

# 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 .....	06/07/2021 15:09 (SGT)
Date of Accident .....	03/07/2021 12:10 (SGT)
Exact Location of Accident .....	Choa Chu Kang Ave 1, Singapore
Additional Location Information .....	CHOA CHU KANG AVE 6 JUNCTION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMG6410U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SF LEASING PTE LTD
Company Reg No .....	2XXXXX564D
Email Address .....	aili@successforever.com.sg
Mobile Phone No .....	(Phone) +65-82811043
Alternative Phone No .....	+65-82811043

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqua Insurance Pte Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	MA009564
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SUDHIN PILLAI
NRIC No .....	SXXXX478D

Date Of Birth .....	17/02/1985
Occupation .....	Indoor
Date Of Driving Pass .....	13/03/2006
Driving experience .....	15 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82811043
Alt. Phone Number .....	-
Email Address .....	sudhinpillai@outlook.com
Address .....	BLK 812C CHOA CHU KANG AVE 7 #12-629
Address complement .....	-
Postcode .....	683812
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NESHWIN ZEDHIN PILLAI
Gender .....	Male

#### 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

ON THE THIRD OF JULY 2021 AT ABOUT 12.10PM, I STOPPED AT THE TRAFFIC LIGHT. MY VEHICLE WAS STATIONARY WHEN THE VEHICLE (SMX2886S) HIT ONTO MY VEHICLE FROM THE BACK. THE INCIDENT HAPPENED AT THE JUNCTION AT CHOA CHU KANG AVE 1 AND CHOA CHU KANG AVE 6.

#### 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 .....	SMX2886S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOH EN QI
Contact Number .....	(Phone) +65-91835632
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

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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 export 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 to 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 in
  - (ii) for complying with requirements under any regulations, laws or court orders

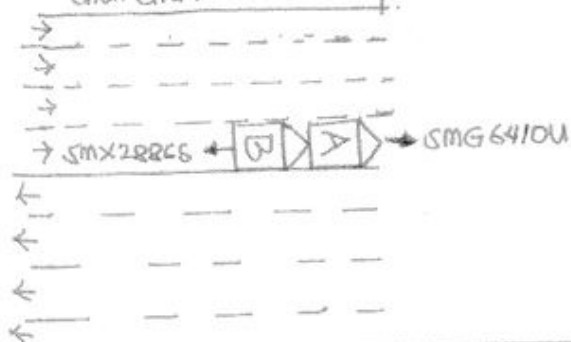
Policyholder's Signature  
Date & Time  
6/7/21



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

Reporting Centre Person's Name  
Name  
NRIC/FIN No.

CHOA CHU KANG AVE 1



POB CHN  
ANG, ANE  
6

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 3rd of July 2021 at about 12:10pm, I stopped at the traffic light. My vehicle was stationary when the vehicle 8MX 2886S hit my vehicle from the back. The incident happened at the junction at CHOA CHU KANG AVE 1 and CHOA CHU KANG AVE 6

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time: \_\_\_\_\_



Driver's Signature \_\_\_\_\_

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

Date &amp; Time

etiqa

Insurance

## INTERVIEW FORM

Name (Driver) : SUDHIN PILLAI

Policy No : MA009564

Vehicle No : SMG 64104

Place of Accident : Junction of CHOA CHU KANG AVE 1 & CHOA CHU KANG AVE 6

Insured Driver's relationship with Insured : Friend's car

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:  
Back and neck soreness, CCK family clinic

Third Party Vehicle No (if any) : SMX 2886S

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 involved:  
Head to rear collision and my boot and front headrest were all damaged.

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

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)

Driver (Name & Signature) : SUDHIN PILLAI

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) : \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Etiqa Insurance Berhad (Company Reg. No. T097C0054K)  
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 2109

A Member of the **MSYBANK** Group























MX4  
71120037  
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.** MA009564

- |  |                     |                         |                              |
|--|---------------------|-------------------------|------------------------------|
| 1. Index Mark and Registration Number of Vehicle                           | SMG6410U            |                         |                              |
| 2. Name of Policyholder  | SF LEASING PTE. LTD |                         |                              |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 02/07/2020          | Excess: Named Drivers   | \$\$ 800                     |
|  |                     | Excess: Unnamed Drivers | \$\$ 1,300                   |
| 4. Date of Expiry of Insurance   | 07/07/2021          |                         |                              |
| 5. Persons or Classes of Persons entitled to drive                         |                     | Engine No               | : 27182030031872             |
|  |                     | Chassis No              | : WDD2040492A377272          |
|  |                     | Hire Purchase           | : Hong Leong Finance Limited |

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

SOH BENG CHEE

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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR 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 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 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).

GOP93167 22/12/2020 17:34:39



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

Authorised Signature