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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/01/2020 14:52
Date Of Accident	26/01/2020 15:25
Exact Location Of Accident	310 HOUGANG AVE 5 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH250Z
Insured/Policyholder	
Name Of Registered Owner	YEO LI CHOO
NRIC No	S8040249Z
Email Address	JY.EURO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91763013
Alternative Phone No	OFFICE-81801617
Vehicle Particulars	
Manufacturer	LEXUS
Model	IS 250
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	MA006141
Cover Note Number	
Driver	
Name of Driver	YEO ZHIA SHENG JONATHAN
NRIC No	S8111420Z
Date Of Birth	10/04/1981
Occupation	INDOOR

Date Of Driving Pass
Driving Experience

23/11/2000 19 YEARS AND 2 MONTHS

.

13 12/11(0711**1**0 2 101011111

Gender MALE

Mobile Number (LOCAL) +65-81801617

Fax Number

Contact Number

EMail Address JY.EURO@GMAIL.COM

Address 310 HOUGANG AVE 5 #03-263

Postcode 530310

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE POST

ROAD: BLK 357 HOUGANG AVENUE 7 #01-805, **POSTCODE**: 530357, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2869999 - FAX NO: 63822066

NO

YES

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

Remarks/ Reasons: DRIVER DID NOT PROVIDE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA9218E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KETCH PLAN			
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	Police P	epoA.	
		HILLIGH	
ESCRIBE CIRCUMSTANCES	211111111111111111111111111111111111111		
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35			
DECLARATION			
	culars are true in every respect.		
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2	1/1		ary.
X	Mil		
Policyholder's Signature Date & Time: (OWNES Sign	Driver's Signiture (If driver is not the policyholder		Centre Personnel's Signature

Date & Time:

Name: NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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:

- 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 / UMP/ Signature

Driver's Signature V (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

eTiQa

Insurance

INTERVIEW FORM

Name (Oriver)	Yeo Zhia Sheng Jonathan.
Policy No :	MA 006141
Vehicle No	SMH 250Z
Place of Accident	310 Hougany Ane5 Compark
Insured Driver's relationship with Insu	
Drink Driving of Insured and/or Insure	ed DriverNo -
No of passenger(s) in Insured vehicle	No ·
Injury to Insured and/or Insured driver	, please indicate which hospital:
Third Party Vehicle No (if any)	SHA 9218E
No of passenger(s) in Third Party Veh	icle :
Injury to Third Party driver and/or pas	senger(s), please indicate which hospital:
	s of the damages to all vehicles/Third Party property involved: TO Attached Police Depart
Any witness to the accident (if yes, ple	ease indicate Name, Contact No and a copy of the statement):
Traffic Police report (enclosed)	Polino (Police Report Enclosed) Hougang NAP
and the same of th	ng licence of Insured driver and/or work permit (where foreign
A-et	dry - 31/01/2020 -
Driver (Name & Signature) / Date	Attended by (Name & Signature) / Date
I, affirmed the above information is my best knowledge	Workshop Name: You Hock Motor
once Pre Ltd Quay	

Eliqu Insurance Pte Ltd One Raffles Quby #22-01 North Tower Singapore 048583

Y +65 63360477 F +65 63392109

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1/2020032/

Slightly Damaged 1 of 3

Report No T/20200127/2037

Police Station Of Origin Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2020 14:34

SMH250Z

Car

Vide Report No.:

Station Diary No.:

Informant's Particulars Name of Informant Address YEO ZHIA SHENG, JONATHAN APT BLK 310 HOUGANG AVENUE 5 #03-263 SINGAPORE 530310 Contact No.: ID Type / ID No .: NRIC NO / S8111420Z Home/Office: Mobile: 81801617 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 38 10/04/1981 Driver Race: Institution / School Name: Language: Chinese Occupation: Driving Licence Information: SELF-EMPLOYED Class. 3 Date of Expiry General Information of the Accident Non-Injury Drink Date/Time of Type of Location: Type of Hit and Run Drive: Accident Car Park Accident: . No 26/01/2020 15:25 Location: Along Road 1 HOUGANG AVENUE 5 Open carpark behind Blk 310 Hougang Ave 5 Weather: Road Surface Road Speed Limit: Clear Dry Traffic Flow: Traffic Control: Traffic Volume: Dual Carriage Way , Not Controlled No Traffic Type of Collision. Anyone conveyed by Moving Vehicle Against - Parked Vehicle ambulance No Datails of Vehicle involved Vehicle No. Type No of Passenge Make Model Condition Color -SHA9218E Car No Damage





2 of 3

Report No. T/20200127/2037

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

CONTINUATION OF REPORT

Brief Details.

On 25/01/2020 at about 2200hrs, I parked my vehicle SMH250Z at the above mentioned location. Everything was in order.

On 26/01/2020 at about 1730hrs, I discovered that my vehicle sustained some paint chip-offs, slight dent and hairline cracks at the right side front bumper area. I noticed my cousin's vehicle was parked directly opposite of my vehicle and that it has an in-vehicle camera installed thus I went to make a check with my cousin. Upon viewing the in-vehicle camera footage, it was observed that on 26/01/2020 at about 1525hrs, a taxi SHA9218E while doing a three point turn at the above mentioned location carpark on the right side of my vehicle made a visible mark onto my vehicle after driving off. The taxi driver did not stop to leave a note or make a check.

I called to inform my insurance agent about this matter and was advise to lodge a report for insurance claims purpose.

I am lodging this report for insurance claims purpose.





Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999 3 of 3 Report No. T/20200127/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 PETER GOH WEE HENG	J. J.
Signature Of Interpreter:	Date/Time:
Not applicable	27/01/2020 14:34
Officer In Charge Of Case:	Classification Of Case:
SI KALESWARI PALANI	
Contact No.: 65476902	
Authentication Stamp	



MX1 71120014 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. MA006141

Index Mark and Registration

Number of Vehicle

SMH250Z

2. Name of Policyholder

YEO LI CHOO

Effective Date of Commencement of 3.

Insurence for the purposes of the Act

22/10/2019

Engine No.: 4GR0530323 Chassis No.: JTHBK262502086724

Hire Purchase: MAYBANK SINGAPORE LIMITED

Excess (Named Drivers): S\$800.00 Excess (Unnamed Drivers): S\$1300.00

4. Date of Explry of Insurance

21/10/2020

Persons or Class of Parsons entitled to drive 6.

(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 LI CHOO

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.

(i) 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 MCTOR 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 (Malaysis), 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.gla.org.sg / www.lia.org.sg / www.sdlc.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 (Malaysis).

> For and on behalf of Etiga Insurance Pte. Ltd. Approved Insurer

> > **Authorised Signature**

Accident Photo





















