

# 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 ..... 11/03/2021 18:18 (SGT)  
Date of Accident ..... 10/03/2021 13:40 (SGT)  
Exact Location of Accident ..... Loyang Ave, Singapore  
Additional Location Information ..... LOYANG AVE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE116A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LAI YEW SENG PTE LTD  
Company Reg No ..... 2XXXXX711E  
Email Address ..... RAJ@LAIYEWSENG.COM.SG  
Mobile Phone No ..... (Phone) +65-90275950  
Alternative Phone No ..... (Office) +65-62549851

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
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 ..... M0008313  
Cover Note Number ..... 13/08/2020 - 12/08/2021

### DRIVER

Name of Driver ..... GOVINDARAJ GAJENDRAN  
Passport No/FIN ..... GXXXX196N  
Date Of Birth ..... 15/05/1989  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/09/2013
Driving experience .....	7 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93926340
Alt. Phone Number .....	-
Email Address .....	RAJ@LAIYEWSENG.COM.SG
Address .....	7 TOA PAYOH LOR 8 INDUSTRIAL PARK #01-1247
Address complement .....	-
Postcode .....	319059
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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 .....	GX1685H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN XIN HUI AMELIA
NRIC No .....	SXXXX395D
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SHA4666C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	MOK CHEOK LIANG
NRIC No .....	SXXXX439B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



**SKETCH PLAN****IMPORTANT NOTICE**

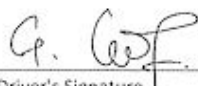
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.:



































