

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 | 03/06/2019 10:17 |
| Date Of Accident | 01/06/2019 15:30 |
| Exact Location Of Accident | ALONG BRADDELL ROAD TOWARDS BARTLEY ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | E21M |
| Insured/Policyholder | |
| Name Of Registered Owner | LAM YONG WEI |
| NRIC No | S8131004A |
| Email Address | EUGENELAM_81@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-98771831 |
| Alternative Phone No | OFFICE-98771831 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | LAND ROVER |
| Model | RANGE ROVER SPORT-3.0 TSS 7S SR (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | M0006583 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | LAM YONG WEI |
| NRIC No | S8131004A |
| Date Of Birth | 06/10/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/11/2001 |
| Driving Experience | 17 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | +65-98771831 |
| Fax Number | |
| Contact Number | OFFICE-98771831 |
| Email Address | EUGENELAM_81@YAHOO.COM.SG |

| | |
|---|------------------------------|
| Address | 29A MACKERROW ROAD SINGAPORE |
| Postcode | 358593 |
| 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) | 5 |
| Passenger 1 | NAME: : WIFE GENDER: : FEMALE |
| Passenger 2 | NAME: : DUAGTHER GENDER: : FEMALE |
| Passenger 3 | NAME: : DUAGTHER GENDER: : FEMALE |
| Passenger 4 | NAME: : FAMILY GENDER: : MALE |

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 ACCIDENT STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | YP827B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOODS VEHICLE |

| | |
|-------------------------------------|---------------------|
| Name of Driver | PANDIAN GUNASEKARAN |
| NRIC/Passport Number | G6897601X |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

SKETCH PLAN

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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. 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:

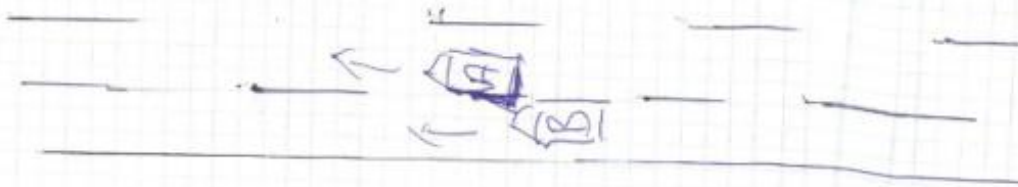


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

BRADDELL ROAD TOWARDS BARKLEY ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT about 4

On the 1st of June 2019 at 15:25 pm I was on Braddell Road on the left most lane.

On the rearview mirror, I saw a lorry on the same left lane heading extremely fast towards me.

I made an attempt to switch lanes but he collided with my rear end.

He collided with the rear left of my vehicle. The impact on his vehicle was on the front right.

DECLARATION

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

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.:



Individual Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 06.2019
Time: 15:30pm

Location of Accident: BRADDELL ROAD TOWARDS BARTLEY ROAD

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: E 21 M
Name of Policyholder: LAM YONG WET
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S81310 044
Address: 29A MACKERRAW ROAD S358593
Contact Number: 98771831
Occupation: Land Rover Range Rover Sport 3.00

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Land Rover Range Rover Sport 3.00
Type of Vehicle: Saloon MPV CRV Van Lorry Bus Motorcycle Others
Exact Purpose for which vehicle was being used at the time of accident: Private use

Are you claiming under your own insurance policy?
Vehicle category: Private

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: Etiqa
Type of Policy: Comprehensive
Fleet Policy: No
Policy Number: MU006583

DRIVER

Name of Driver: 06/10/1981
NRIC/ FIN/ Passport: 54/11/2001
Date of Birth: 06/10/1981
Occupation: 54/11/2001
Driving Pass Date: 54/11/2001
Gender: Male
Contact Number: 98771831
Address: 29A MACKERRAW ROAD S358593
Employ Address: 29A MACKERRAW ROAD S358593
Was driver an employee of the insured's Company? No
If No, relationship of Driver with the insured: 3rd party
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):
GENERAL INFORMATION OF THE ACCIDENT
Type of Collision (E.g. Chain Collision/ Head-On, etc):
Weather Conditions: Clear
Road Surface: Wet
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No
Was anybody injured in the accident? (including Witness) No
Was any other vehicle(s) or property damaged? No
Was there any camera video footage (in car)? No
DETAILS OF POLICE ACTION
Was the accident reported to the Police? No
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given? No
If Yes, against whom?

