

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 15/06/2022 15:16 (SGT)
Date of Accident 14/06/2022 19:10 (SGT)
Exact Location of Accident Mackenzie Rd, Singapore
Additional Location Information MACKENZIE RD EXIT TO BUKIT TIMAH RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ1808P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner IRSHAD MOHAMED S/O FURKHAN MOHAMED
NRIC No S8770270G
Email Address IRSH_20@LIVE.COM.SG
Mobile Phone No (Phone) +65-90284150
Alternative Phone No +65-90284150

VEHICLE PARTICULARS

Manufacturer Kia
Model Sorento
Variant SORENTO 2.2(8AT) CRDI 2WD S/R
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 2199

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA019108
Cover Note Number 03/04/2022 - 02/04/2023

DRIVER

Name of Driver IRSHAD MOHAMED S/O FURKHAN MOHAMED
NRIC No S8770270G

Date Of Birth	20/07/1987
Occupation	Indoor
Date Of Driving Pass	28/09/2005
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90284150
Alt. Phone Number	+65-90284150
Email Address	IRSH_20@LIVE.COM.SG
Address	511A YISHUN ST 51
Address complement	#13-423
Postcode	761511
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	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)	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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SHD236X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 PLANIMPORTANT NOTICE

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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.
- (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:

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

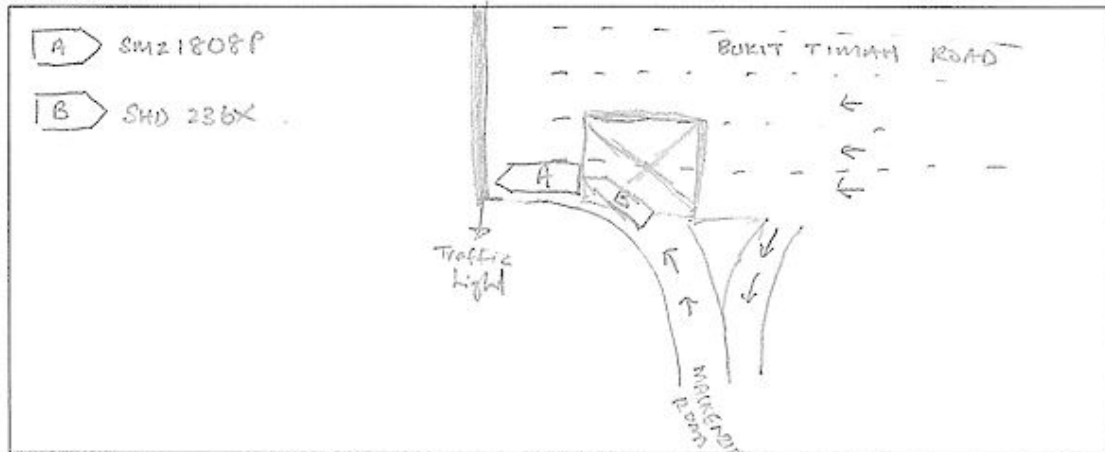
Reporting Centre Personnel's Signature
Name:
NRIC/FIN NO.:

COMPLETED 14 JUN 2022

MACKENZIE ROAD EXITING INTO

Date of accident: 14/06/2022 Time: 1910hrs Location: BUKIT TIMAH ROAD
 My Vehicle A: SMZ1808P Vehicle B: SHD236X Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of Mackenzie Road joining into Bukit Timah Rd. Car B was following behind me, as I checked traffic and moved out into Bukit Timah Road, the traffic light turned red and I came to a stop at the line. Car B was checking for traffic on the right without checking in front and knocked my rear.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

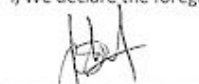
& myself:

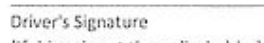
Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

