

## 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 Authorised 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 ability.
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 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 Report	21/11/2017 11:38
Date Of Accident	18/11/2017 14:00
Exact Location Of Accident	WOODLANDS CHECKPOINT TOWARDS JOHOR BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9789C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAHIM BIN ISMAIL
NRIC No	S1587900I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81865763
Alternative Phone No	OFFICE-81865763

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMAP17S501413
Cover Note Number	

### Driver

Name of Driver	ABDUL RAHIM BIN ISMAIL
NRIC No	S1587900I
Date Of Birth	12/12/1963
Occupation	INDOOR
Date Of Driving Pass	11/12/1984
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81865763
Fax Number	
Contact Number	OFFICE-81865763
Email Address	NOEMAIL

Address	BLK 701 JURONG WEST ST 71 #03-16
Postcode	640701
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 18/11/2017, AROUND 2PM, I WAS AT WOODLANDS CHECKPOINT HEADING TOWARDS JOHOR BAHRU CHECKPOINT. TRAFFIC WAS HEAVY AND MY VEHICLE SJJ9789C' WAS STATIONARY WHILE QUEUEING UP. ALL OF A SUDDEN, I HEARD AND FELT AN IMPACT TO MY REAR LEFT PORTION. I GOT DOWN AND REALISED VEHICLE SJW7995T HIT ONTO MY REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ7995T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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



進友成汽車服務私人有限公司  
**CYS Automobile Services Pte Ltd**

38 Woodlands Industrial Park East 1

#07-17 Admiralty Industrial Park

Singapore 757700

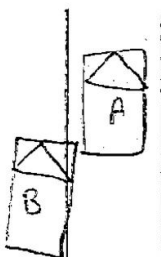
Tel: 6219 2098 (Lines) Fax: 6219 2030

Reporting Centre Personnel's Signature

Name: Christine Lim

NRIC/FIN No.: S9635762

WOODLANDS (FIELD POINT)



A: SJJ9789C

B: SIW7995T

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TOWARDS JOHOR BAHRU CHECKPOINT. TRAFFIC WAS HEAVY AND MY VEHICLE  
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I HEARD AND FELT AN IMPACT TO MY REAR LEFT PORTION. I GOT  
DOWN AND REALISED VEHICLE SJW7995T HIT ONTO MY REAR LEFT  
PORTION.

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

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



進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Tel: 757700

Reporting Centre Person's Signature  
Name: Christine Lim  
NRIC/FIN No.: 39030962

**INTERVIEW FORM**

Name (Driver) : ABDUL RAHMAN BIN ISMAZL

Policy No : DMAP17550143

Vehicle No : SJJ9789C

Place of Accident : WOODLANDS CHECKPOINT TOWARDS JB

Insured Driver's relationship with Insured : SELF / DRIVER

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : 6 INCLUDING DRIVER

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

Third Party Vehicle No (if any) : SIW7995T

No of passenger(s) in Third Party Vehicle : 2

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:  
FRONT RIGHT TO REAR LEFT

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

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

**Etiga Insurance Berhad** (Company Reg. No. T09FC0054K)  
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 2109

Authorized by (Name & Signature)  
 建发威汽车服务有限公司  
**CVS Automobile Services Pte Ltd**  
 Workshop No. 001, Woodlands Industrial Park East 1  
 #07-17 Admiralty Industrial Park  
 Singapore 757700  
 Tel: 6219 2098 (3lines) Fax: 6219 2096

All Member of the **ICR (N) 2005-2008** Group



002092  
Cov.Type: C AWS

# **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)

# **ORIGINAL**

CERTIFICATE No. DMAP17S501413		Engine No.	1ZZ3124957
1. Index Mark and Registration Number of Vehicle	SJJ9789C	Chassis No.	ZNM100056022
2. Name of Policyholder	Abdul Rahim Bin Ismail		
3. Effective Date of Commencement of Insurance for the purposes of the Act	30/09/2017	Excess: Named Drivers	S\$ 300.00
4. Date of Expiry of Insurance	29/09/2018	Excess: Unnamed Drivers	S\$ 800.00
5. Persons or Class of Persons entitled to drive		Excess: YIED	Additional S\$ 2,000.00

(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.

(C) NUR AZIZAH BINTE ABDUL RAHIM

(A) THE INSURED  
(B) HAJJAH AISAH BINTE CHEAMAT

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 so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use  
USE ONLY FOR SOCIAL DOMESTIC AND PLEASURE PURPOSES AND FOR 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 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 headings.

Policy Owners' Protection Scheme  
This policy is protected under the Policy Owners' 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

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


**24HRS HOTLINE**  
**ACCIDENT REPORTING**  
**ROADSIDE ASSISTANCE**  
**9323 9933 / 9229 9191**

Authorised Signature

Etiqa Insurance Pte. Ltd.  
One Raffles Quay, #22-01 North Tower, Singapore 048583  
T: +65 6336 0477 F: +65 6339 2109  
Company Reg No: 201331905K

A member of **Maybank**  
Certificate of Insurance - Page 1 of 2


**REPUBLIC OF SINGAPORE DRIVING LICENCE**



License Number: **S15879001**  
 Name: **ABDUL RAHIM BIN ISMAIL**  
 Birth Date: **12 Dec 1963**  
 Issue Date: **24 Jan 2003**

000143863J

**SINGAPORE ARMED FORCES IDENTITY CARD**



Name: **ABDUL RAHIM BIN ISMAIL**  
 NRIC No: **S15879001**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Nov 1987
Class 2A	Motorcycles between 201 cc and 400 cc	11 Nov 1987
Class 2	Motorcycles exceeding 400 cc	11 Nov 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Dec 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	12 Mar 1991
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	26 Apr 1991

NP 428A

Licence No: S15879001

**NRIC No/Colour**  
S15879001 / PINK

**Race**  
MALAY

**Blood Group**  
O+

**Date Of Birth**  
12/12/1963

**Country Of Birth**  
SINGAPORE

**Sex**  
M

**Service Status**  
REGULAR

**Military Rank Status**  
WARRANT OFFICER

**Address**  
BLK 701 JURONG WEST STREET 71 #03-16 SINGAPORE 640701

CashCard  
Use provided by CashCard  
 Terms & Conditions  
 1111020103381943

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

