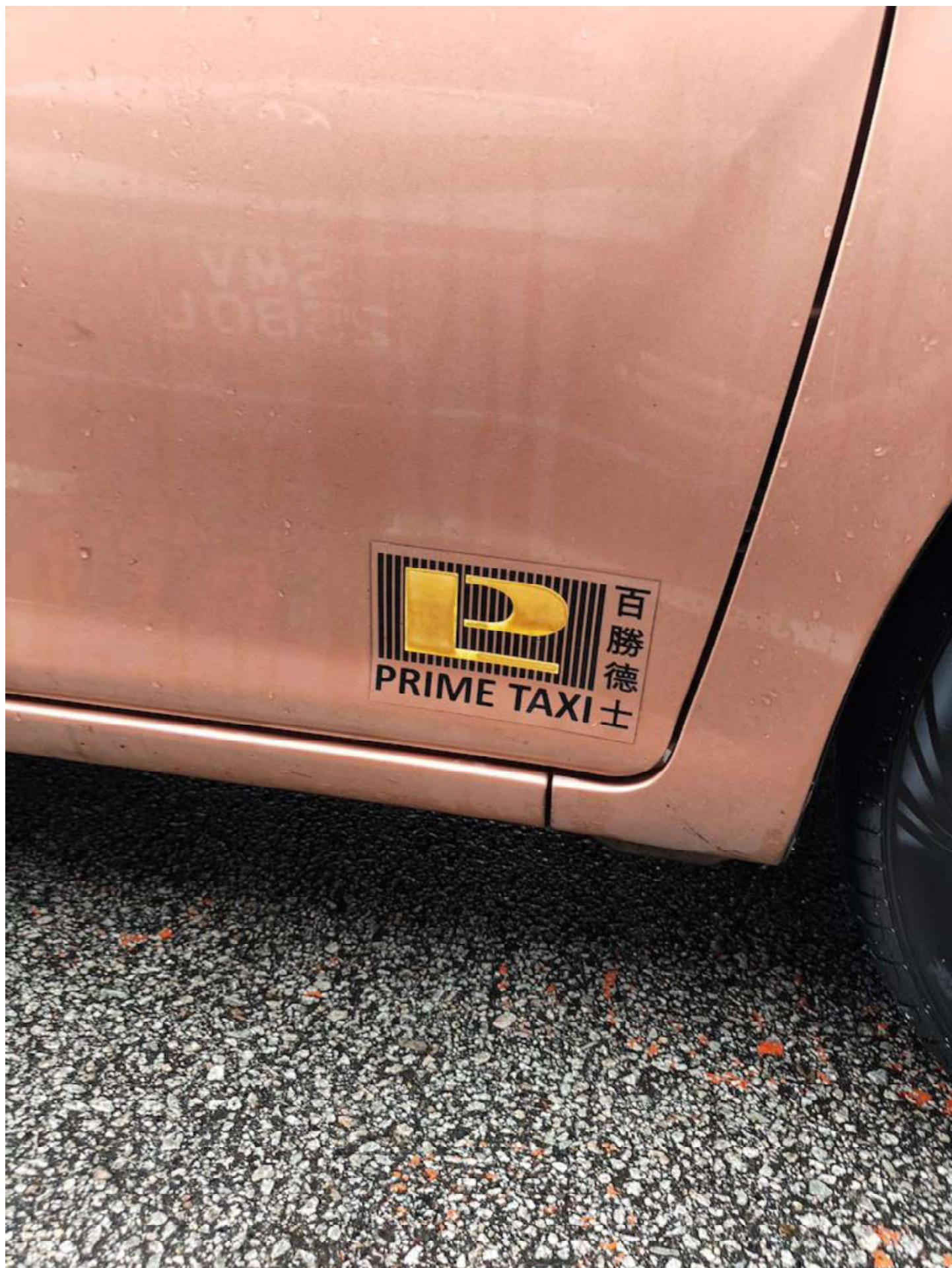


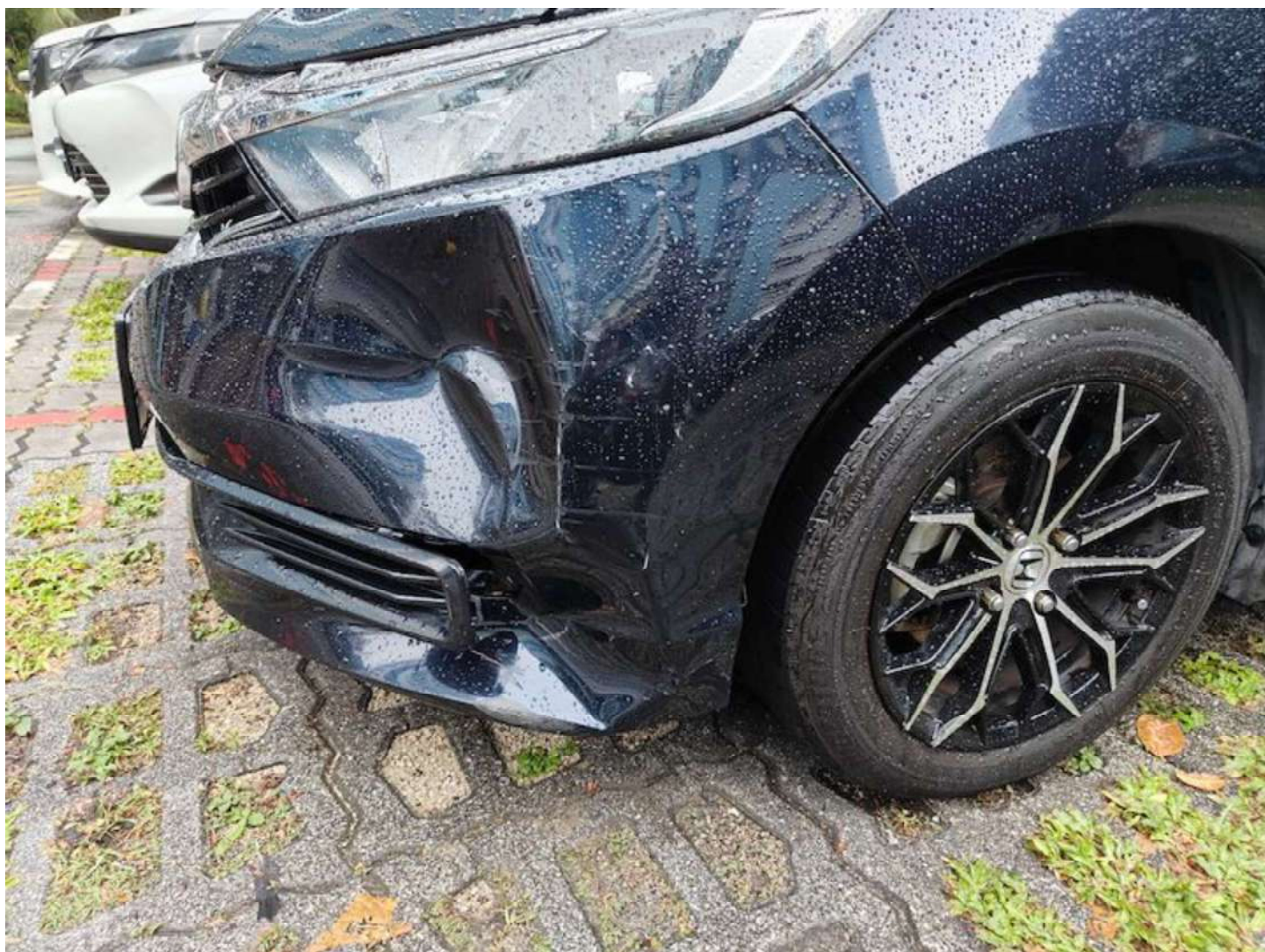


























M2400
73000003
Cov. Type: Comprehensive



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. M0037565

- | | | | |
|--|--------------------------|-------------------------------------|-----------|
| 1. Index Mark and Registration Number of Vehicle | SNGS311S | | |
| 2. Name of Policyholder | Azamshah Bin Mohd Hashim | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 15/08/2024 | Excess: Sect I | S\$ 2,000 |
| | | Excess: Section II | S\$ 1,500 |
| | | Excess: Windscreen | S\$ 100 |
| 4. Date of Expiry of Insurance | 14/08/2025 | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No : L1586053477 | |
| | | Chassis No : GK82202839 | |
| | | Hire Purchase : GB HELIOS PTE. LTD. | |

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

Azamshah Bin Mohd Hashim

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.

THE POLICY DOES NOT COVER:

- (i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- (iii) 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).

GOPRNT? 15/08/2024 15:05:52

For and on behalf of Etika Insurance Pte. Ltd.

Approved Insurer

Authorised Signature