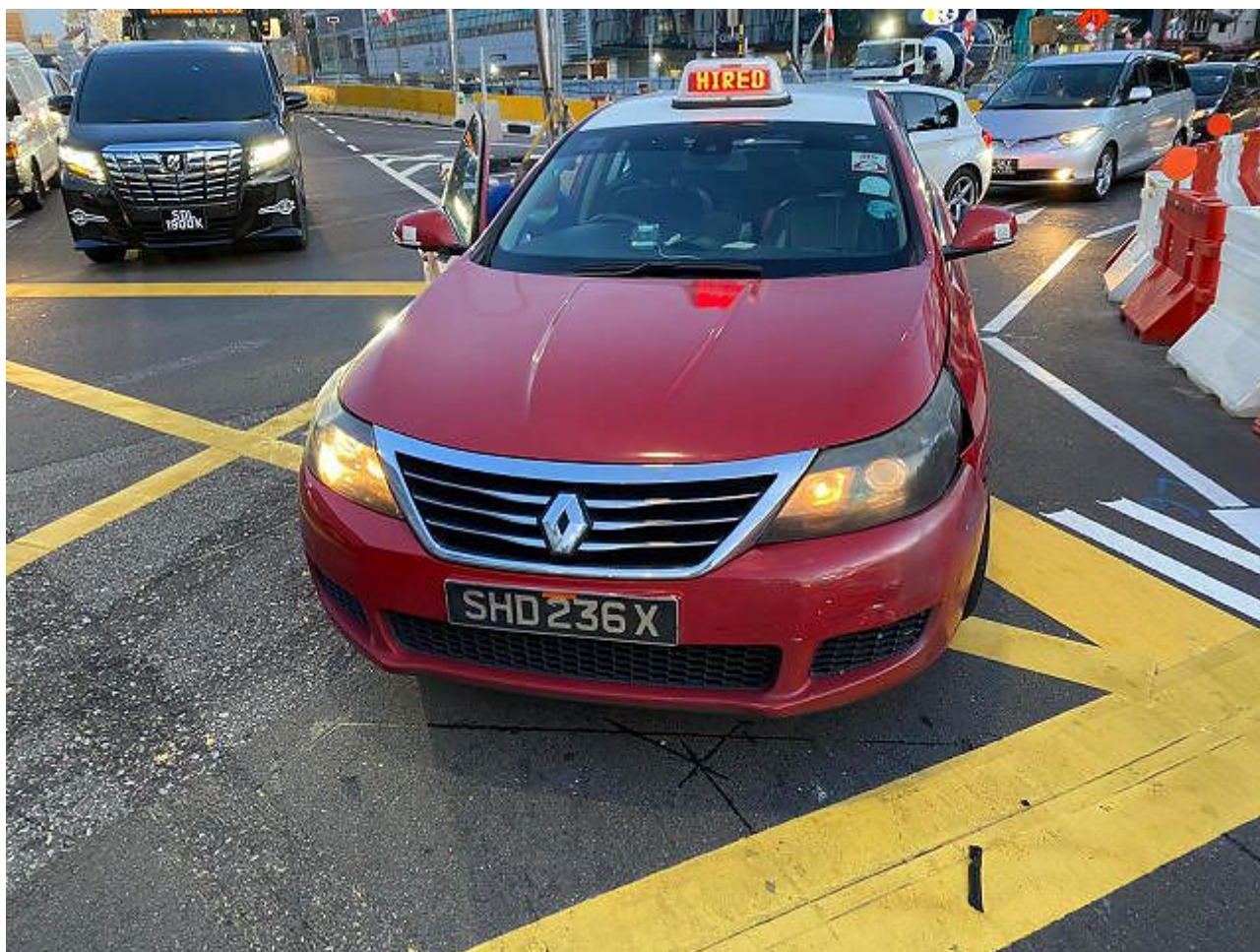
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

