

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 18/02/2021 11:30 (SGT)
Date of Accident 17/02/2021 08:20 (SGT)
Exact Location of Accident 27 Duke's Rd, Singapore 268908
Additional Location Information Along Duke Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH3083A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACRE ENGINEERING PTE LYD
Company Reg No AXXXXXX649H
Email Address NO@EMAIL.COM
Mobile Phone No (Phone) +65-64523868
Alternative Phone No +65-93854480

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0015539
Cover Note Number -

DRIVER

Name of Driver CHUA HO CHUAN
NRIC No SXXXX098F
Date Of Birth 29/09/1973
Occupation Outdoor

Date Of Driving Pass	16/04/1994
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93854480
Alt. Phone Number	-
Email Address	NO@EMAIL.COM
Address	4 QUEENS ROAD #05-127
Address complement	-
Postcode	260004
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Number of Passengers (Including Driver)	0
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

ATTACHMENT(S)

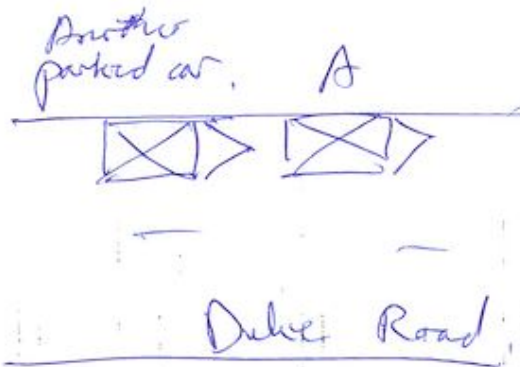
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK6817U
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	MDM ZHANG
Contact Number	(Phone) +65-90691220
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Driver of the company van at Duke's Rd, I collect on 17/12/21 around 0820am to work saw front driver side scratch and a note left at the window.

A - GBH3083A

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.:



