

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 | 20/11/2024 17:05 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 18/11/2024 18:10 (SGT) |
| Exact Location of Accident | Bukit Timah Expy, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YM9738G |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | Ley Choon Constructions & Engineering Pte Ltd |
| Company Reg No | 199004441H |
| Email Address | yakau@leychoon.com |
| Mobile Phone No | (Phone) +65-83198513 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Fe84be6srdea |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Goods vehicle |
| Transmission | Manual |
| CC | 2977 |
| Vehicle Fuel | Diesel |
| First Registration Date | 15/12/2008 |
| Chassis no | FE84BEA10280 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|-------------------------|
| Name of Insurance Company | Etiga Insurance Pte Ltd |
| Policy Number / Cover Note Number | M0016353 |

DRIVER

| | |
|--|----------------------|
| Name of Driver | Prabjheet Singh |
| Passport No/FIN | G4147588P |
| Date Of Birth | 05/07/1995 |
| Occupation | Outdoor |
| Driving Pass Date | 11/10/2023 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 1 YEAR AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-83592783 |
| Alt. Phone Number | - |
| Email Address | yakau@leychoon.com |
| Address | 3 Sungei Kadut Drive |
| Address complement | - |
| Postcode | 729556 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| 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 | Barathi Kannan |
| Gender | Male |

PASSENGER 2

| | |
|--------------|------------|
| Name | R Santhosh |
| Gender | Male |

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 sketch plan.

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 GBF123Z
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

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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:

(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

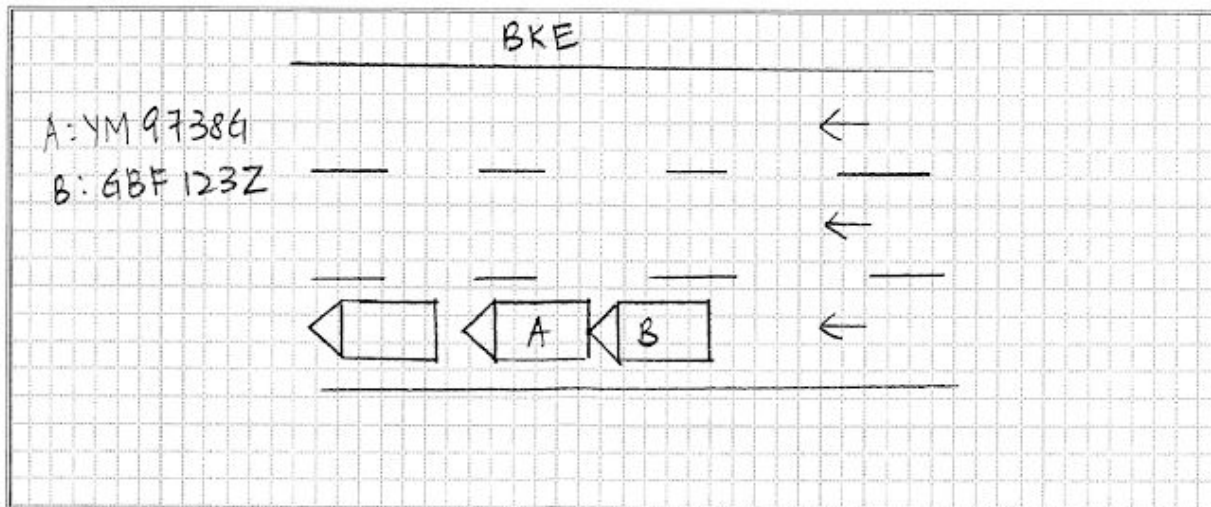
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

立達建築工程私人有限公司
20 NOV 2024

Driver's Signature (if driver is not the policyholder) / Date & Time
20 NOV 2024

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

Sketch Plan



Describe Circumstance of the Accident

Traffic was heavy along BKE on 18/11/24 at about 1810 hours. I have 2 colleagues on board. The vehicle in front of me came to a stop and I follow suit. Suddenly there was a huge impact from behind. I got down to check and found a lorry, GBF 123Z had failed to stop and rammed into the back of my lorry. I informed my company and am lodging this report to file a 3rd party claim against GBF 123Z

Declaration

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



 Policyholder's Signature / Date & Time
 20 NOV 2024 * 021


 Driver's Signature (if driver is not the policyholder) / Date & Time
 20 NOV 2024

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

















| | | | |
|---------------|---|------------------|---|
| CHASSIS NO | : | 1E84BLA10280 |  |
| UNLADEN WT | : | 2500 | KG |
| MAX LADEN WT | : | 6700 | KG |
| PASSENGER CAP | : | 1 DRIVER | 2 OTHER |
| TYRE SIZE | : | (F) 700R-16-12PR | (R) 700R-16-12PR(M) |



M2300
80000014
Cov. Type: Third Party Only

eTiqa

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. M0016353

- | | | | | |
|--|---|----------------------|----------------|-------|
| 1. Index Mark and Registration Number of Vehicle | YM9738G | | | |
| 2. Name of Policyholder | Ley Choon Constructions & Engineering Pte Ltd | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 01/01/2024 | Excess: (All Claims) | S\$ | 1,000 |
| 4. Date of Expiry of Insurance | 31/12/2024 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No | : 4M42A64137 | |
| | | Chassis No | : FE84BEA10280 | |

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
(iv) LIABILITY ARISING FROM OR IN CONNECTION WITH THE CARRIAGE OF INFLAMMABLE LIQUIDS OR GASES INCLUDING LPG IN CYLINDERS.

* 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).

GOP93167 30/01/2024 10:04:40

For and on behalf of **Etiqa Insurance Pte. Ltd.**
Approved Insurer


Authorised Signatory