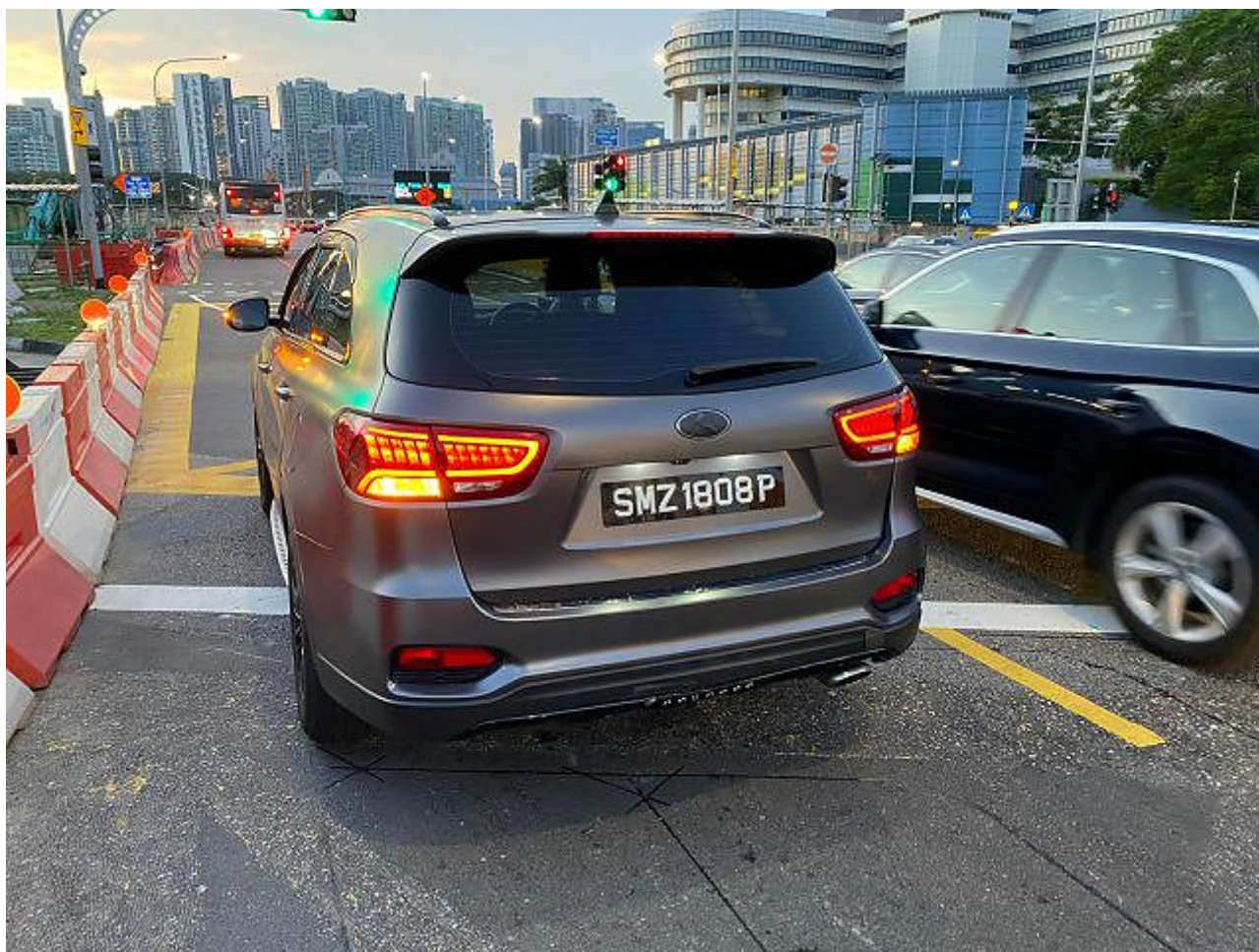

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

