

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 Submission 09/02/2021 16:30 (SGT)
Date of Accident 07/02/2021 16:00 (SGT)
Exact Location of Accident 22 Dempsey Rd, Singapore 249679
Additional Location Information Dempsey Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR5408B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BENEDICT PENG CHAN WEARN
NRIC No SXXXX147H
Email Address BCWPENG@GMAIL.COM
Mobile Phone No (Phone) +65-91261586
Alternative Phone No +65-91261586

VEHICLE PARTICULARS

Manufacturer Ferrari
Model California
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0016335
Cover Note Number -

DRIVER

Name of Driver HWEE PEIK HUM ANGELA
NRIC No SXXXX329B
Date Of Birth 02/06/1977
Occupation Indoor

Date Of Driving Pass	02/01/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96821630
Alt. Phone Number	-
Email Address	BCWPENG@GMAIL.COM
Address	26E PIERCE ROAD
Address complement	-
Postcode	248543
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

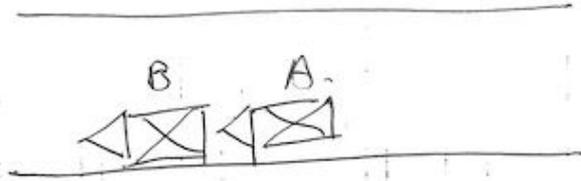
CIRCUMSTANCES OF ACCIDENT

Please refer to statement attached. REPORT DELAYED AS COUNTERPARTY HAD INITIALLY REQUESTED FOR A PRIVATE SETTLEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards the carpark and was waiting for the car in front to move forward while suddenly car B reversed to give way to another car turning out of the carpark. Car B hit into my front of the car as a result of this.

Owner of Car B - Wilson Ng Ah Yong

DECLARATION

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

[Signature]
 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.:















Owner
 Driver

Time 16:00 Location of Accident Dempsey, Hubbers

INSURED/POLICY HOLDER (VEHICLE A)
 Vehicle Registration Number SMR 5408 B
 Name of Policyholder _____
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company) 572331474
 Address 26E Peirce Road Tel: 5248543 Hp: 91261586
 Contact Number _____
 Occupation Doctor

VEHICLE PARTICULARS (VEHICLE A)
 Vehicle Make / Model Ferrari California T
 Type of Vehicle Sports car Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____
 Exact Purpose for which vehicle was being used Personal
 at the time of accident
 Are you claiming under your own insurance policy? Yes No Remarks: _____
 Vehicle category Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)
 Name of Insurance Company Etiga
 Type of Policy Private car Comprehensive TP Fire & Theft Third party
 Fleet Policy _____ Yes No
 Policy Number M0016335

DRIVER
 Name of Driver Hwee Peik Hum Angela
 NRIC/ FIN/ Passport S7715329 B
 Date of Birth 26/1977 Occupation Doctor
 Driving Pass Date _____
 Gender Male Female
 Contact Number _____ Tel: _____ Hp: 96821630
 Address 26E Peirce Road Tel: 5248543
 Email Address _____
 Was driver an employee of the Insured's Company? Yes No
 If No, relationship of Driver with the Insured. Spouse

GENERAL INFORMATION OF THE ACCIDENT
 Type of Collision (E.g. Chain Collision/ Head-On, etc) _____
 Weather Conditions Clear Raining Others: _____
 Road Surface Wet Dry Others: _____
 Damage Area _____

OTHER INFORMATION
 Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (Including Witness) No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION
 Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No. _____
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom? _____

Cheong

OWN VEHICLE REGISTRATION NUMBER _____

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 _____

Winson Ng Chin Yong

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

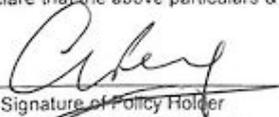
Was Injured conveyed to Hospital by Ambulance? _____

Yes

No

Declaration

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

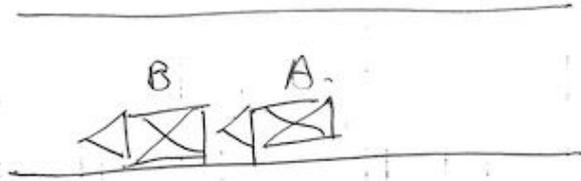

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

SKETCH PLAN



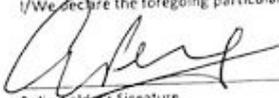
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DECLARATION

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.:

