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 witholding 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 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	14/02/2018 09:44
Date Of Accident	13/02/2018 18:00
Exact Location Of Accident	ALONG AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU482Z
Insured/Policyholder	
Name Of Registered Owner	SAVANANDI KARUPATHIVAN
NRIC No	S0207763I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82585807
Alternative Phone No	OTHERS-82585807
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMAP17S500676
Cover Note Number	
Driver	
Name of Driver	SAVANANDI KARUPATHIVAN
NRIC No	S0207763I
Date Of Birth	07/10/1949
Occupation	INDOOR
Date Of Driving Pass	17/07/1969
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82585807
Fax Number	
Contact Number	OTHERS-82585807
EMail Address	NOEMAIL

Address	BLK 614 HOUGANG AVENUE 8 #08-420
Postcode	530614
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

PLEASE REFER TO SKETCH PLAN.

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	SJN6968B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ6302H

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment 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.

   (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:

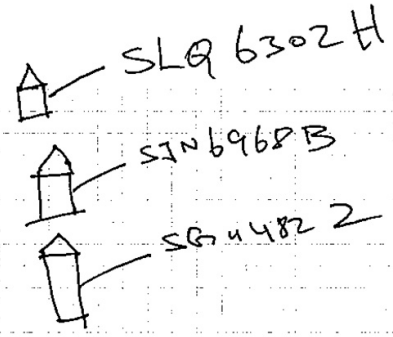
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 14/02/2013 9.40.	(If driver is not the policyholder)	Name: Poh Kwee Choo
	Date & Time:	NRIC/FIN No.: S6840583A
		14 FEB 2013

GIARLC\SketchPlanFor...

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SIVANANDI KARUPATHIVAN owner of car SGU 482 Z, was driving along AYE heading towards Tuas. My car collided with the car infront of mine at underpass of the UNIVISITY flyover at around 6 p.m. on 13/02/2018. My car hit the back of car NO: SJN 6968B (MITSUBISHI) driven by a lady driver. My car's front portion is badly damaged.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 14/02/2018 9.40 A.M.	(If driver is not the policyholder)	Name: 14 FEB 2018
	Date & Time:	NRIC/FIN No.: Poh Kwee Choo S6840583A

eTiQa Insurance

002095
Cov.Type: TPFT

C289

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. DMAP17S500676

1. Index Mark and Registration Number of Vehicle	SGU482Z	Engine No.	3ZZ4632842
2. Name of Policyholder	SAVANANDI KARUPATHIVAN	Chassis No.	MR053ZEC107141917
3. Effective Date of Commencement of Insurance for the purposes of the Act	27/03/2017	Hire Purchase	CREDIT LINK PTE LTD
4. Date of Expiry of Insurance	29/04/2018		

5. Persons or Class of Persons entitled to drive

(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.

THE INSURED

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 or www.lia.org.sg or 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

Authorised Signature

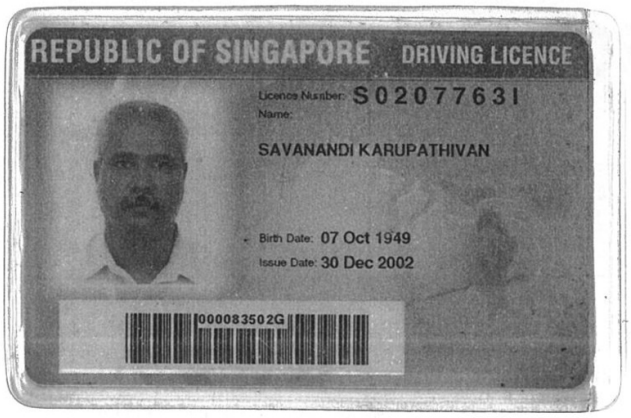
LQ SERVICES PTE LTD
180B BENCOOLEN STREET
#08-04 THE BENCOOLEN
SINGAPORE 189648
TEL: 6-333-4116 FAX: 6-333-4108
Co. Reg. No: 201227819H

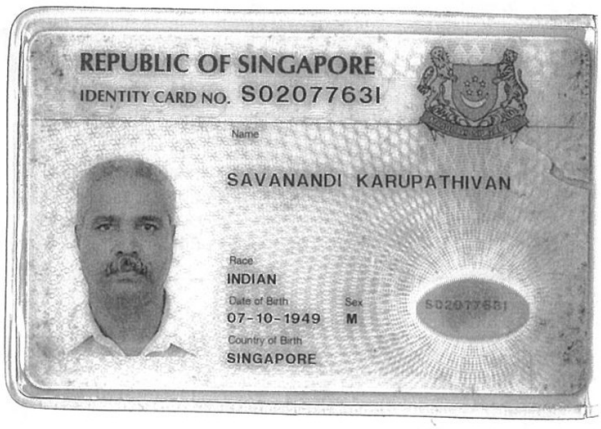
Etiqa Insurance Pte. Ltd.
One Raffles Quay, #22-01 North Tower, Singapore 048583
T: +65 6336 0477 F: +65 6339 2109 www.etiqa.com.sg
Company Reg No.: 201331905K

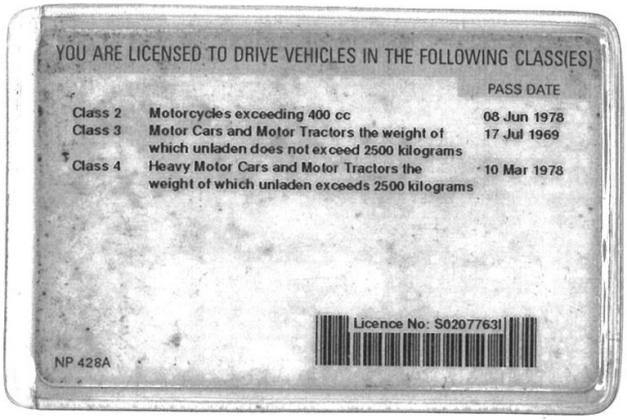
Affiliated Maybank Group

Certificate of Insurance - Page 1 of 1

DRIVER NRIC & DRIVING LICENCE Pg. 1







eTiQa Insurance

INTERVIEW FORM

Name (Driver) : SIVANANDI ICARUPATHIVAN

Policy No : DMMP 1755 00676

Vehicle No : SGU 482 Z

Place of Accident : ALONG AYER RAJA EXPRESS WAY.

Insured Driver's relationship with Insured : OWNER

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : NIL

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

NIL

Third Party Vehicle No (if any) : SLQ 6302 H / NO. SJW 6968 B

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

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/Third Party property involved:

CHAIN COLLISION

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)

14 FEB 2013

Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

SIVANANDI ICARUPATHIVAN.

Poh Kwee Choo S6840583A 14 FEB 2013

Attended by (Name & Signature) / Date

Workshop Name: LAI HUAT (MENG KEE) MOTOR PTE LTD

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. 201331905K

Accident Photo

Accident Photo

Accident Photo

CHASSIS NUMBER