

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 12/08/2021 16:18 (SGT)
Date of Accident 12/08/2021 11:55 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information T-junction of Thomson Road & Balestier Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA5157C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Gravity Car Leasing Pte Ltd
Company Reg No 202112245W
Email Address hysm@live.com.sg
Mobile Phone No (Phone) +65-81018820
Alternative Phone No (Office) +65-64515752

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0016926
Cover Note Number -

DRIVER

Name of Driver Gan Bin Di
NRIC No S8736760F

Date Of Birth	12/11/1987
Occupation	Outdoor
Date Of Driving Pass	10/09/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81018820
Alt. Phone Number	-
Email Address	hyms@live.com.sg
Address	856 Woodlands Street 83 #07-06
Address complement	-
Postcode	730856
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL3129G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBL3129G
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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, 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.

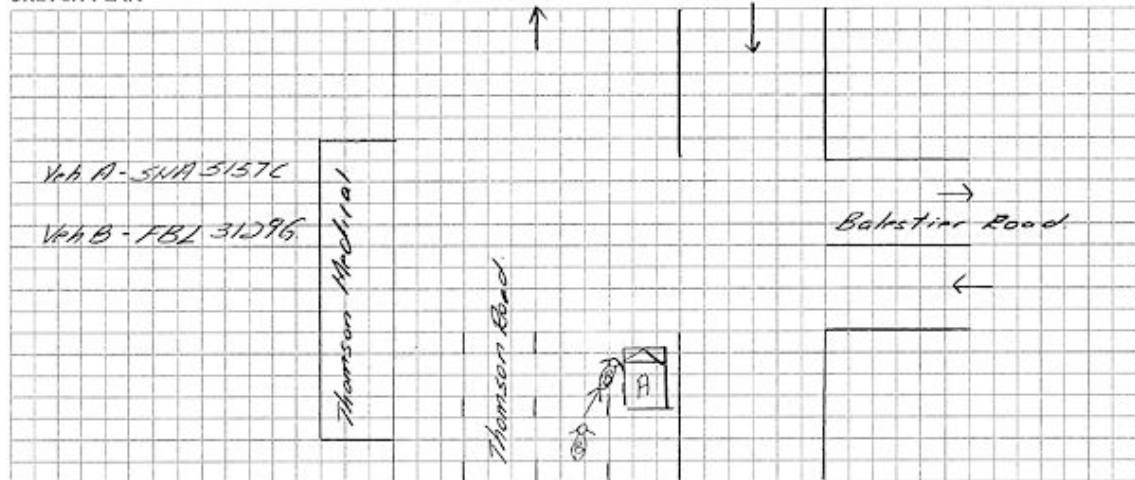


Policyholder's Signature
Date & Time: 12 AUG 2021

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12 AUG 2021

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

12 AUG 2021

GIARMC SketchPlanForm_V3

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

12 AUG 2021

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

Jenny Lim













**SINGAPORE
POLICE FORCE**



L/20210812/7024

1 of 2

POLICE REPORT (NP299)

Report No. L/20210812/7024

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 12/08/2021 15:05	Vide Report No.	Station Diary No.
Name Of Informant GAN BIN DI	Address 856 WOODLANDS STREET 83 #07-06 SINGAPORE 730856	
ID Type / ID No. NRIC NO / S8736760F	Contact No. Home/Office: Mobile: 81018820	
Nationality SINGAPORE CITIZEN	Email Address gbd_ace@hotmail.com	
Occupation GRAB DRIVER	Sex Female	Age 33
Institution/School Name	Date of Birth 12/11/1987	Race Chinese
Date/Time Of Incident 12/08/2021 11:55	Location Of Incident THOMSON ROAD	

Brief details.

ON THE STATED DATE AND TIME MY VEHICLE A (SNA5157C) WAS WAITING AT TRAFFIC LIGHT ALONG THE T-JUNCTION BETWEEN THOMSON ROAD AND BALESTIER ROAD (OUTSIDE THOMSON MEDICAL CENTRE).

VEHICLE B (FBL3129G) CAME TOWARDS ME FROM THE SECOND LANE OF THOMSON ROAD, CUT INTO MY LANE AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE A WHILE I WAS DOING A RIGHT TURN. VEHICLE B LOST HIS BALANCE AND FELL ONTO THE GROUND. HE SAID

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2021 15:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



L/20210812/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210812/7024

THAT HE WAS ALRIGHT WHILE I HELPED HIM UP. THEN WE LEFT WITHOUT EXCHANGING ANY DETAILS.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2021 15:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





92400
81120008
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. M0016926

- | | | | |
|--|-----------------------------|-----------------------------|-----------|
| 1. Index Mark and Registration Number of Vehicle | SNA5157C | | |
| 2. Name of Policyholder | Gravity Car Leasing Pte Ltd | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 26/06/2021 | Excess: Sect I | S\$ 2,000 |
| | | Excess: Section II | S\$ 1,500 |
| | | Excess: Windscreen | S\$ 100 |
| 4. Date of Expiry of Insurance | 25/06/2022 | | |
| 5. Persons or Classes of Persons entitled to drive | Engine No | : L15B6051357 | |
| | Chassis No | : GK82201124 | |
| | Hire Purchase | : Singapura Finance Limited | |

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iii) 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 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).

gop93167 28/06/2021 18:44:07



For and on behalf of **eTiqa Insurance Pte. Ltd.**
Approved Insurer

Authorised Signature