

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 10/09/2021 17:42 (SGT)
Date of Accident 10/09/2021 13:00 (SGT)
Exact Location of Accident 904 Jurong West Street 91, Singapore 640904
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC3111J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Woon Siang Chin, Sebastian
NRIC No S9334483I
Email Address sebastian.empty@hotmail.com
Mobile Phone No (Phone) +65-81888065
Alternative Phone No +65-81888065

VEHICLE PARTICULARS

Manufacturer Audi
Model Rs3
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA015735
Cover Note Number -

DRIVER

Name of Driver Woon Siang Chin, Sebastian
NRIC No S9334483I

Date Of Birth	02/09/1993
Occupation	Outdoor
Date Of Driving Pass	12/11/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81888065
Alt. Phone Number	+65-81888065
Email Address	sebastian.empty@hotmail.com
Address	Blk 904, Jurong West St 91, #09-141
Address complement	-
Postcode	640904
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

Refer to attached sketch plan.

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	GBE5789A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Basri Bin Bakri
NRIC No	S1639488B
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' 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.

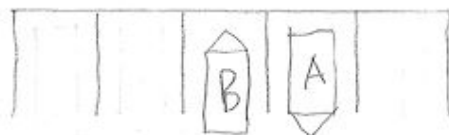


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A-SJC3111J
B-GRE5789A

Please note that you might be able to submit an own damage claim under your own policy within 14 days.

() CLAIM OWN DAMAGE

() CLAIM THIRD PARTY

(✓) Reporting Only

() CLAIM AT OTHER WORKSHOP

Describe Circumstances of the Accident

When I arrival to the carpark ~~to~~ to drive mine car ~~to~~ my car was already
 damage and the driver who hit my car was there and he told me the
 whole incident that he ~~was~~ how he hit my car and I look around the
 incident places I saw a witness I approach him he ~~verify~~ and witness
 the whole accident he was there.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Wen

10/9/2021

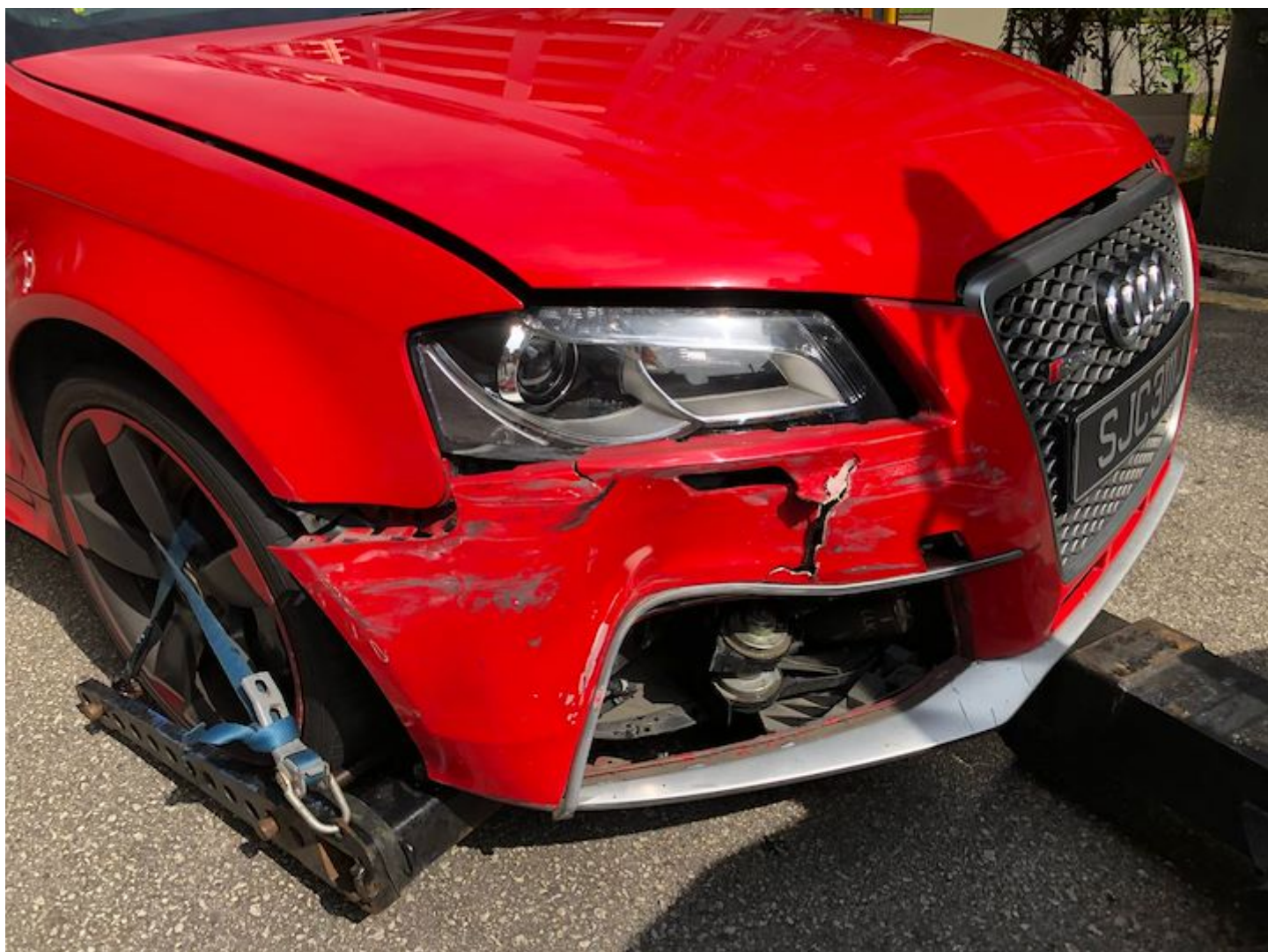
Driver's Signature (If driver is not the policyholder) / Date
& Time