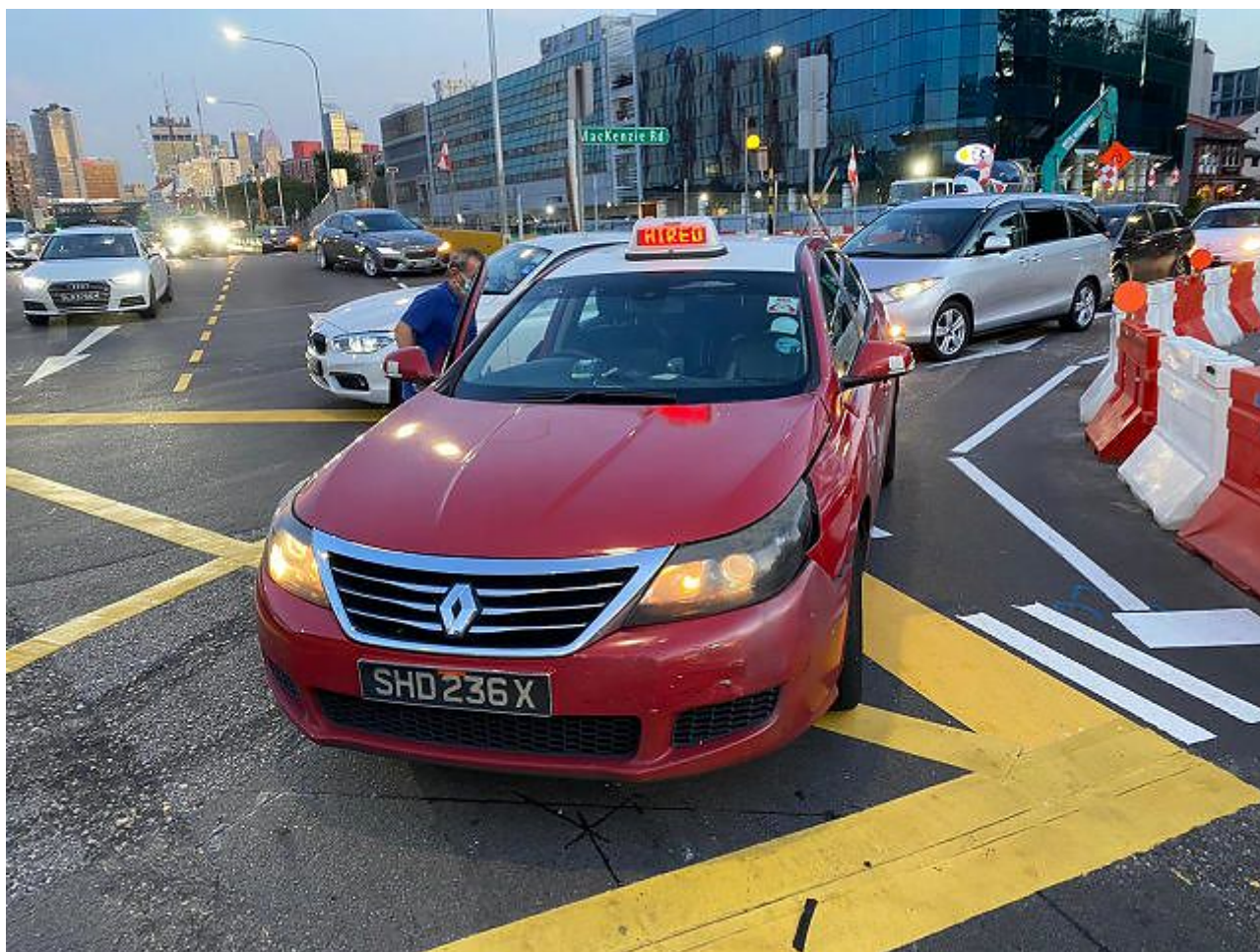

 Reporting Centre Personnel's Signature
 Name:
 NRIC/EPF No:

