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.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	16/04/2018 17:51	
Date Of Accident	16/04/2018 11:50	
Exact Location Of Accident	CTE TOWARDS BUKIT TIMAH	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG2000G	
Insured/Policyholder		
Name Of Registered Owner	OW PENG HOONG	
NRIC No	S2071244I	
Email Address	SWEESRUBBER@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-96622000	
Alternative Phone No	OTHERS-96622000	
Vehicle Particulars		
Manufacturer	TOYOTA	

TOYOTA **PREMIO** Model

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company ETIQA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number M0002878

Cover Note Number

Driver

Name of Driver **OW PENG HOONG**

NRIC No S2071244I Date Of Birth 14/05/1950 Occupation **INDOOR** Date Of Driving Pass 22/04/1976

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96622000

Fax Number

Contact Number OTHERS-96622000

EMail Address SWEESRUBBER@YAHOO.COM.SG Address

Postcode

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 **RAINING** Road Surface WET

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

NO

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?

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGQ5869E Vehicle Make/Model/Colour MIT LANCER

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver MUHAMMAD DAFIZ BIN MOHAMED NAFI

NRIC/Passport Number S8817324D **Contact Number** 86667021

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN			
SGQ 5869E DESCRIBE CIRCUMSTANCES O	BUKIT TIMAH F THE ACGIDENT B		
- Vehicle S	GQ 5869E Li	t May back	
- it Occur. at Toward	en 16/04/20 d Bartif Tim	18 at. 11.50 2L Side roa	d
		41.000	
DECLARATION	are are total in every respect		
I/We declare the foregoing particul	and are an every respect.		A 16/4/18

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

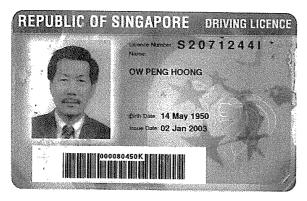
Date & Time:

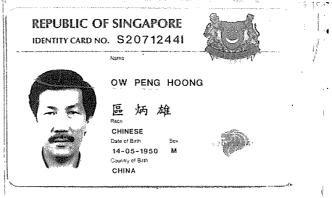
Reporting Centre Personnel's Signature

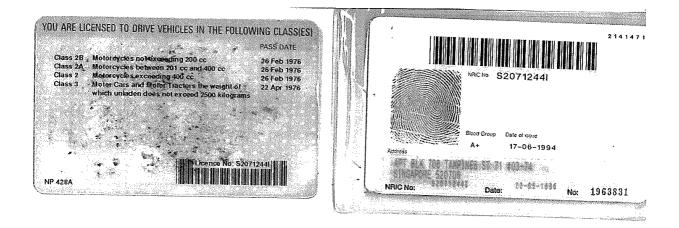
Name:

NRIC/FIN No.:

Sketch Plan Pg. 3







Huhamad 8666 700 Hofiz

MX1 31003025 Cov. Type: CO

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.

3

M0002878

Index Mark and Registration

SJG2000G

Number of Vehicle

2. Name of Policyholder OW PENG HOONG

Effective Date of Commencement of Insurance for the purposes of the Act 12/12/2017

Excess: Named Drivers
Excess: Unnamed Drivers

5\$350 5**\$1**,400

Date of Expiry of Insurance

11/12/2018

Persons or Classes 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.

OW PENG HOONG

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 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 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).

For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signature

GOP81507 30/10/2017 13:20:25





ORIGINAL



RENEWAL SCHEDULE

Policy Number : M0002878

Policy Type : Private Car Agency No

: 31003025

: Singapore

Agency Name : MALAYAN BANKING

Issue Date : 30/10/2017

BERHAD (DIRECT BANKING CHANNEL)

Insurance Start Date : 12/12/2017

Insurance End Date : 11/12/2018

(Both dates inclusive)

Place of

Issue

Insured's Name : OW PENG HOONG

Insured's Address : 706 TAMPINES STREET 71

#03-74

Singapore 520706

Annual Premium 749.40 : 55 : S\$ 749.40 : \$\$ 52.46 801.86 : S\$

Risk No. 0001 Motor Private Car

Premium Due

Premium GST

Total Due

Basic Annual Premium : S\$1,602.99 Less NCD 50.00% : \$\$801.49 AWS 15.00% Discount : \$\$120.23 NCD Protector 10.00% : S\$68.13 Premium Due : S\$749.40