E 21 M
LAM YONG WET
S81310 044
Tel: 98771831
Hp: 98771831
29A MACKERRAW ROAD S358593
Land Rover Range Rover Sport 3.00
Saloon MPV CRV Van Lorry Bus Motorcycle Others
Private use
Yes No Remarks 3rd party
Private Commercial Motorcycle
Etiqa
Comprehensive TP Fire & Theft Third party
Yes No
MU006583

06/10/1981
54/11/2001
Male Female
Tel: 98771831
Hp: 98771831
Yes No

Clear Raining Others
Wet Dry Others
TP 471 05 wife help 2 doctor
INSURER
No Yes
No Yes
No Yes
No Yes
No Yes
No Yes

eugenelam_81@yahoo.com.sg

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property : (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver (Date & Time
(if Driver is not the Policy Holder)

Date & Time

ETIQA INTERVIEW FORM



INTERVIEW FORM

Name (Driver) : Lam Yong Wei

Policy No : M0006583

Vehicle No : E21M

Place of Accident : Braddell Road Towards Bartley Road

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1 pax

Injury to Insured and/or Insured driver, please indicate which hospital:
No

Third Party Vehicle No (if any) : YP 827B

No of passenger(s) in Third Party Vehicle : 01 pax

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
No

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
YP 827B Hit E21M Rear LH Side

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

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

Attended by (Name & Signature) / Date
Workshop Name: BH AUTO SERVICES

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. 201510954

A Member of AIA Group

CERTIFICATE OF INSURANCE



NOI
31023901
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.** M0006583
1. Index Mark and Registration Number of Vehicle E21M
2. Name of Policyholder LAM YONG WEI (LIN YONGHUI)
3. Effective Date of Commencement of Insurance for the purposes of the Act 09/06/2018 Excess: Named Drivers \$5500 Excess: Unnamed Drivers \$51,000
4. Date of Expiry of Insurance 08/06/2019
5. 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.
- LAM YONG WEI (LIN YONGHUI) NG MAY JIN
- 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.

* 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.sdics.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).

