

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	13/08/2019 14:39
Date Of Accident	12/08/2019 08:00
Exact Location Of Accident	MALAYSIA CUSTOMS TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF493L
Insured/Policyholder	
Name Of Registered Owner	YEO EE LYN LYNNETTE
NRIC No	S7420996C
Email Address	LYNNETTEYEO@YMAIL.COM
Mobile Phone No	(LOCAL) +65-82681582
Alternative Phone No	OFFICE-82681582

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI AT 5G13HZ HID SR
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	MA005101
Cover Note Number	

Driver

Name of Driver	SIM SIU LIN GILLIAN
NRIC No	S1739113E
Date Of Birth	12/02/1966
Occupation	INDOOR
Date Of Driving Pass	05/03/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81235880
Fax Number	
Contact Number	
Email Address	LYNNETTEYEO@YMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	3
Passenger 1	NAME: : FRIEND GENDER: : FEMALE
Passenger 2	NAME: : FRIEND 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 ACCIDENT STATEMENT .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFX66M
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)

Accident Sketch Plan

SKETCH PLAN

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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

Malaysian
Customs

Cars were
moving in this
direction

A
SLF 493L
B
SFX 66M

A: SFL 493L
B: SFX 66M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Sim Siu Lin Gillian was driving car no SLF 493L. There was very bad traffic jam at JB Customs towards Singapore on 12th August, 2019 morning. We were inching forward as cars moved slowly forward. Suddenly, something banged my rear end from behind. The car that rear ended me was SFX 66M. The accident happened around 8am about 0.3 km from the Malaysian customs building

Gillian Sim

13th August 2019

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: 12/08/2019
Time: 08:00 am

Location of Accident: Along Malaysia Customs towards Singapore

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number:
Name of Policyholder:
NRIC/ FIN/ Passport/ ROC (if Policyholder is company):
Address:
Contact Number:
Occupation:

YEO EE LYN LYNNETTE
(YANG YULING LYNNETTE)

Tel:

Hp:

88681582

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:
Are you claiming under your own insurance policy?

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others:

☒ Yes
☐ Private

☒ No
☐ Commercial

Remarks: Third party
☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

☐ Comprehensive
☐ Yes
☐ TP Fire & Theft
☐ No
☐ Third party

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth:
Occupation:
Driving Pass Date:
Gender:
Contact Number:
Address:
Email Address:

SIM SIU LIN 912 LMY
S1739113E
12/02/1966

☐ Male
☒ Female

Hp:

8123 5880

☐ Yes

☒ No

Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured:
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:
Road Surface:
Damage Area:

☒ Clear
☐ Wet

☐ Raining
☒ Dry

☐ Others
☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (including witness):
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

☒ No
☐ Yes

☐ Yes
☒ No

☐ No
☒ Yes

☐ Yes
☒ No

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No:
Was notice of Intended Prosecution given?
If Yes, against whom?

☒ No
☐ Yes

☐ Yes
☒ No

☒ No
☐ Yes

☐ Yes
☒ No

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SLF 493L

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (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?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

☐ 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?

Was Injured conveyed to hospital by Ambulance?

☐ Yes

☐ No

☐ 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

INTERVIEW FORM



INTERVIEW FORM

Name (Driver) : YEO EE^{LYN} LYNNETTE

Policy No : MA005/01

Vehicle No : 8LF493L

Place of Accident : Along JB Customs towards Singapore

Insured Driver's relationship with Insured : Friend

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 3 pax

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

Third Party Vehicle No (if any) : JFX 66M

No of passenger(s) in Third Party Vehicle : 4 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: Hit + 0 rear

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 : [Signature]

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

Attended by (Name & Signature) / Date : [Signature]

Workshop Name: BH AUTO SERVICES

eTiQa Insurance Pte Ltd
One Raffles Quay
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Singapore 048583

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F +65 63392109

www.etiqa.com.sg
Company Reg. No. 201310054K

A Member of Maybank Group

CERTIFICATE OF INSURANCE



MX1
88000002
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. MA005101

- | | | |
|--|---------------------|--|
| 1. Index Mark and Registration Number of Vehicle | SLF493L | |
| 2. Name of Policyholder | YEO EE LYN LYNNETTE | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 11/08/2019 | Engine No.: CZC414533
Chassis No.: WVWZZZAUZGW089662
Excess (Named Drivers): S\$500.00
Excess (Unnamed Drivers): S\$1000.00 |
| 4. Date of Expiry of Insurance | 10/08/2020 | |

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.

YEO EE LYN LYNNETTE

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 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 headings.

Policy Owners' Protection Scheme

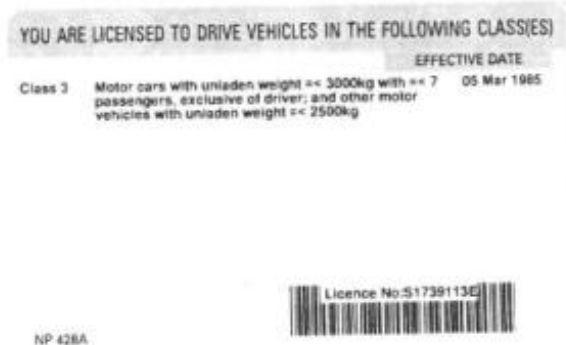
This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / 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

Driving License OWNER AND DRIVER



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