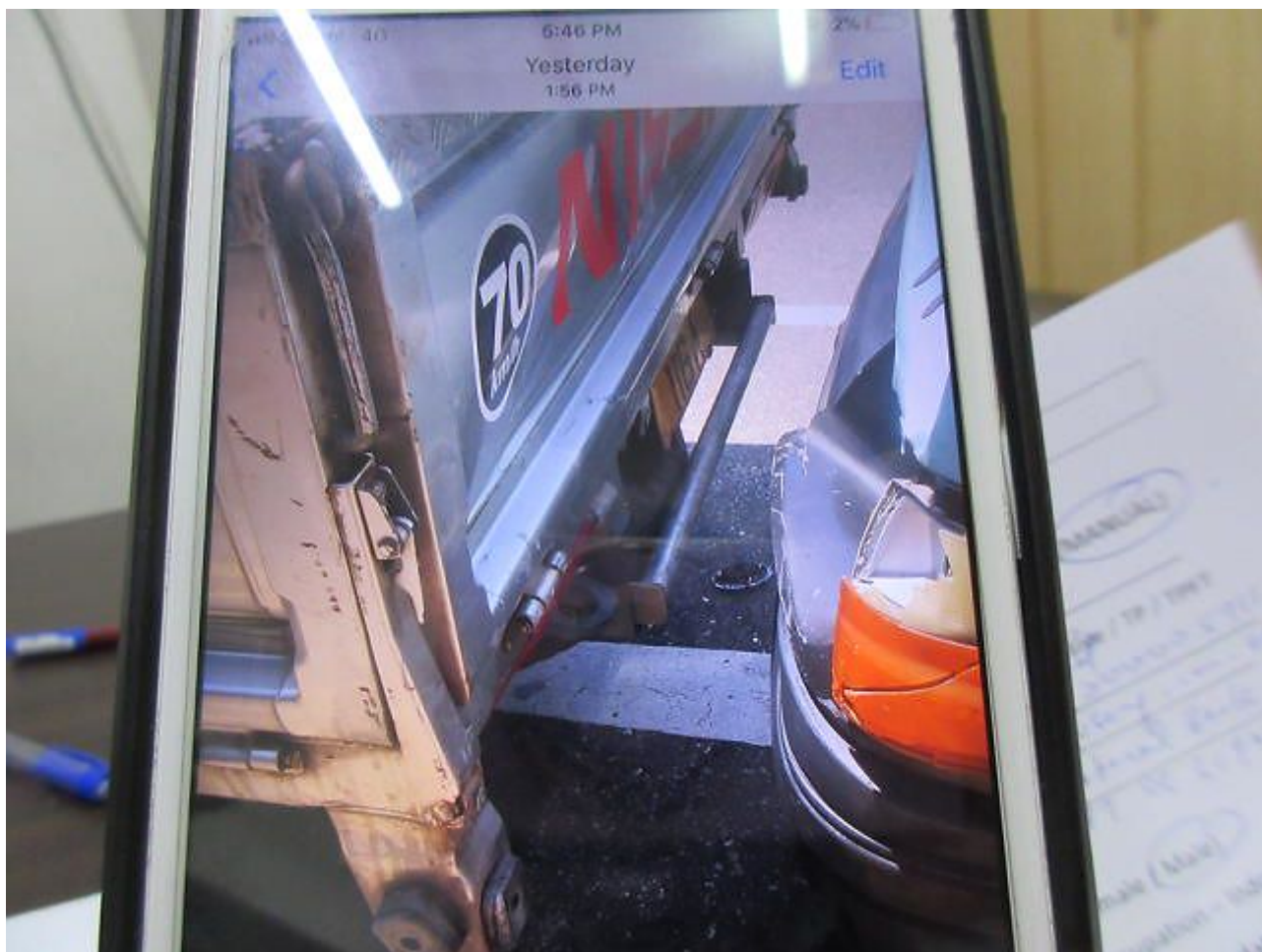


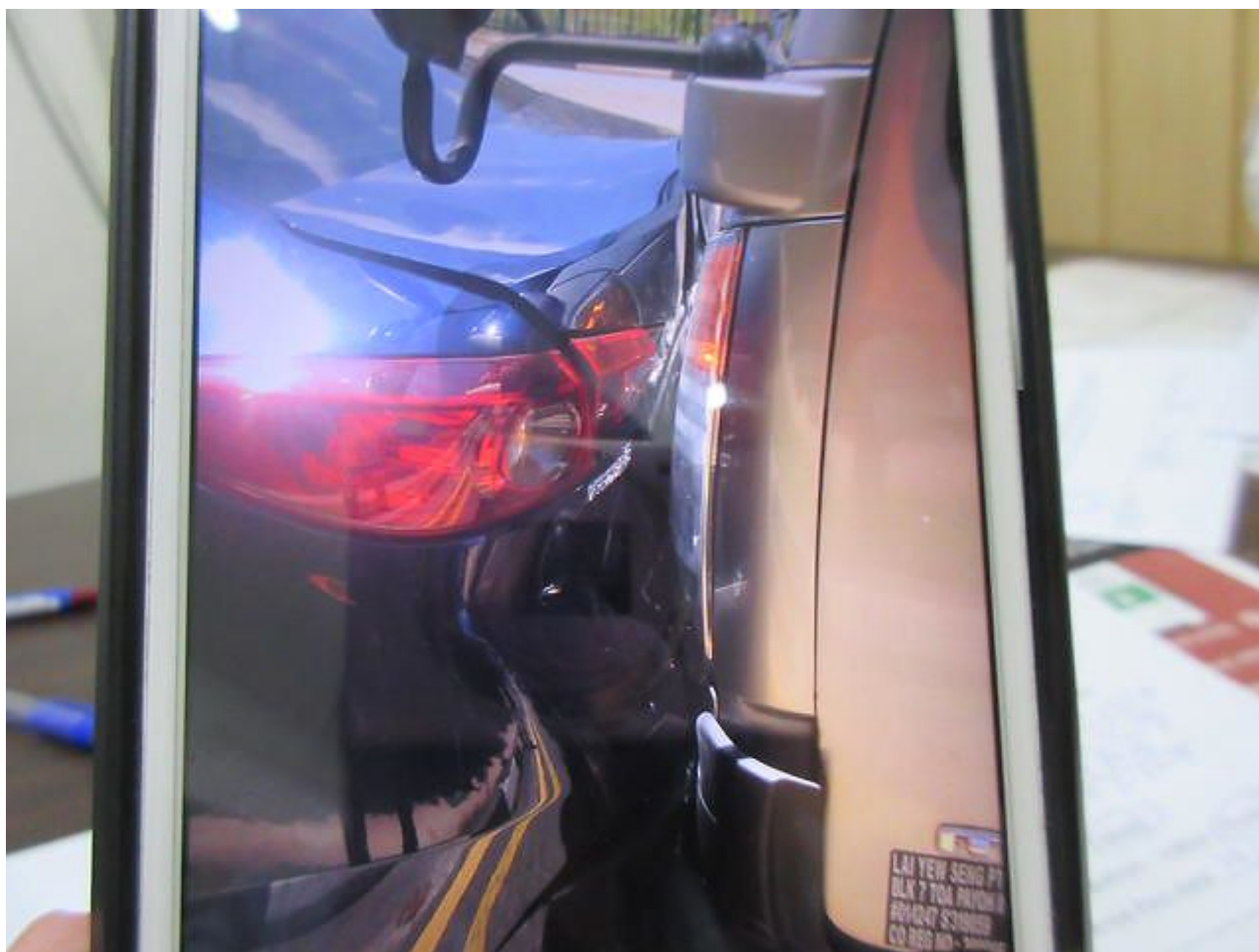






























MZ300  
70000136  
Cov. Type: Comprehensive

### 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. M0008313

- |  |   |                |        |
|--|---|----------------|--------|
| 1. Index Mark and Registration Number of Vehicle                           | GBE116A   |                |        |
| 2. Name of Policyholder  | Lai Yew Seng Pte Ltd  |                |        |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 13/08/2020  | Excess: Sect I | SS 650 |
| 4. Date of Expiry of Insurance   | 12/08/2021  |                |        |
| 5. Persons or Classes of Persons entitled to drive                         | Engine No : Z030001320N<br>Chassis No : JN1SC2F24Z0857586<br>Hire Purchase : Hong Leong Finance Limited |                |        |

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

YIQU8GI 22/07/2020 12:32:26



For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature



eTiQa

Insurance

INTERVIEW FORM

Name (Driver): Govindaraj Gajendran

Policy No: M0008313

Vehicle No: G8E116A

Place of Accident: Loyang Ave.

Insured Driver's relationship with Insured: employee

Drink Driving of Insured and/or Insured Driver: NIL

No of passenger(s) in Insured vehicle: NIL

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

Third Party Vehicle No (if any): GX1685H

No of passenger(s) in Third Party Vehicle: NIL


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

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

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

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)

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

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

Etika Insurance Pte Ltd  
One Raffles Quay  
#22-01 North Tower  
Singapore 048563

T +65 63360477  
F +65 63392109

www.etika.com.sg  
Company Reg. No. 201331051K

A Member of  Maybank Group