

## 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	07/09/2020 16:12
Date Of Accident	05/09/2020 12:50
Exact Location Of Accident	PIE TWDS TUAS BEFORE JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV8228J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OS BUILDERS PTE LTD
Co Reg No	2XXXXX159M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA007768
Cover Note Number	

### Driver

Name of Driver	KHAN SAIMON
NRIC No	GXXXX344T
Date Of Birth	15/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93615248
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

#### 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?	YES
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)	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

ON 05/09/2020 AT 12.50PM, WHILE I WAS DRIVING ALONG PIE TOWARDS TUAS BEFORE JURONG TOWN HALL EXIT, I WAS DRIVING ON LANE 4. SUDDENLY, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. I WAS DRIVING SLOWLY CAUSE THE FRONT CAR IS SLOW. I CAME DOWN TO CHECK MY VEHICLE, I WAS HIT BY VEHICLE B (SKH8440M).

#### 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	SKH8440M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

#### DETAILS OF INJURED PERSON 1

Name	KHAN SAIMON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GV8228J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**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:

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

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



## LETTER OF UNDERTAKING

I/We, OS BUILDERS PTE LTD, the owner of vehicle no. AV 8228J

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

x



.....  
Nric no. & signature of policyholder



.....  
Company stamp

07/09/20

.....  
Date

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : PHAN SAMON

Policy No : MA007768

Vehicle No : GV 8228J

Place of Accident : PIE TWO TURNS BEFORE JUNCTION TOWN HALL EXIT  
GV 8228J

Insured Driver's relationship with Insured : \_\_\_\_\_

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : NIC

Injury to Insured and/or Insured driver, please indicate which hospital:  
YES

Third Party Vehicle No (if any) : SEA 8440 M

No of passenger(s) in Third Party Vehicle : \_\_\_\_\_

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
\_\_\_\_\_

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
HEAD TO REAR

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

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)

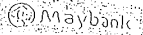
[Signature]  
Driver (Name & Signature) / Date  
I, affirmed the above information is given to  
my best knowledge

\_\_\_\_\_  
Attended by (Name & Signature) / Date  
Workshop Name: \_\_\_\_\_

Insurance Pte Ltd  
Raffles Quay  
21 North Tower  
12010 048533

03500677  
03592109

03500677  
03592109

A Member of  Maybank Group

# Driving License Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G6962344T**

Name: **KHAN SAIMON**

Birth Date: **15 Jun 1991**  
Issue Date: **03 Sep 2018**  
Valid Till: **02/09/2023**

002841416H

**For Insurance Reporting And Claim Purposes Only**

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **OS BUILDERS PTE LTD**

Name: **KHAN SAIMON**  
Work Permit No: **0 63477125**  
Sector: **CONSTRUCTION**

K2181295

**For Insurance Reporting And Claim Purposes Only**

Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no:

*Qu 8278J*

Date of Accident:

*05/09/20*

*[Signature]*

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

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **03 Sep 2018**

NP 428A

Licence No: **G6962344T**

**VISIT PASS**  
Immigration Regulations

25-03-2020

Download SGWorkPass App to check status

FIN: **G6962344T**  
Date of Birth: **15-06-1991** Sex: **M**  
Nationality: **BANGLADESHI**  
MULTIPLE JOURNEY VISA ISSUED

**For Insurance Reporting And Claim Purposes Only**



**eTiqa**  
Insurance

**Dynamic**  
AVENUE

MZ300  
70000199  
COV.Type: TP

**CERTIFICATE OF INSURANCE**

• MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**CERTIFICATE No. MA007768**

- |  |                       |   |
|--|-----------------------|---|
| 1. Index Mark and Registration Number of Vehicle                           | GV8228J               |   |
| 2. Name of Policyholder  | OS BUILDERS PTE. LTD. |   |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 21/03/2020            | Engine No.: 5L5188885<br>Chassis No.: JTFUF34Y903000005 |
| 4. Date of Expiry of Insurance   | 20/03/2021            |   |

Persons or Class of Persons entitled to drive

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

AND PROVIDED FURTHER THAT THE MOTOR VEHICLE IS REGISTERED UNDER THE ROAD TRAFFIC ACT (AND SUBSEQUENT AMENDMENTS) AND ITS REGISTRATION UNDER THE ROAD TRAFFIC ACT (AND SUBSEQUENT AMENDMENTS) HAS NOT BEEN CANCELLED AT THE TIME OF THE ACCIDENT LOSS OR DAMAGE.

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 or 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](http://www.gia.org.sg) / [www.lia.org.sg](http://www.lia.org.sg) / [www.sdic.org.sg](http://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



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

