SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	22/04/2019 09:55
Date Of Accident	20/04/2019 23:25
Exact Location Of Accident	SENTOSA BEACH STATION SHELTERED CAR PARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME2901G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD DEESHRAF BIN ELIAS
NRIC No	S9239812I
Email Address	DEESHRAFEL@LIVE.COM
Mobile Phone No	(LOCAL) +65-98593022
Alternative Phone No	OTHERS-98593022
Vehicle Particulars	
Manufacturer	AUDI
Model	A1 1.4 TRSI S-TRONIC
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	MA003590
Cover Note Number	09/01/19 - 18/01/20
Driver	
Name of Driver	MUHAMMAD DEESHRAF BIN ELIAS
NRIC No	S9239812I
Date Of Birth	29/10/1992
Occupation	INDOOR
Date Of Driving Pass	01/08/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98593022
Fax Number	

DEESHRAFEL@LIVE.COM

BLK 853 YISHUN RING RD #05-3527 Address

Postcode 760853

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 - MAJOR/MINOR RD**

Weather Conditions **SHELTERED**

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?

YES

Was any other material or property damaged? 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

I was driving out of Sentosa Beach Station car park on 20th April 2019 at 11:25pm. A red Mercedes was coming out of his lot. It was too sudden for me to react and top. No injury of both parties.

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 SLN8968P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver PEH CHIN LEONG

S7537460G NRIC/Passport Number **Contact Number** 93894338

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SME 2901 9

INSURER : Efigs.

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- 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)

Lunderstand, 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 :
 - 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:
 - 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		
Sentosa Beach		
Station shelter	red	A- 9NE 29019
Car Pack		A: SME 2901G B: SLN 8968P
		Peh Chin Leong
	W No. 1	
	X (B)	575374606
	114	HP- 93894338
	0:1100	
was driving	out of Bentosa Becar	th Station Corport on 20th April 2019
4 11:52 EM. H	LEG LIGITAGES WAS COL	ning out of his lot. It was tec audden
for me to read	t and step. No injury	tot poth tentres.
0	, 0-	,
Note: Please note that y	our insurer may have 14days T	ime Frame for you to submit an Own Damage Claim
under your own co	omprehensive policy. Please ch	eck with your policy for more information.
DECLARATION		Λ
I/We declare the foregoing par	rticulars are true in every respect.	/ G 20/4/19
Policyholder's Signature	Dalamete Sterner	Bungating Court Square all's Cincotate
Date & Time:	Driver's Signature (If driver is not the policyhol Date & Time:	NRIC/FIN No.:
	Claim Own Policy (Claim To Claim To Claim OD/TP at other workshop (hird Party () Reporting Only 2

eTiQa Insurance

INTERVIEW FORM

Name (Driver)	: Muhammad Deeshraf Bin Elias			
Policy No	:_ MA 003590			
Vehicle No	:_ SME 2901 G			
Place of Accident	: Sentosa Beach Station Shelterad Car Park			
Insured Driver's relationsh	ip with Insured : Owns			
Drink Driving of Insured a	nd/or Insured Driver :			
	ed vehicle :			
Injury to Insured and/or Ins	aured driver, please indicate which hospital:			
Third Party Vehicle No (if a	IN) : SLN 8968P			
	Party Vehicle: 91 (female) - not sure			
	and/or passenger(s), please indicate which hospital: Olician ensiveness of the damages to all vehicles/Third Party property involved:			
_ Head to Sid				
Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):			
Traffic Police report (enclose	d) : Yes (No)			
Please obtain a copy of the worker is involved)	ne driving licence of Insured driver and/or work permit (where foreign			
D.	1/2 Shoron 22/4/19			
Oriver (Name & Signature) / I , affirmed the above inform ny best knowledge				
e Pte Ltd				

Etiqa Insurance Pte Ltd One Raffles Quay #22-01 North Tower Singapore 048583

T +65 63360477 F +65 63392109

www.etiqe.com.ag Company Rep. No. 201231945K

American @Maybank Group

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$92398121





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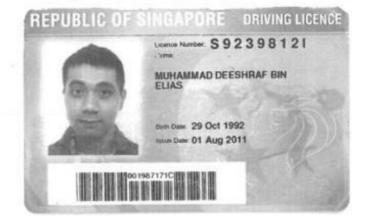
MUHAMMAD DEESHRAF BIN ELIAS

MALAY

Date of birth Sec 29-10-1992 M

19239810

Country of birth



4146271



HIIIC No. S92398121



Date of lawyer

.

14-12-2007

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

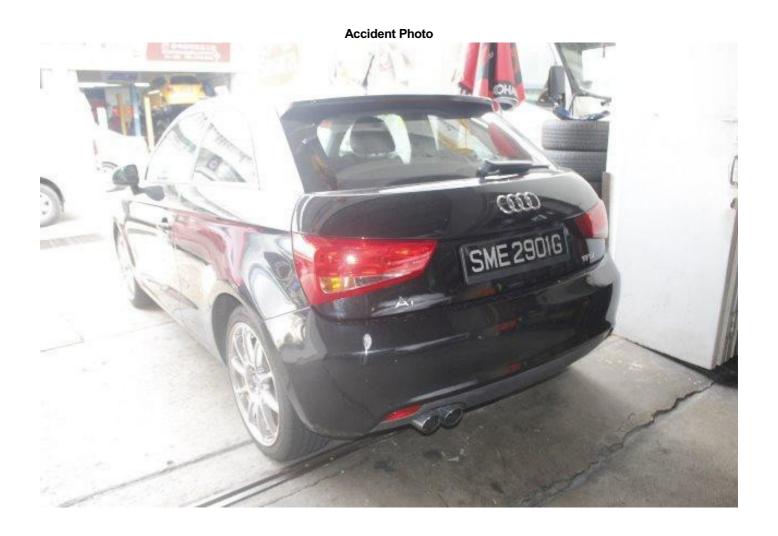
01 Aug 2011

NP 428A



Accident Photo







Accident Photo



Accident Photo