COMPLETED 14/06/2022



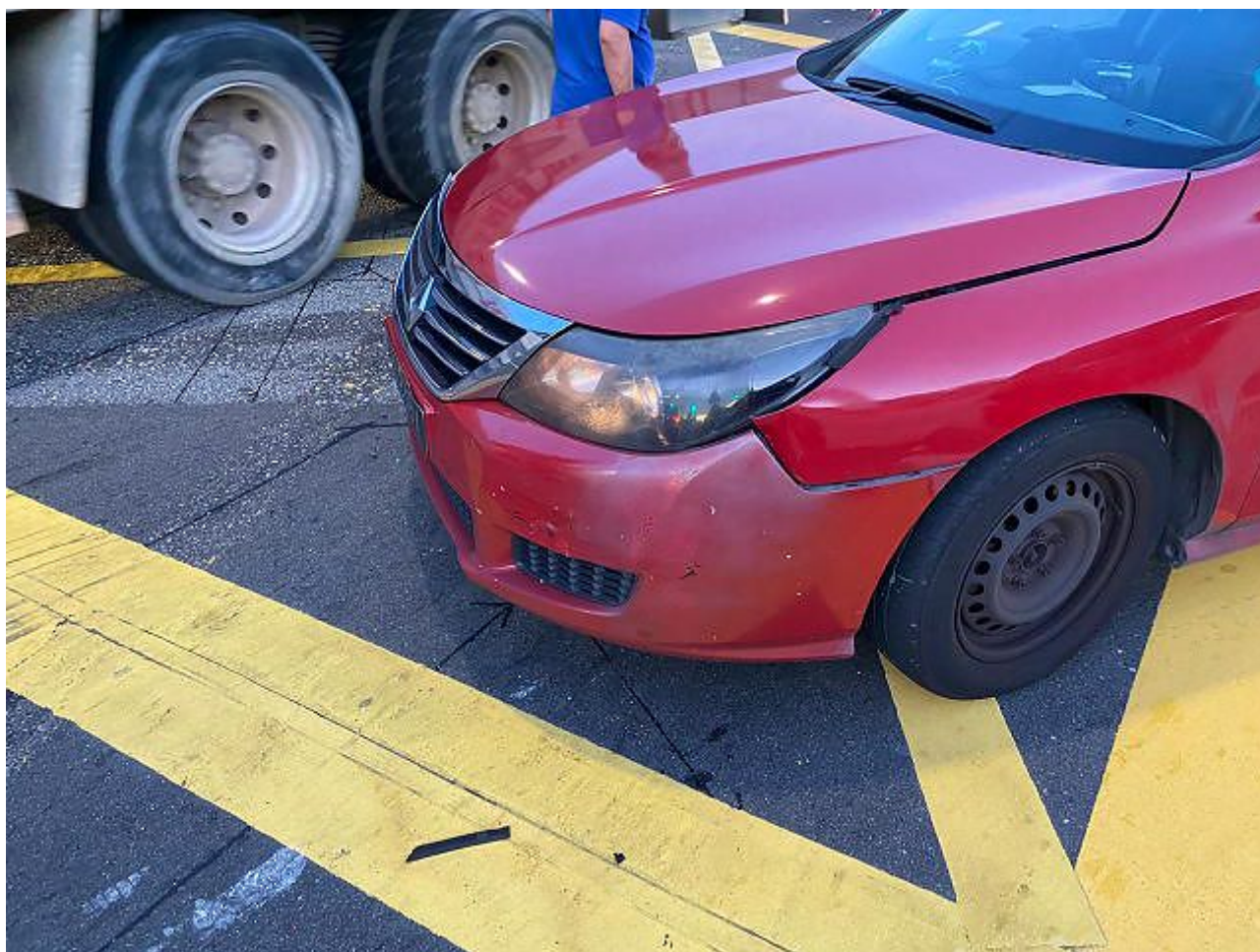




















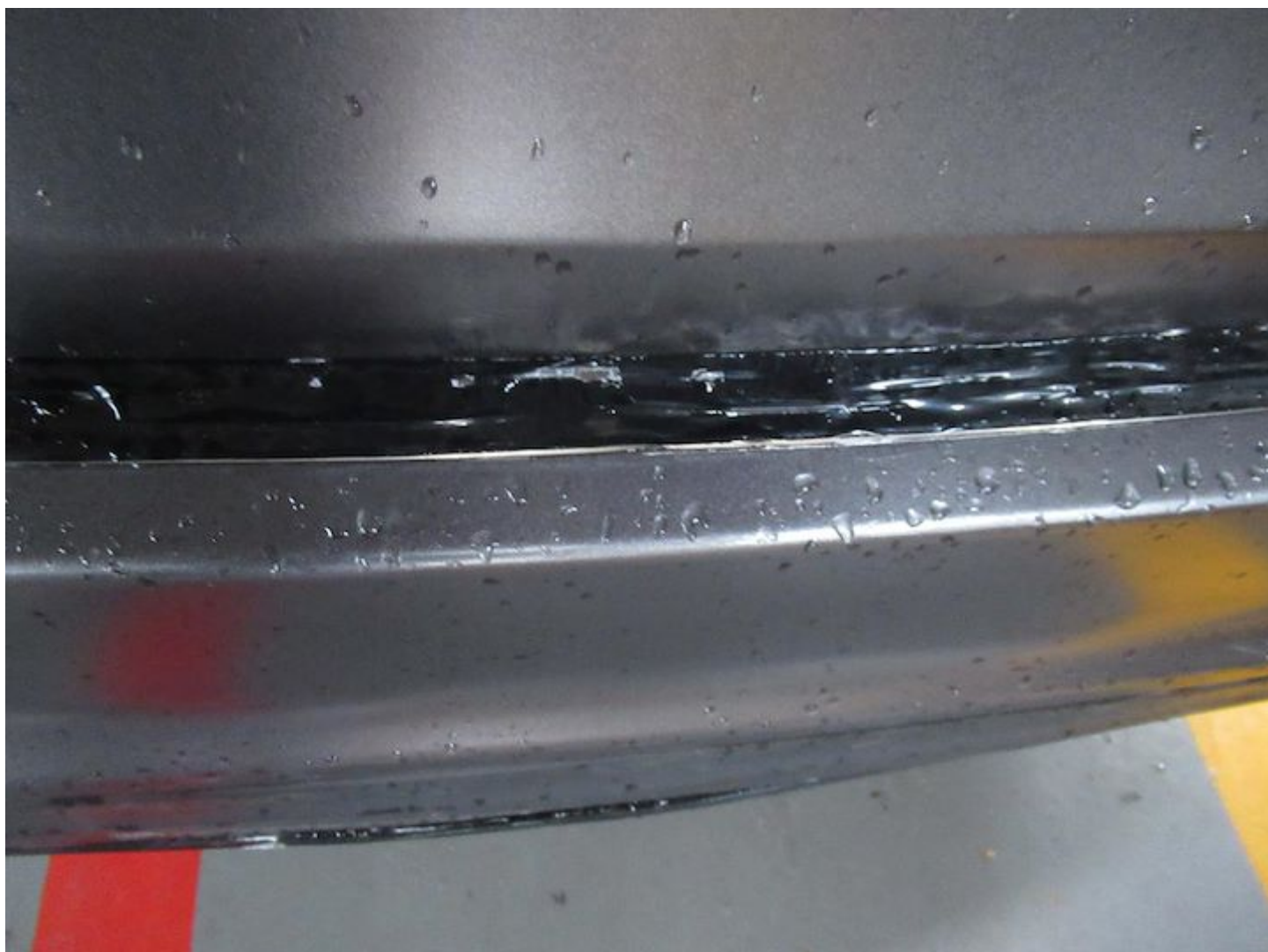














eTiQa

Insurance

INTERVIEW FORMName (Driver): IRSHAD MOHAMED SIO FURKHAN MOHAMEDPolicy No: MA010108Vehicle No: SM2 1808PPlace of Accident: Bukit Timah RdInsured Driver's relationship with Insured: OwnerDrink Driving of Insured and/or Insured Driver: NILNo of passenger(s) in Insured vehicle: 1 Pax.

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

NILThird Party Vehicle No (if any): SHD236XNo of passenger(s) in Third Party Vehicle: 1 Pax.

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/Third Party property involved:

Head to Rear

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

NILTraffic 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)

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

[Signature] 15 JUN 2022
 Attended by (Name & Signature) / Date

Workshop Name: Zila
Ah Lim Motor Company

COMPLETED 15 JUN 2022

Etiga Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048582

T +65 63360477
 F +65 63392109

www.etiga.com.sg
 Company Reg. No. 20130955K

Admitted by Maybank Group

#Tiq by Etiqa Insurance

MX1
81120001
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. MA019108

- | | | |
|--|------------------------------------|--|
| 1. Index Mark and Registration Number of Vehicle | SMZ1808P | |
| 2. Name of Policyholder | IRSHAD MOHAMED S/O FURKHAN MOHAMED | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 03/04/2022 | Engine No.: D4HBHH351037
Chassis No.: KNAPH81BMJ5417817
Hire Purchase: GOLDBELL FINANCIAL SERVICES PTE. LTD. |
| 4. Date of Expiry of Insurance | 02/04/2023 | Excess (Named Drivers): S\$500.00
Excess (Unnamed Drivers): S\$1000.00 |
| 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 | IRSHAD MOHAMED S/O FURKHAN MOHAMED | |
- 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.
6. Limitations as to use
- USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.
- 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 headings.

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 Signature

Tiq by ETIQA INSURANCE

UEN: 201331905K © 2022 ETIQA INSURANCE PTE. LTD.