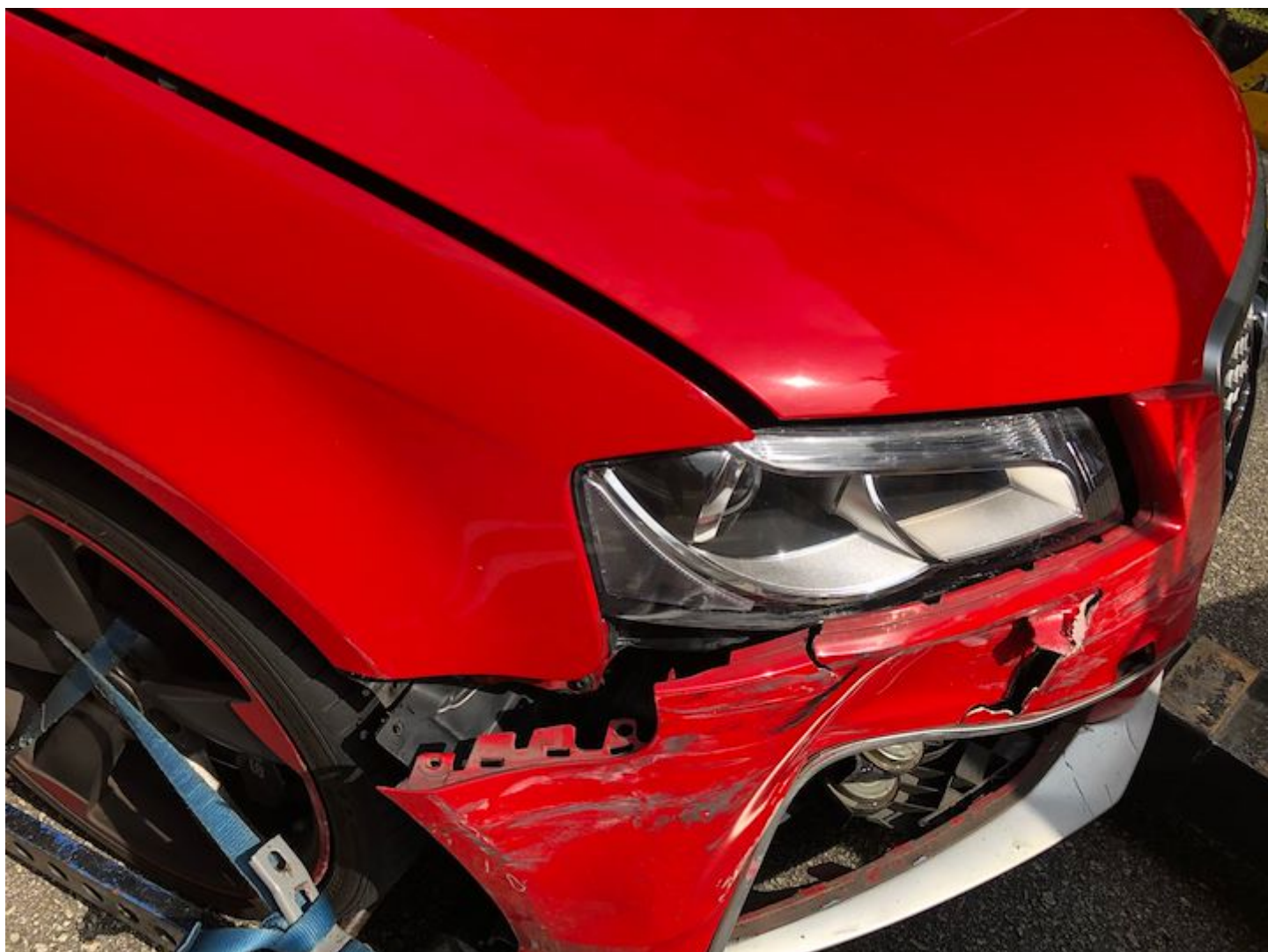
Witnessed by Reporting Centre
Personnel

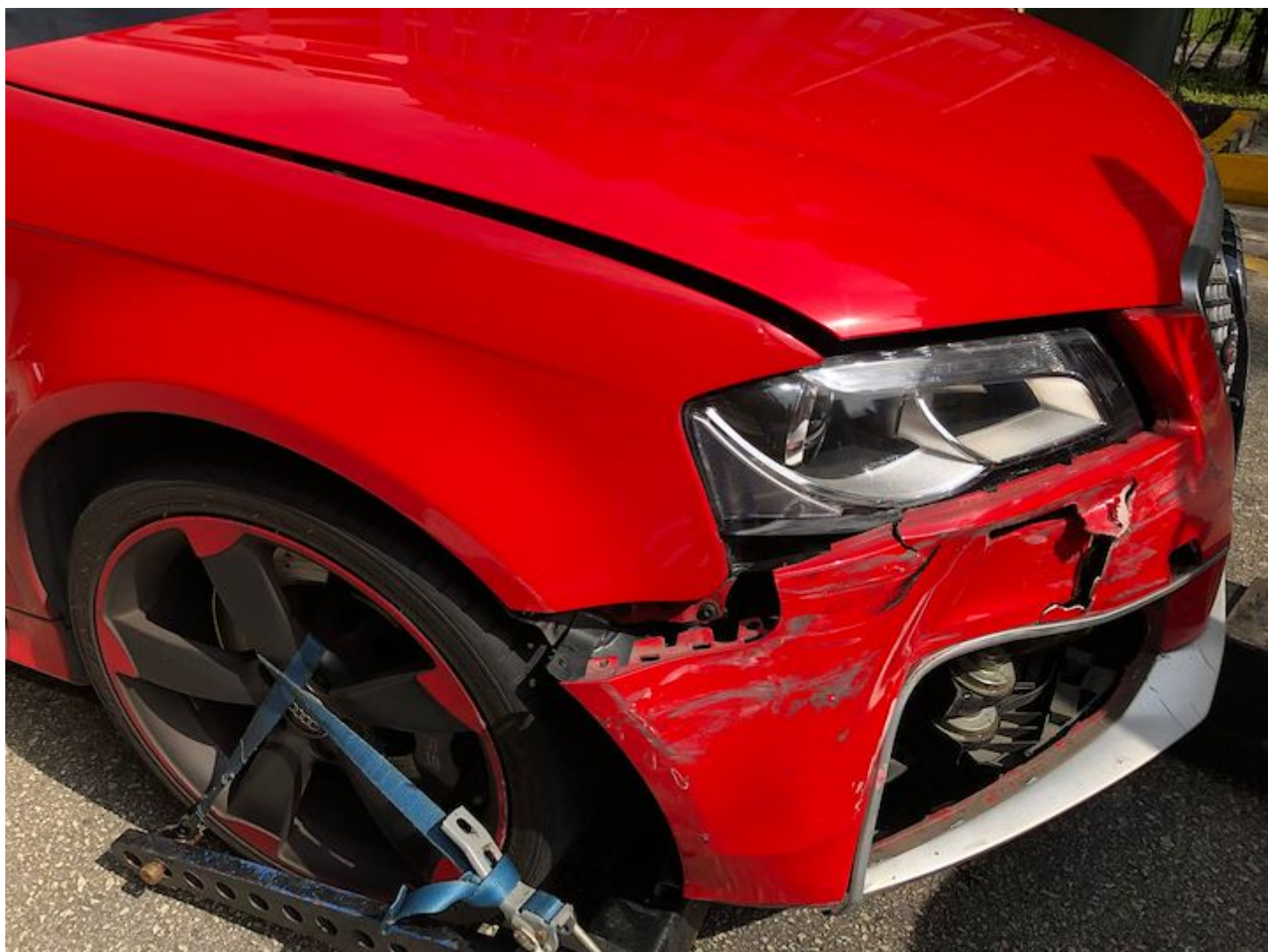
M 10/9/21





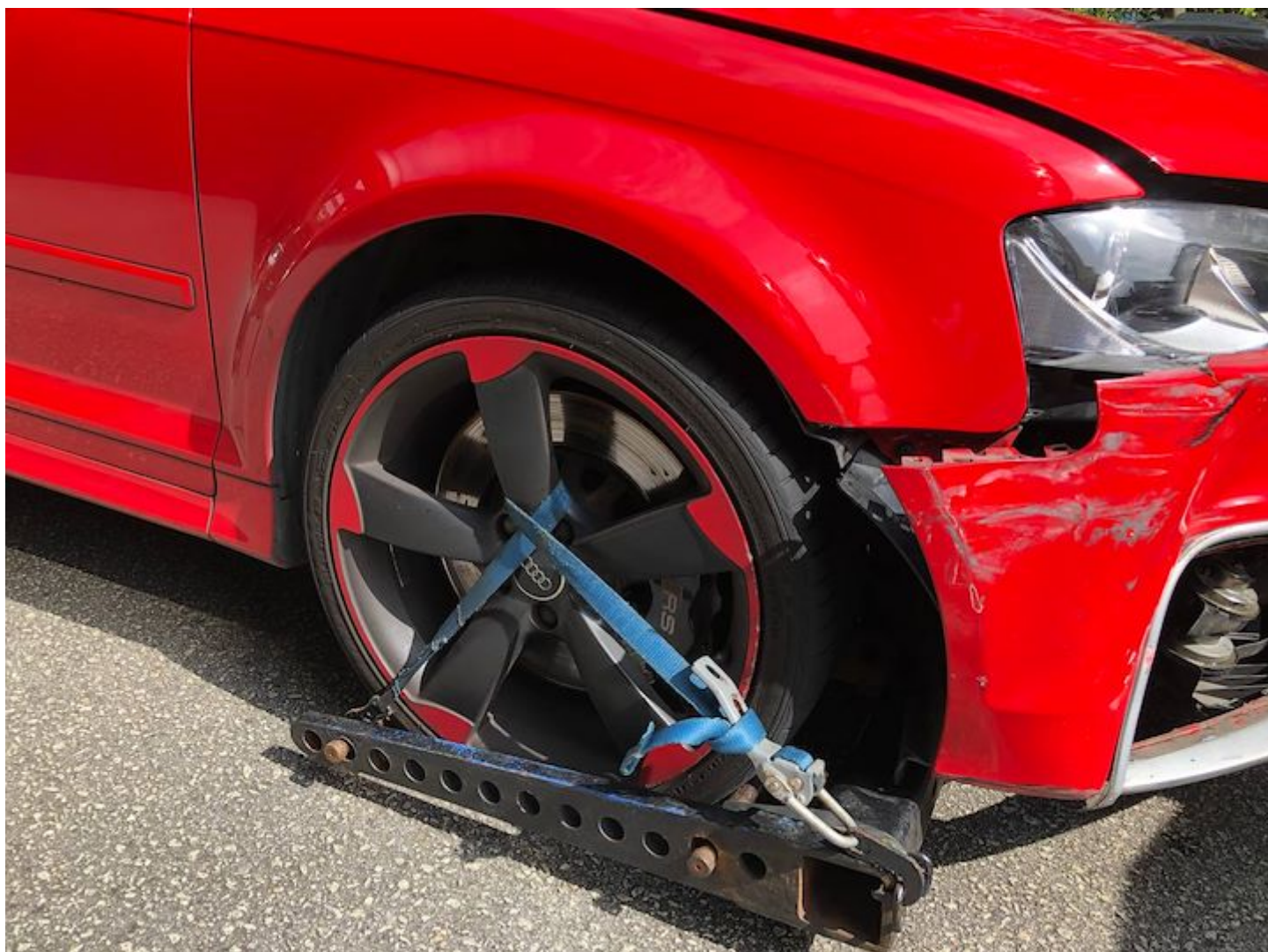




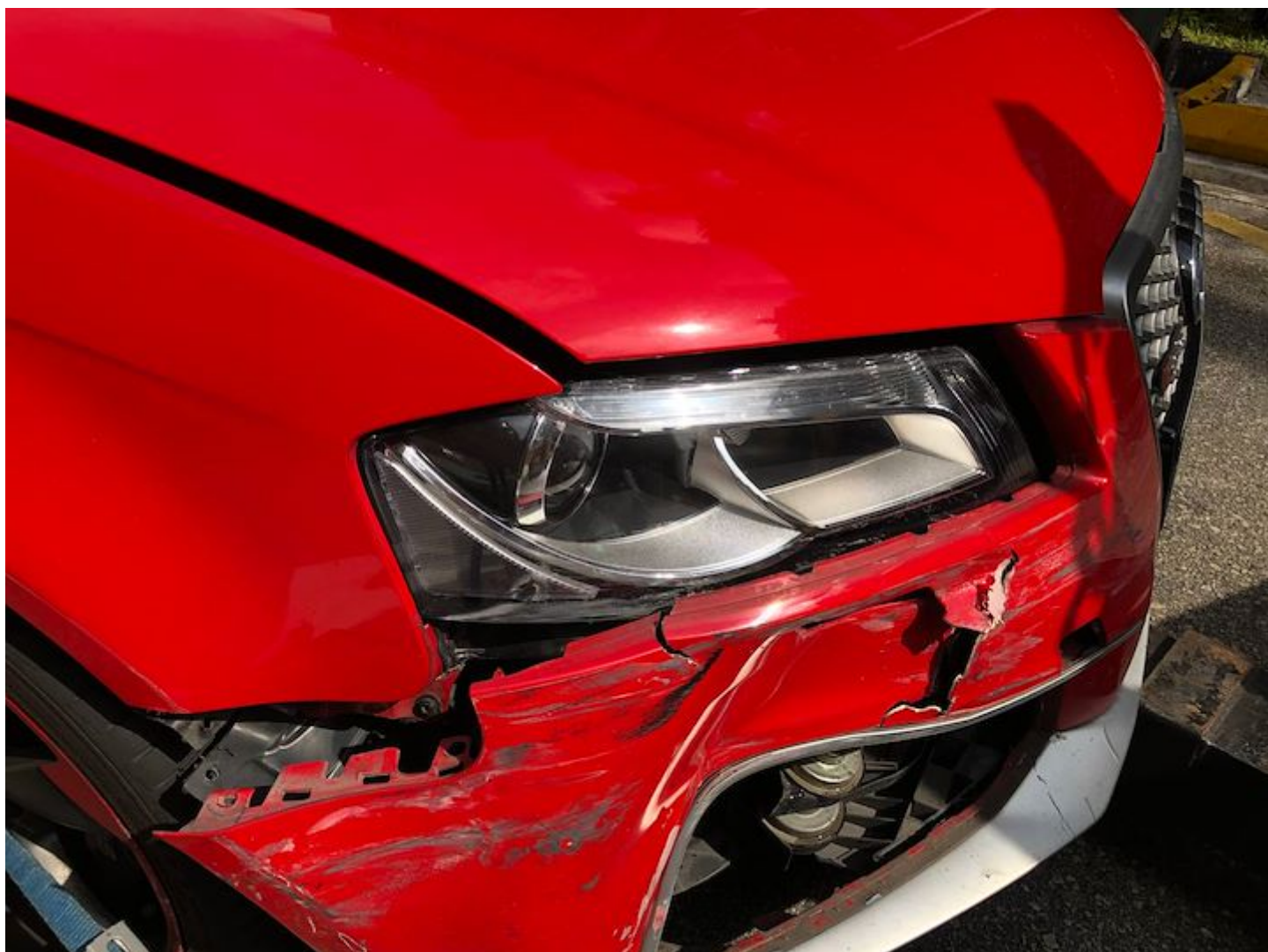
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 348580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S95530206 / GST Reg. No.: M499217735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SW0B219A0004 Vehicle Registration No: SJC3111J
 Name (as shown in NRIC): Sebastian Woon Siang chin NRIC/FIN/Passport No: S9334483I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: Jurong west street 91 B1K904 #09-141 Singapore ()
 Contact (Tel): 81888065 Mobile No.: 81888065
 Email Address: Sebastian.empty@hotmail.com
 Date of Accident: 10/09/2021 Time of Accident: 1300
 Place of Accident: Jurong west street 91 B1K904
 Insurance Company: ETiQa