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

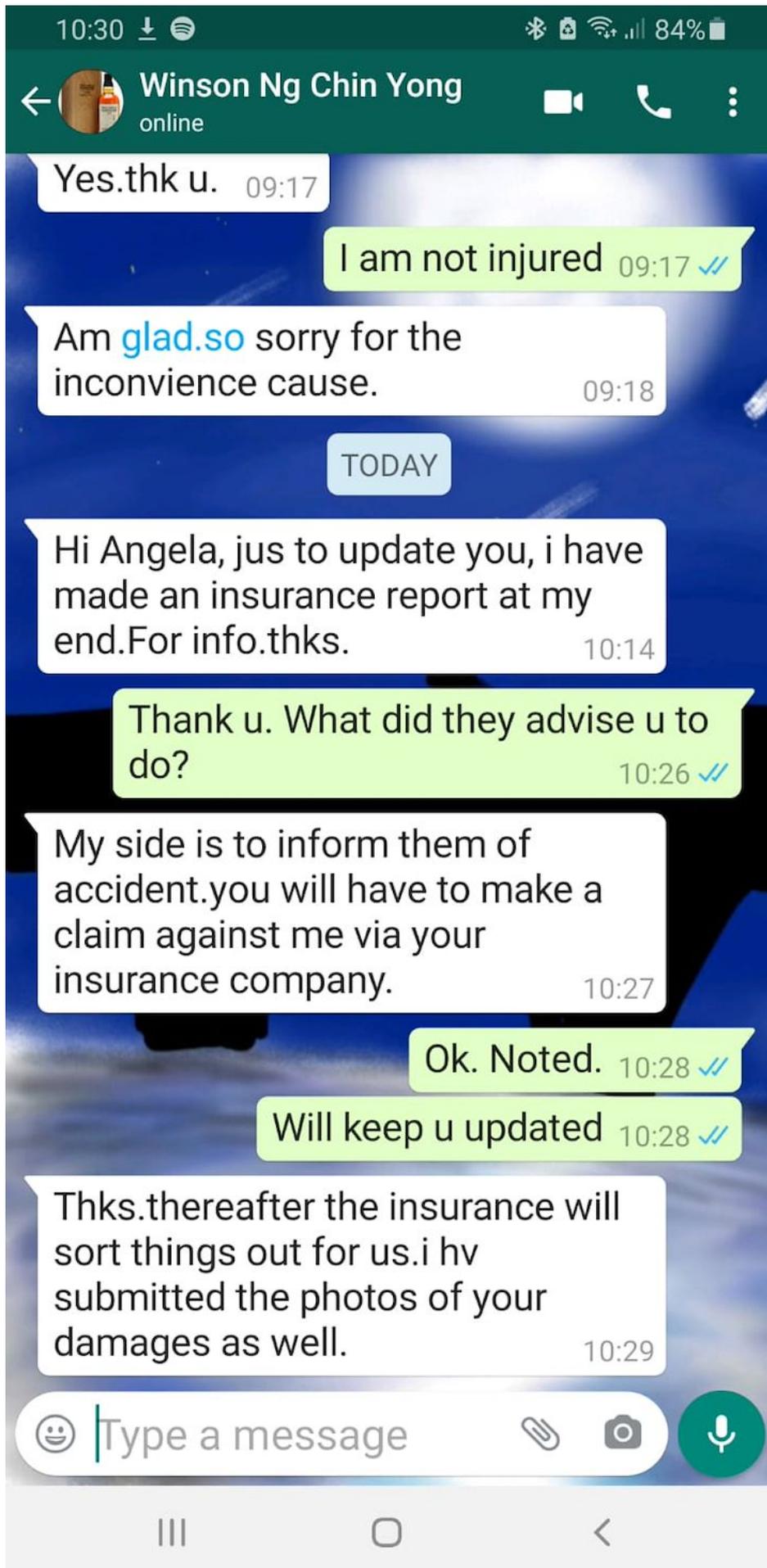
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, notices, 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.