Premium GST : S\$52.46 Total Due of this risk : S\$801.86

: SJG2000G Registration Make/Model : TOYOTA PREMIO 1.5 F

(A) Type of Cover No. of seats : 4 : Comprehensive

Body Type : Saloon Engine No : 1NZD250242 Year of Regn : 2008

Capacity cc's : 1496

Chassis No : NZT2603035109 Certificate Ref : MX1

Excess: Named Drivers Excess: Unnamed Drivers

S\$350 S\$1,400

Named Drivers : OW PENG HOONG

The following benefits apply to this risk

FLOOD &/OR OTHER CONVULSION OF NATURE AND STRIKE, RIOT & CIVIL

COMMOTION

LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

PASSENGER LIABILITY

SETTLEMENT BASED ON MARKET VALUE AT TIME OF LOSS

LIMITS OF LIABILITY APPLICABLE: Item No.2.3.1 Protection and removal after damage or loss Item No.2.3.2 Authority to repair :\$200 :\$300

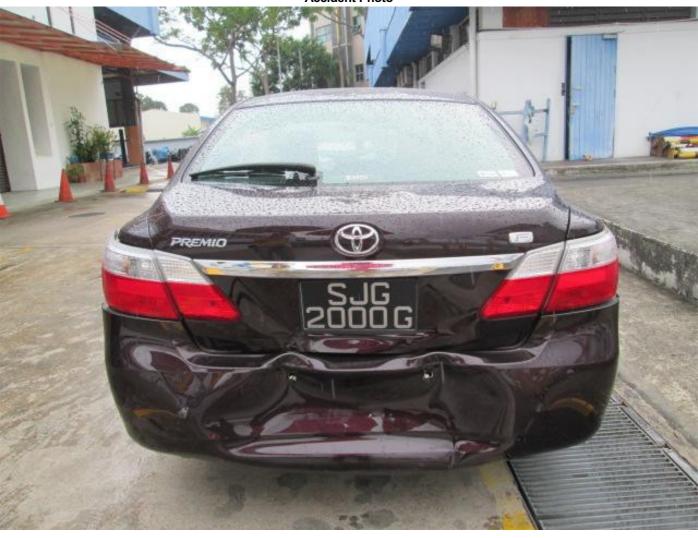
Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K) One Raffles Quay, #22-01 North Tower, Singapore 048583 T: +65 6336 0477 F: +65 6339 2109 www.etiga.com.sg

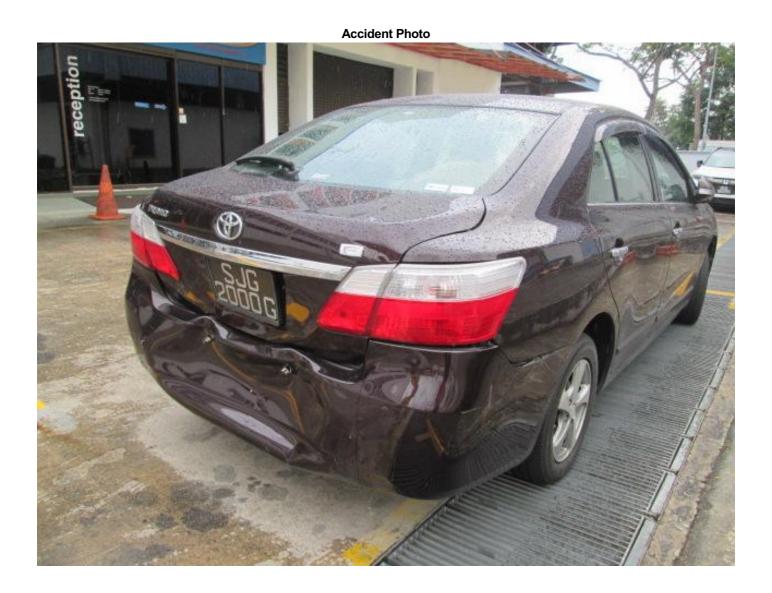




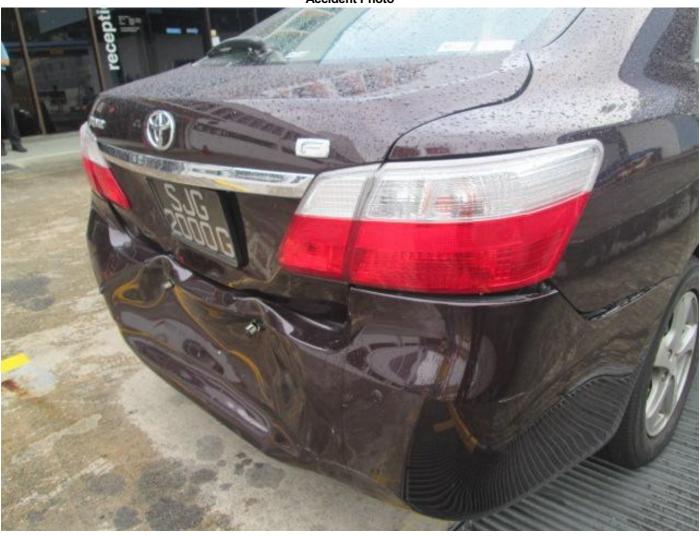
M0002878 31003025 Page 1 of 3

Accident Photo





Accident Photo



Accident Photo