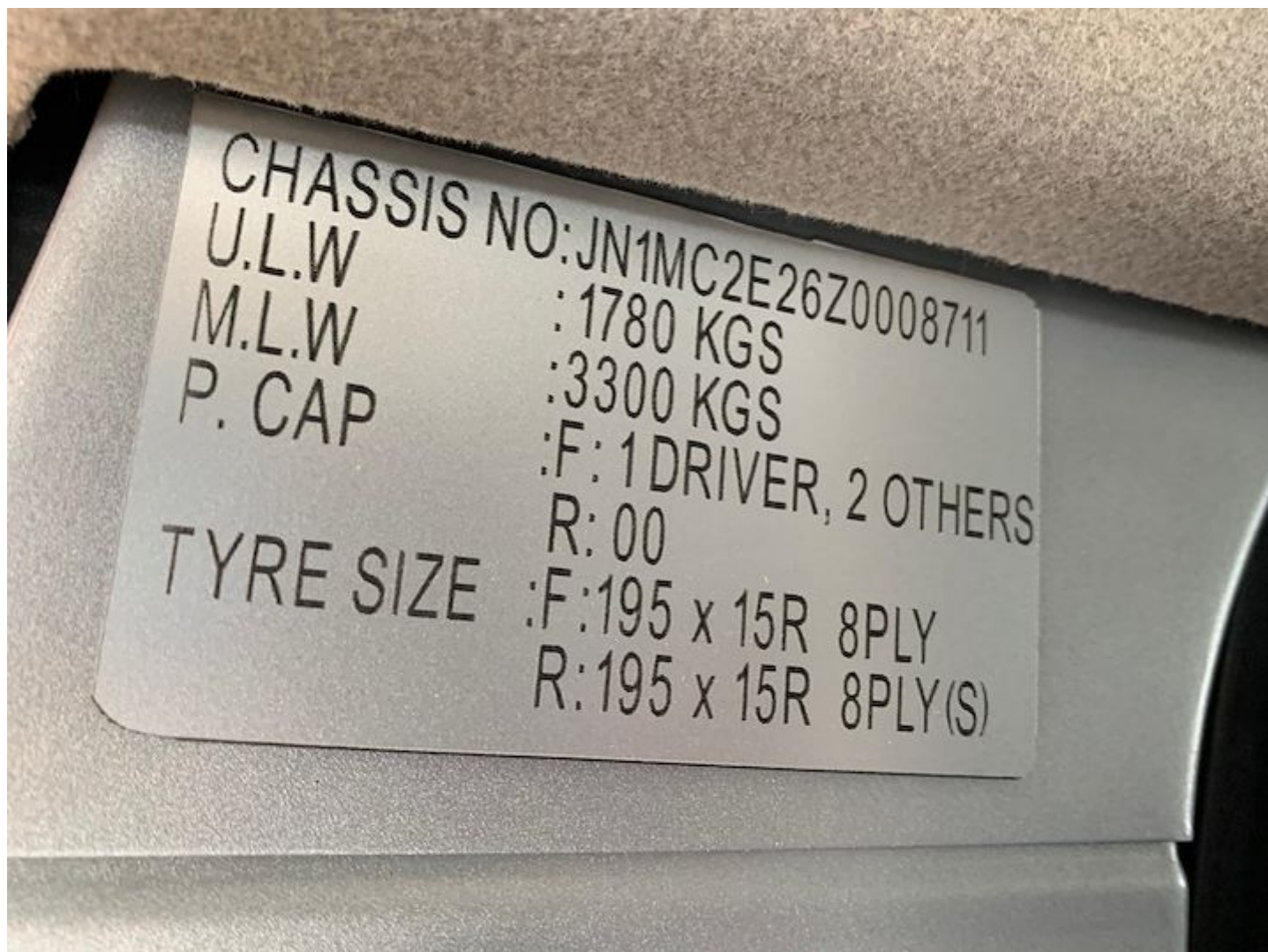




















MZ300
70000061
Cov. Type: CO

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. M0015539

1. Index Mark and Registration Number of Vehicle GBH3083A

2. Name of Policyholder Acre Engineering Pte Ltd

3. Effective Date of Commencement of Insurance for the purposes of the Act 13/04/2020 Excess: Sect I S\$500

4. Date of Expiry of Insurance 12/04/2021

5. Persons or Classes of Persons entitled to drive

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

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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
(iv) LIABILITY ARISING FROM OR IN CONNECTION WITH THE CARRIAGE OF INFLAMMABLE LIQUIDS OR GASES INCLUDING LPG IN CYLINDERS.

• 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.sdic.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).

For and on behalf of **Etiqa Insurance Pte. Ltd.**

Approved Insurer

Authorised Signature

GOP93167 04/03/2020 15:57:59



Sorry to scratch
your car paints .

please call 90691220

Mdm. Zhang .

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident 17/2/21	Time 820	Location of Accident Along Duke Road
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number GBH 3083A		
Name of Policyholder ACRE Engineering Pte Ltd		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) A19 8400649M		
Address 104 Tyne Lane		
Contact Number 64523868	Hp: 93854480	
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model Nissan NV350		
Type of Vehicle Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____		
Exact Purpose for which vehicle was being used at the time of accident		
Are you claiming under your own insurance policy?		
Vehicle category		
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company		
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
DRIVER		
Name of Driver CHUA HO CHUAN		
NRIC/ FIN/ Passport 57347098F		
Date of Birth 29/11/75		
Occupation Driver		
Driving Pass Date		
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Hp: 93854480	
Address		
Email Address		
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)	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: _____	
Weather Conditions	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others: _____	
Road Surface		
Damage Area		
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

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

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)

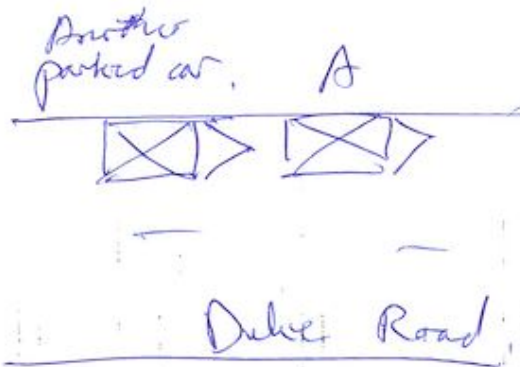
Date & Time

6

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

Date & Time

SKETCH PLAN



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Date & Time:

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

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

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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, notices, receipts 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.: