

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 27/04/2022 15:06 (SGT)
Date of Accident 25/04/2022 15:20 (SGT)
Exact Location of Accident Mount Elizabeth, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6408H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PROGRESSIVE LEASING PTE LTD
Company Reg No 202033057M
Email Address teokwanleng1404@gmail.com
Mobile Phone No (Phone) +65-91464669
Alternative Phone No +65-91464669

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0018590
Cover Note Number -

DRIVER

Name of Driver TEO KWAN LENG ERIC
NRIC No S8112514G

Date Of Birth	14/04/1981
Occupation	Outdoor
Date Of Driving Pass	11/11/1999
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91464669
Alt. Phone Number	-
Email Address	teokwanleng1404@gmail.com
Address	BLK 72 CIRCUIT ROAD #09-07
Address complement	-
Postcode	370072
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 - Major/Minor Rd
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)	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

ON THE STATED DATE AND TIME, I AM DRIVING MY VEHICLE A (SMY6408H) TRAVELLING ALONG MOUNT ELIZABETH. I AM DRIVING MY VEHICLE WANTED TO GO STRAIGHT. SUDDENLY, A VEHICLE B (PC9065Z) TURN RIGHT AND HIT ONTO THE SIDE OF LEFT REAR OF MY VEHICLE.

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	PC9065Z
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 VEHICLE B
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

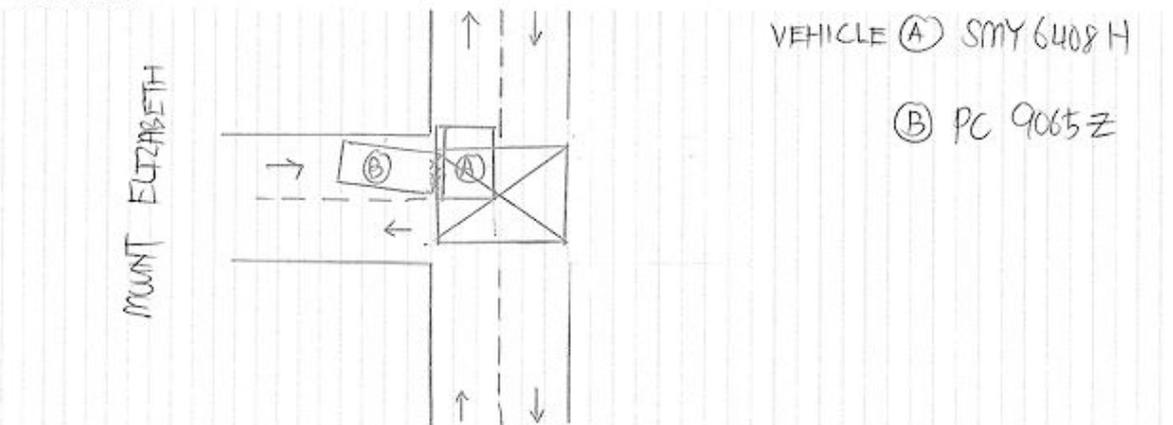
[Handwritten signature]

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

27/4/22 1350h

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE (A)
 SMT 6408 H TRAVELLING ALONG MOUNT ELIZABETH. I'M DRIVING
 MY VEHICLE WANNA GO STRAIGHT, SUDDENLY, A VEHICLE (B) PC 9065-Z
 TURN RIGHT HIT ONTO THE SIDE OF LEFT REAR OF MY VEHICLE.

VEHICLE (A). SMT 6408 H
 (B) PC 9065-Z.

Declaration

We declare the foregoing particulars are true in every respect.



 Policyholder's Signature / Date & Time

X 

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

27/4/22 13:50/15

 Witnessed by Reporting Centre Personnel



INTERVIEW FORM

Name (Driver) : TEO KWAN LENG, ERIC S8125146

Policy No : M0018510

Vehicle No : SMY 6408 H

Place of Accident : MOUNT ELIZABETH

Insured Driver's relationship with Insured : HIRER

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : 01

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

Third Party Vehicle No (if any) : _____

No of passenger(s) in Third Party Vehicle : PC 9065 Z

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 involved:
FRONT TO SIDE, MINOR MAJOR ROAD

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

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)

TEO KWAN LENG, ERIC



Driver (Name & Signature)
 I, affirmed the above information is given to
 my best knowledge

 Attended by (Name & Signature)

Workshop Name: _____

Etiqa Insurance Berhad (Company Reg. No. T09fC0054K)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

A Member of the **GENERALI** Group

LETTER OF UNDERTAKING

I/We, PROGRESSIVE LEASING PTE LTD, the owner of vehicle no. SMY 6408 H

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Garage 13
Pte Ltd

Signed and Acknowledge by:

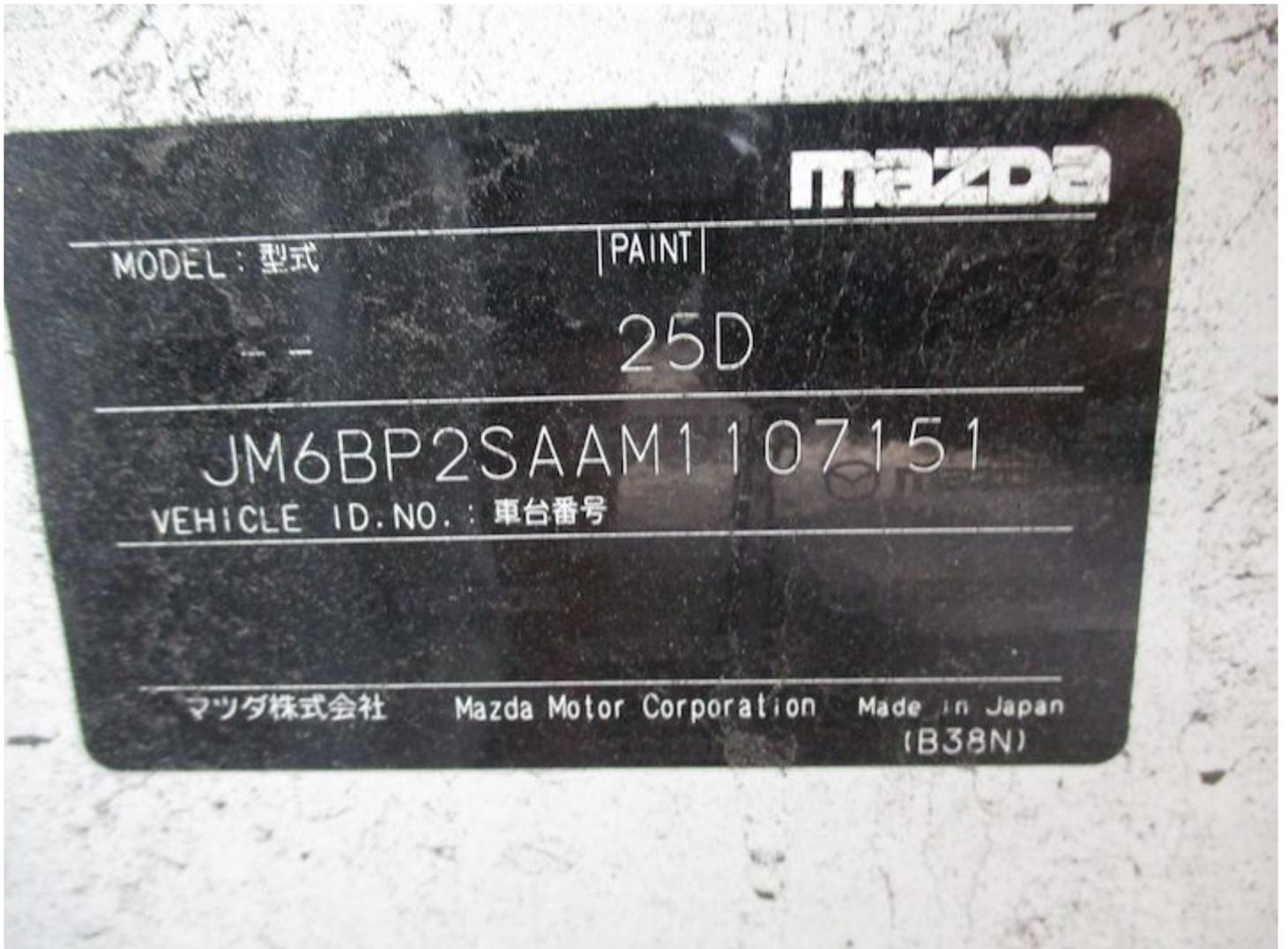
UEN : 202033057M


.....
Nric no. & signature of policyholder



.....
Company stamp

26/04/22
.....
Date























M2400
70000210
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.	M001859D		
1. Index Mark and Registration Number of Vehicle	SMY6408H		
2. Name of Policyholder	Progressive Leasing Pte Ltd		
3. Effective Date of Commencement of Insurance for the purposes of the Act	12/01/2022	Excess: Sect I	\$\$ 2,000
		Excess: Section II	\$\$ 1,500
		Excess: Windscreen	\$\$ 100
4. Date of Expiry of Insurance	11/01/2023		
5. Persons or Classes of Persons entitled to drive	Engine No : P5207277B4 Chassis No : JM6BP2SAAM1107151 Hire Purchase : Autotruster Credit Pte Ltd		
(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

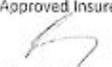
This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme 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).

GOPLTY 10/01/2022 09:37:37



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


Authorised Signature

PROGRESSIVE LEASING PTE LTD

111, TELUK ANSON ROAD, #04-01, ANSON CENTRE, SINGAPORE 104951

STAMBUK BERSAMA SAMA (PROGRESSIVE LEASING) BERHAD

PERMITS NO. 00000000000000000000

Leasing Agreement

1.1 Add Driver		DOB / CDDG	
By Agreement / We	HOR WAN LING ERI	DOB	24/04/2021
Address	BLK 72 CIRCUI ROAD	DOB / CDDG	SR112514G
	009 07 5370072	Bank Account	
Total			
Contact No	91464669	DOB	14/04/1981
Vehicle's No	SMY6408H	Finance Passed	21 NOV 2021
Make & Model	MAZDA 3 MILD HYBRID	Vehicle Date	18 MAR 2021

Rental Period :	
Vehicle Leasing Fee by : <u>Week / Month / Year</u>	\$400.00
Add Of Relief Fee / Documentation Fee:	
Deposit : <u>Cash / Nets / Cheque :</u>	
Insurance Excess Apply To Any claim Or Report Make: (TP \$1500 / (2000 \$2000)	
Secure Contract Initial Deposit Subject to Condition Apply:	
Total Cost Of Rental: <u>Cash / Nets / Cheque :</u>	\$400.00

PROGRESSIVE LEASING PTE LTD

{Bank Account : UOB 7013493069 } or PAYNOW TO UEN 202033057M

*24/7 TOWING SERVICE 9254 0025/2665 9922/2656 2998 (LINE AUTOMOTIVE TOWING & TYRE CHANGE)

CHECK IN



Remark NO DEPOSIT Clawey Car 3056247911

Vehicle Start Date:	<u>25/03/2021</u>	Time :		Mileage :		KM
Vehicle End Date:	<u>25/07/2023</u>	Time :		Mileage :		KM
Vehicle Return Date :	<u>24/03</u>	Time :				
Weekly Rental: M/T/W/T/F/S/S	<u>12</u>					

*If any necessary, please call 9254 0025 (PAID BY TOWING)

*24/7 TOWING SERVICE 9254 0025/2665 9922/2656 2998 (LINE AUTOMOTIVE TOWING)

