

## 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 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 Report	30/01/2019 10:40
Date Of Accident	26/01/2019 10:35
Exact Location Of Accident	AT MACHAP RR JOHORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8300B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEON LIU ZUN
NRIC No	S1733123Z
Email Address	LEONLIU8300@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83008300
Alternative Phone No	OFFICE-83008300

### Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYMAN GT4 6MT E6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	M0008908
Cover Note Number	

### Driver

Name of Driver	LEON LIU ZUN
NRIC No	S1733123Z
Date Of Birth	21/06/1965
Occupation	INDOOR
Date Of Driving Pass	20/01/1987
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83008300
Fax Number	
Contact Number	OFFICE-83008300
Email Address	LEONLIU8300@YAHOO.COM

Address	2 PHOENIX GARDEN
Postcode	668270
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
Number of vehicles (including own vehicle) involved in the accident	2
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LYNN ZOU MEI GENDER: : FEMALE

#### 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 the attached Sketch Plan and the accident details

#### 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	SMF2338C
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)	

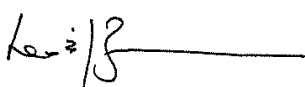
SKETCH PLAN

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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:

30 JAN 2019

1030 HRS

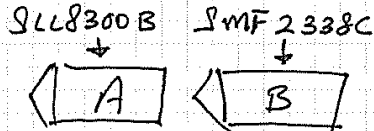
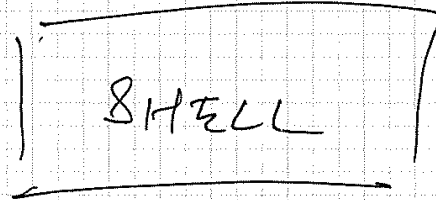
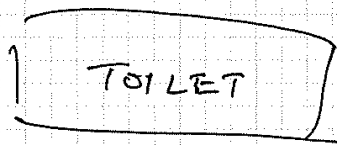
GIA Form Sketch Plan (01/15)

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

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## SKETCH PLAN

MACHAP R&amp;R JOHOR MALAYSIA



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26 JAN 2019, SAT, AT 1035 HRS, WE EXITED THE E2 NORTH-SOUTH HIGHWAY SOUTHBOUND AT MACHAP R&R FOR A TOILET BREAK. MY CAR (A) WAS PARKED NEXT TO A TOILET, AND CAR (B) WAS PARKED BEHIND CAR (A). CAR (B) WAS ENGAGED IN (P) PARK MODE WITH HANDBRAKE ACTIVATED, AND THE DRIVER OF CAR (B) WENT TO THE TOILET.

ABOUT A MINUTE AFTER CAR (A) & (B) WERE PARKED, THE DRIVER & PASSENGER OF CAR (A) FELT THE IMPACT OF CAR (B) REAR ENDED CAR (A). THE EXHAUST TIPS AND MUFFLERS HAVE BEEN MISALIGNED AND DAMAGED FOR CAR (A). THE FRONT BUMPER OF CAR (B) HAS BEEN SLIGHTLY DAMAGED TOO.

DRIVER AND PASSENGER OF CAR (A) ARE FINE.

ONE PASSENGER: LYNN ZOU MEI LIN (F)

## DECLARATION

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

Policyholder's Signature

Date & Time:

30 JAN 2019

1030 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**INTERVIEW FORM**

Name (Driver) : LEON LIU ZUN

Policy No : M0008908

Vehicle No : SLL8300B

Place of Accident : MACHA R & R, JOHOR MALAYSIA

Insured Driver's relationship with Insured : SELF

Drink Driving of Insured and/or Insured Driver : NOT APPLICABLE

No of passenger(s) in Insured vehicle : ONE

Injury to Insured and/or Insured driver, please indicate which hospital:  
NOT APPLICABLE

Third Party Vehicle No (if any) : SMF 2338C

No of passenger(s) in Third Party Vehicle : NONE

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
NOT APPLICABLE

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
REAR END COLLISION. DAMAGED EXHAUST TIPS & MUFFLERS.

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
TAN CHEONG HO M: 9382-8389

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)

Leon Liu Zun  
LEON LIU ZUN

Driver (Name & Signature)

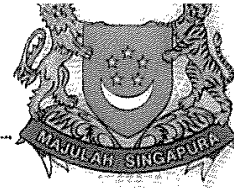
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name: \_\_\_\_\_

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1733123Z**



Name

**LEON LIU ZUN**

**刘 尊**

Race

**CHINESE**

Date of birth

**21-06-1965**

Sex

**M**

**S1733123Z**

Country of birth

**SINGAPORE**

4 7 2 9 5 7 1



NRIC No. **S1733123Z**

Date of issue

**02-06-2011**

Address

**2 PHOENIX GARDEN  
SINGAPORE 668270**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S 1733123Z**  
Name: **LEON LIU ZUN**

Birth Date: **21 Jun 1965**  
Issue Date: **07 Jun 2011**



 001970862C

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

**EFFECTIVE DATE**

**Class 3** **Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **20 Jan 1987**

NP 428A





MX3  
80000008  
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.** M0008908

1. Index Mark and Registration Number of Vehicle SLL83008 Excess - NAMED DRIVERS  
\$5,000 (Singapore)  
\$10,000 (Outside Singapore incl. Fire & Theft)

2. Name of Policyholder Leon Liu Zun Excess: Windscreen S\$100

3. Effective Date of Commencement of Insurance for the purposes of the Act 01/08/2018

4. Date of Expiry of Insurance 31/07/2019

5. Persons or Classes of Persons entitled to drive

RESTRICTED TO THE FOLLOWING NAMED DRIVERS ONLY:

Leon Liu Zun

Kelvin Liu Chin Chan

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 OR PROFESSION.

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.

Porsche Cayman GT4  
bm7 166

\* 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](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 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 Signatory

GOPYGRA 24/07/2018 15:37:42





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



30.01.2019 10:51



Accident Photo



Accident Photo