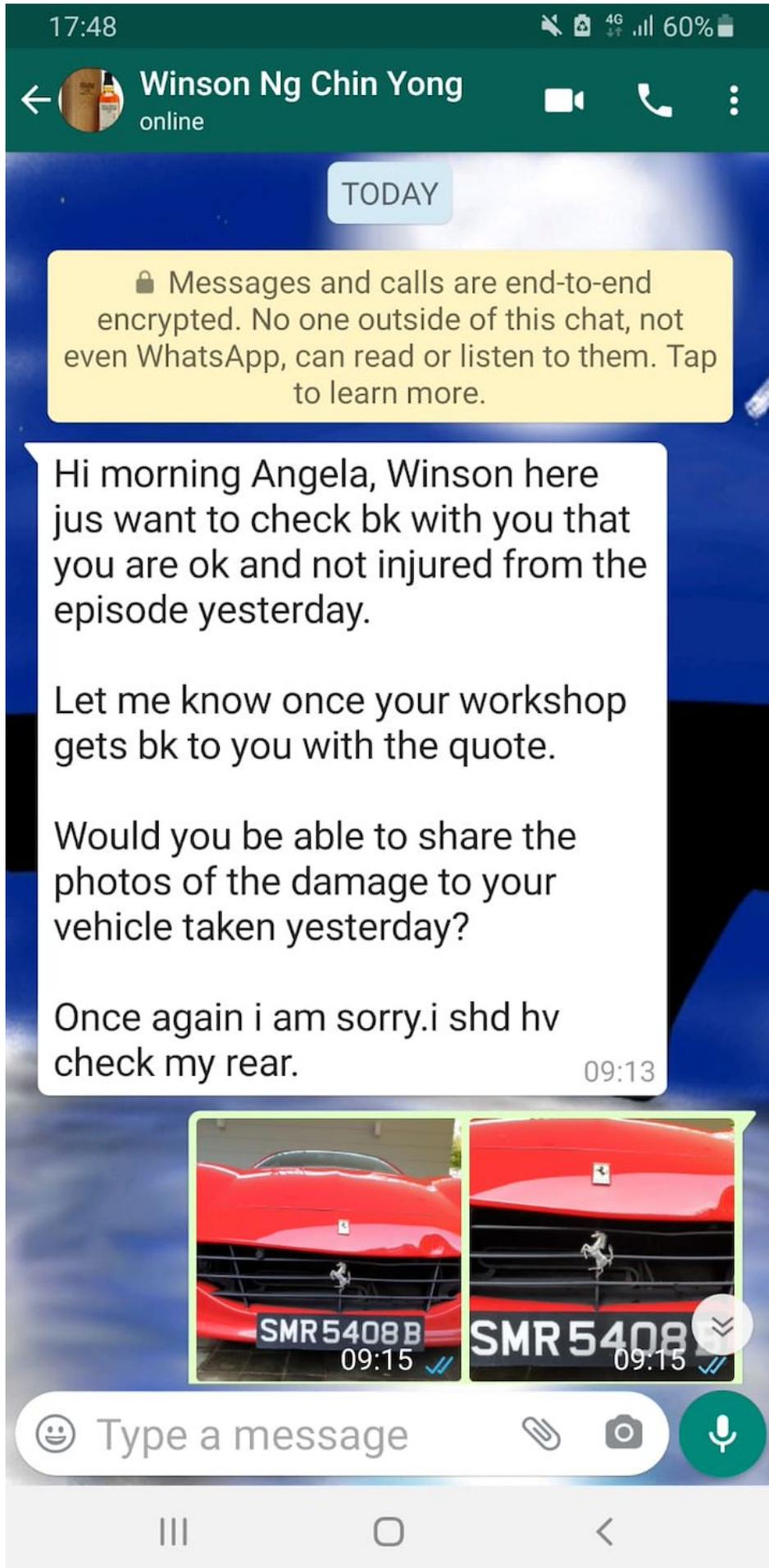
Policyholder's Signature
Date & Time:

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

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







ORIGINAL

**THE SCHEDULE**

Policy Number : M0016335 Agency No : 71120037
 Policy Type : Private Car Agency Name : Assure (Singapore) Pte Ltd
 Insurance Start Date : 17/01/2021 Issue Date : 30/12/2020
 Insurance End Date : 02/01/2022 (Both dates inclusive) Place of Issue : Singapore
 Insured's Name : Benedict Peng Chan Learn
 Insured's Address : 26E Peirce Road Singapore 248543

Premium Due	: S\$	5,190.77
Premium GST	: S\$	363.35
Total Due	: S\$	5,554.12

Risk No. 0001 Motor Private Car

Basic Annual Premium	: SGD10,330.74
Less NCD 50.00%	: SGD5,165.37
NCD Protector 10.00%	: SGD516.54
Demerit Free Discount 5.00%	: SGD284.10

Premium Due	: SGD5,190.77
Premium GST	: SGD363.35
Total Due of this risk	: SGD5,554.12

Registration	: SMR5408B	Make/Model	: FERRARI CALIFORNIA
Type of Cover	: Comprehensive	No. of seats	: 4
Body Type	: Sport	Engine No	: 260570
Capacity cc's	: 3855	Year of Regn	: 2015
Chassis No	: ZFF77XJC000206722		
Certificate Ref	: MX3		

Excess (Sect I, Within SG):	SGD14,000
Excess (Sect I, Outside SG):	SGD28,000
Excess: Windscreen	SGD500

Named Drivers : Benedict Peng Chan Learn
 Hwee Peik Hum Angela (Xu Bihan)

Hire Purchase : Hong Leong Finance Limited

The following benefits apply to this risk

FLOOD &/OR OTHER CONVULSION OF NATURE AND STRIKE, RIOT & CIVIL COMMOTION

LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

PASSENGER LIABILITY

FREE WINDSCREEN COVER WITH IMPOSED EXCESS (IF APPLICABLE)

AUTOMATIC REINSTATEMENT OF WINDSCREEN

SETTLEMENT BASED ON MARKET VALUE AT TIME OF LOSS

Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K)
 One Raffles Quay, #22-01 North Tower, Singapore 048583
 T: +65 6336 0477 F: +65 6339 2109 www.etiqa.com.sg

A Member of Maybank Group



M0016335

71120037

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ORIGINAL



LIMITS OF LIABILITY APPLICABLE:
 Section I - Protection and Removal after Damage or Loss :\$200
 Section I - Authority to repair :\$300
 Section II - (a)Legal liability for death or bodily injury :Unlimited