

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	14/07/2022 15:26 (SGT)
Reported by	Driver
Date of Accident	14/07/2022 08:30 (SGT)
Exact Location of Accident	International Rd, Singapore
Additional Location Information	TWDS BENOI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8293U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKK WORKS PTE LTD
Company Reg No	201328018C
Email Address	seongskk@gmail.com
Mobile Phone No	(Phone) +65-63343831
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA014214

DRIVER

Name of Driver	SUNDARAM SAKTHIVEL KUMAR
Passport No/FIN	G614982T
Date Of Birth	12/09/1969
Occupation	Indoor

Date Of Driving Pass	17/01/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84445343
Alt. Phone Number	-
Email Address	sakthikumarskk@gmail.com
Address	27 FIRST LOK YANG ROAD
Address complement	-
Postcode	629735
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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, VEHICLE A (SLF8293U) WAS STATIONARY ON LANE 1 OF INTERNATIONAL ROAD TOWARDS BENOI ROAD DUE TO TRAFFIC WAS RED. SUDDENLY, VEHICLE B (GBH622P) REVERSE AND COLLIDE ONTO MY STATIONARY VEHICLE FRONT PORTION.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH622P
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.
- (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:

[Signature]

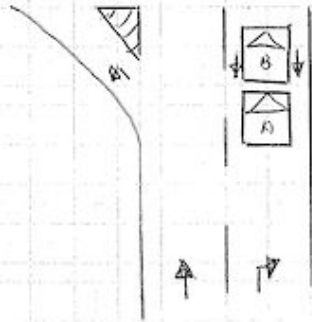
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VerhA: SLF 82934

veh 8: GBH 622P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

/ paper
 10 the
 attached

DECLARATION

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

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

ON THE STATED DATE AND TIME. I, VEHICLE A (SLF8293U) WAS STATIONARY ON LANE 1 OF INTERNATIONAL ROAD TOWARDS BENOI ROAD DUE TO THE TRAFFIC WAS RED. SUDDENLY, VEHICLE B (GBH622P) REVERSE AND COLLIDED ONTO MY STATIONARY VEHICLE FRONT PORTION.

VEHICLE A : SLF8293U

VEHICLE B : GBH622P

[Handwritten signature]


LETTER OF UNDERTAKING

I/We, SEE WORKS PTE LTD, the owner of vehicle no. 4F839311

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, _____

Signed and Acknowledge by:



 Nric no. & signature of policyholder

 Company stamp

 Date




INTERVIEW FORM

Name (Driver)	Sundaram Sakthivel Kumar		
Policy No	MA014214		
Vehicle No	SLF8293U		
Place of Accident	International Rd towards Benoi Rd		
Insured Driver's relationship with Insured :	Employee		
Drink Driving of Insured and/or Insured Driver :	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
No of passenger(s) in Insured vehicle :	0		
Injury to Insured and/or Insured driver, please indicate which hospital:	M11		
Third Party Vehicle No (if any) :	GBH 622P		
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 involved:	Head To Rear		
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)


 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)
 5 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

Member of the Maybank Group















MX4
70000209
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. MA014214

1. Index Mark and Registration Number of Vehicle	SLF8293U			
2. Name of Policyholder	SKK Works Pte Ltd			
3. Effective Date of Commencement of Insurance for the purposes of the Act	03/06/2022	Excess: Named Drivers	S\$	600
		Excess: Unnamed Drivers	S\$	1,100
4. Date of Expiry of Insurance	02/06/2023			
5. Persons or Classes of Persons entitled to drive		Engine No	: 2NR8493105	
		Chassis No	: NRE1610008929	

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

SAKTHIVEL KUMAR SUNDARAM

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 FOR 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 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 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.sdlic.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).

TIQSRGI 12/05/2022 12:37:50



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

Authorised Signature