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to clarify my statement, I parked my car at 904 Jurong west
street 91 carpark. When I came down, I saw that my vehicle
front portion was damaged. The 3rd party was still at the scene
when I came back to my car. Along with him was a witness
who saw exactly what happened. I was told that vehicle B
was trying to exit the parking lot when he misjudged
the parking lot and collided onto my vehicle

Woon 13/09/21

Policyholder / Driver's Signature
 Date:

13/09/2021

Reporting Centre/Personnel's Signature
 Name:



MX1
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. MA015735	
1. Index Mark and Registration Number of Vehicle	SJC3111J
2. Name of Policyholder	WOON SIANG CHIN, SEBASTIAN
3. Effective Date of Commencement of Insurance for the purposes of the Act	10/09/2021
4. Date of Expiry of Insurance	09/09/2022
5. Persons or Class of Persons entitled to drive (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION	Engine No.: CEP006774 Chassis No.: WUAZZZ8P1C1901110 Hire Purchase: AUTOTRUST CREDIT PTE LTD Excess (Named Drivers): S\$600.00 Excess (Unnamed Drivers): S\$1100.00
<p>WOON SIANG CHIN, SEBASTIAN</p> <p>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 SO 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.</p>	
<p>6. Limitations as to use</p> <p>USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(I) USE FOR HIRE OR REWARD.</p> <p>(II) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(III) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.</p> <p>(IV) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p> <p>* Limitations rendered inoperative by Section 3 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 headings.</p>	

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' 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 General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

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


Authorised Signatory



INTERVIEW FORM

Name (Driver) : Sebastian Woon Siang Chin

Policy No : MA015735

Vehicle No : SJC3111J

Place of Accident : Jurong west street 91 Blk 904 640904

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 0

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

Third Party Vehicle No (if any) : GBE5789A

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

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

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

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
Benjamin 98263633

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)

Woon 10/09/2021
Driver (Name & Signature) / Date

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

Woon 10/09/21
Attended by (Name & Signature) / Date

Workshop Name: Woon Meng Motor Pte Ltd

Etiqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

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F +65 63392109

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