

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 08/01/2021 17:38 (SGT)
Date of Accident 07/01/2021 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4166Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOOD PRICE CENTRE
Company Reg No 53068334B
Email Address GPC6868@GMAIL.COM
Mobile Phone No (Phone) +65-62877831
Alternative Phone No +65-62877831

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FEB21EA20526
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0009165
Cover Note Number -

DRIVER

Name of Driver TANG ENG KEE
NRIC No S7763653F
Date Of Birth 17/10/1977
Occupation Outdoor

Date Of Driving Pass	01/07/2003
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82398460
Alt. Phone Number	-
Email Address	ENGKEETANG@GMAIL.COM
Address	BLK 503 WOODLANDS DR 14 #02-64
Address complement	-
Postcode	730503
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHENG GUAN
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 ABOVE MENTION DATE AND TIME, I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUDDENLY I FELT AN IMPACT FROM THE BACK. WHEN I GET DOWN OF MY VEHICLE, I SAW THAT IT WAS A FOUR VEHICLE CHAIN COLLISION.

DURING TIME OF ACCIDENT, I WAS GOING BACK TO MY OFFICE.

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	GBG2542D
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	SBE555R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 3

Vehicle Registration Number	GBK3257A
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)	-

SKETCH PLAN

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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' law firm/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' law firm/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 law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

WOOD PRICE CENTRE
8 Vishnu Industrial Street
#07-71 North Spring Bizhub
Singapore 768163

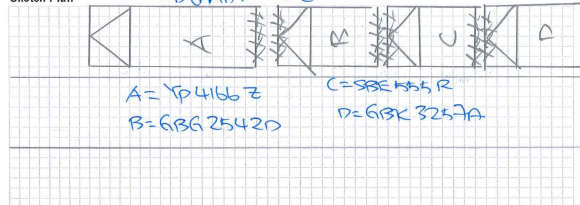
通車汽車服務有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-11 Woodlands Industrial Park
Singapore 757700
Tel: 6395 8696 (Chinese) Fax: 6219 2095

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above mention date & time, I was
waiting for the Traffic light to turn Green.
Suddenly I felt an impact from the back.
When I get down of my vehicle, I saw
that it was a four vehicle chain collision.

*During time of Accident, I was
going back to my office.

Declaration

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

GOOD PRICE CENTRE
7 Yishun Industrial Street 1
#07-71 North Spring Bizhub
Singapore 768143

Policyholder's Signature / Date &
Time

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

建宏成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 759000
Tel: 6219 2098 (Sales) Fax: 6219 2996
ESTHER LIM

Witnessed by Reporting Centre
Personnel





































eTiqa
Insurance

INTERVIEW FORM

Name (Driver) : TANG ENG KEE

Policy No : MW09165

Vehicle No : YP4166Z

Place of Accident : Woodlands Ave 2

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 1 DRIVER & 1 PASSENGER

Injury to Insured and/or Insured driver, please indicate which hospital: NO

Third Party Vehicle No (if any) : B-6862542D, C-888555R, D-68K325A

No of passenger(s) in Third Party Vehicle : 2, 1, 3

Injury to Third Party driver and/or passenger(s), please indicate which hospital: NO

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

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 license of Insured driver and/or Third Party driver if a worker is involved) GOOD PRICE CENTRE

Driver (Name & Signature) / Date : [Signature]

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

Attested by (Name & Signature) / Date : [Signature]

Workshop Name: CYS AUTOMOBILE

eTiqa Insurance Pte Ltd
One Raffles Quay
#12-01 North Tower
Singapore 048583
T +65 63460477
F +65 63332109
www.eTiqa.com.sg
Company Reg. No. 20050906

Attestation of Maybank Corp

92300
70000061
Cov. Type: Comprehensive

eTiqa
Insurance

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. M0009165

1. Index Mark and Registration Number of Vehicle YP4166Z

2. Name of Policyholder Good Price Centre

3. Effective Date of Commencement of Insurance for the purposes of the Act 15/09/2020 Excess: Sect I \$5 500

4. Date of Expiry of Insurance 14/09/2021

5. Persons or Classes of Persons entitled to drive Engine No : 4P10C14670
Chassis No : FED21EA20526

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 WHILE 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 this 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 SIA / IA or SDIC website (www.sia.org.sg or www.ia.org.sg or www.sdic.org.sg).

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

T20Q9RG1 27/08/2020 16:27:48