GOPRBT1 22/05/2018 11:53:09

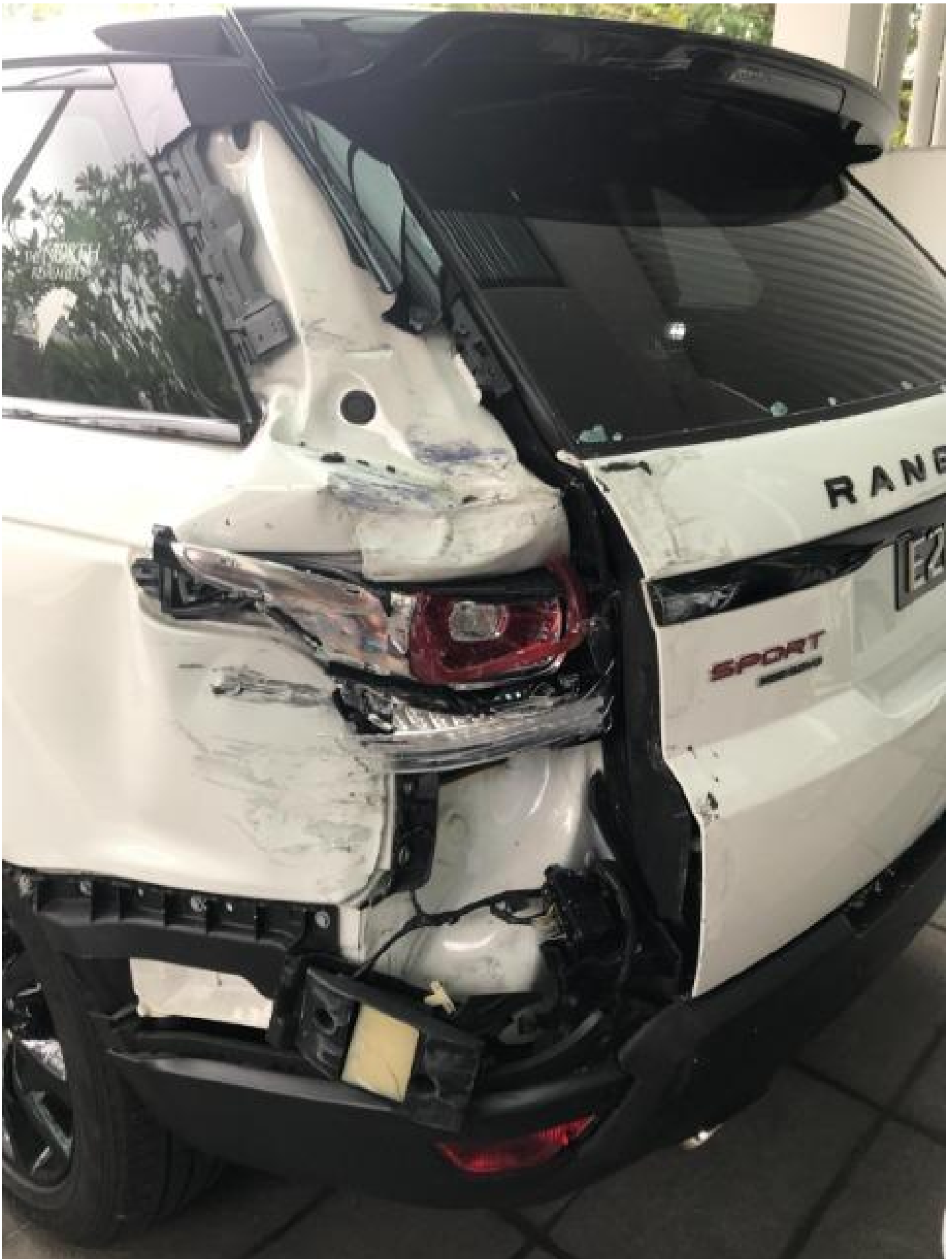


For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



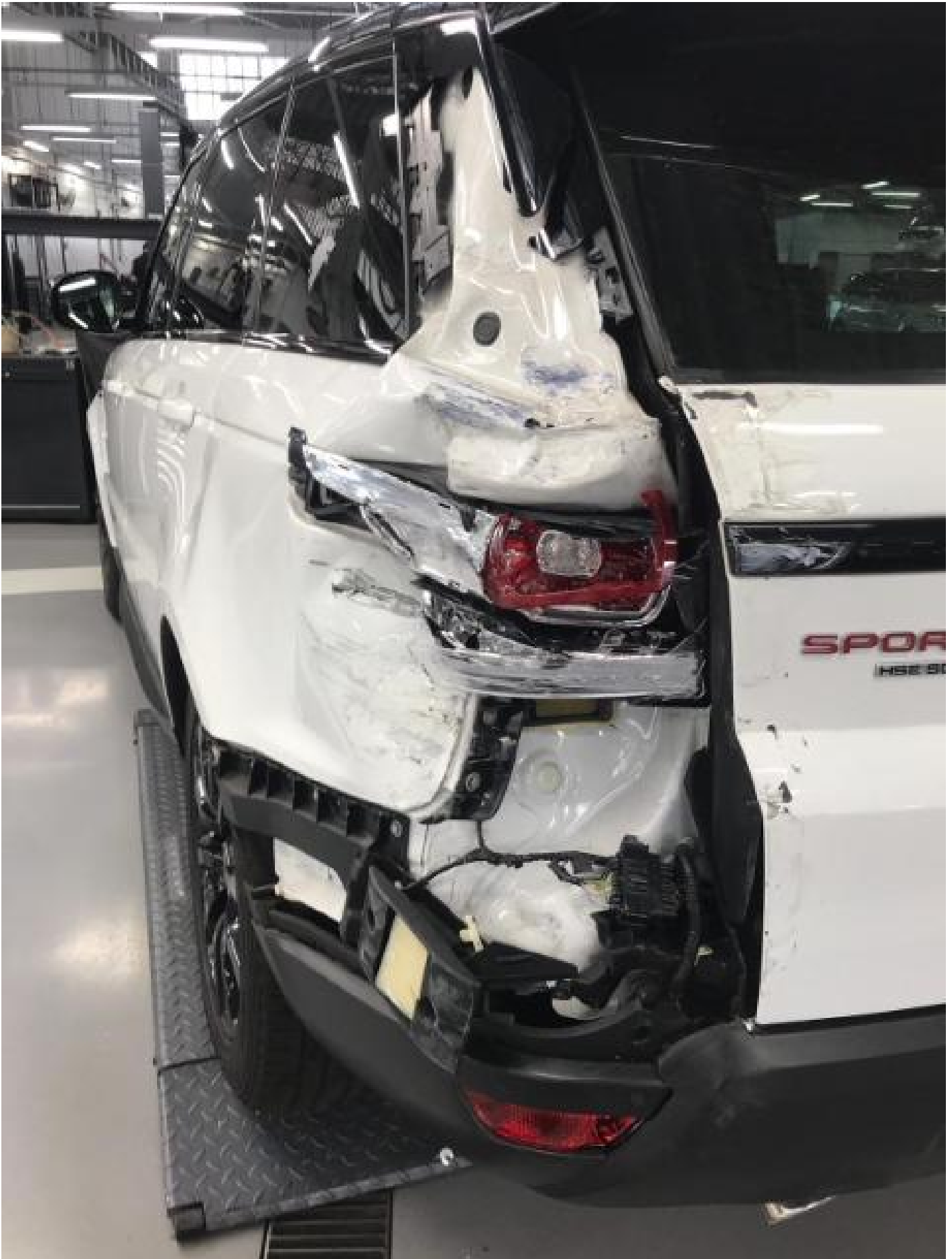
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHA19071748 Vehicle Registration No: E21M
Name(as shown in NRIC) : LAM YONG WEI NRIC/FIN/Passport No : S8131004A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29A MACKERROW ROAD Singapore(358593)
Contact (Tel) : NIL Mobile No. : 98771831
Email Address : EUGENELAM_81@YAHOO.COM.SG
Date of Accident : 01/06/2019 Time of Accident : 15:30
Place of Accident : ALONG BRADDELL ROAD TOWARDS BARTLEY ROAD
Insurance Company: ETIQA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN PHOTO OF THIRD PARTY DRIVING LICENCE AND WP

FILL IN THIRD PARTY PARTICULAR.

YUN SHI

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: CHAN YUN SHI
NRIC/FIN No.: G7674078Q
Date: 03/06/2019