SA1C228U0009 / AH LIM MOTOR COMPANY (MAIN) ENTRY DATE & TIME: 30/08/2022 14:36 (SGT) SUBMITTED BY: ZILA VERSION: 1 (30/08/2022 14:36 (SGT))

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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 30/08/2022 14:36 (SGT) Reported by Date of Accident 27/08/2022 12:00 (SGT) Exact Location of Accident 442 Pasir Ris Drive 4, Singapore Additional Location Information **MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK1246M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEO BAN HWA** NRIC No SXXXX001I Email Address 72BH2424@GMAIL.COM Mobile Phone No (Phone) +65-89411424 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Variant JETTA 1.4 TSI AT 1623Q5

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? Vehicle Category Transmission

CC

Private car Auto

1390

Private use

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number MA016536

DRIVER

Name of Driver **TEO BAN HWA** NRIC No SXXXX001I Date Of Birth 04/12/1972 Occupation Indoor

Date Of Driving Pass 22/04/2002 Driving experience 20 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-89411424 Alt. Phone Number Email Address 72BH2424@GMAIL.COM Address 11 JALAN BUKIT MERAH Address complement #04-4448 Postcode 150011 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 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) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER 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 SNB8518U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private hire
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

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.
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- The 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.
- By the lodgment 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.
- 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:
 - 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.

7.0

Policyholdar's Signature Date & Time S.

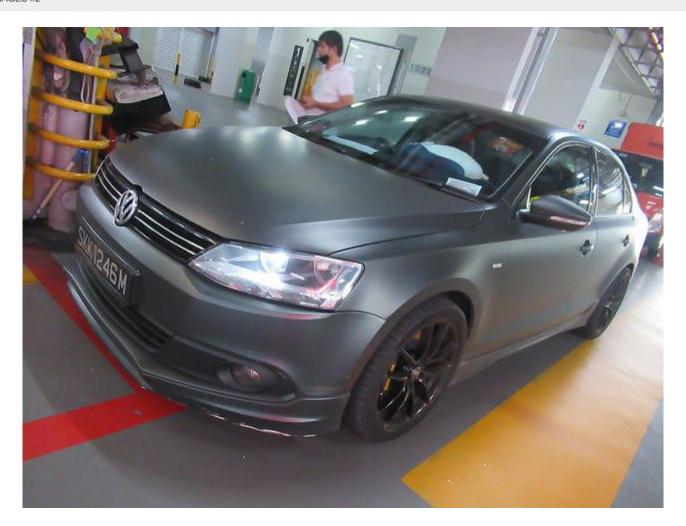
Oriver's Signature (if driver is not the polityholder) Date & Time: Reporting Centre/Fe

Name: NRIC/FIN No.

		ocation: Pasir Ris BIK 42 Multi Storey co
	46M Vehicle B: SNB	851811 Vehicle C:
KETCH PLAN		
Han - Dack	1 7 7 7 7 7 7 7	123
upper Deck		
	2 3 2 4 2 3 2	
	72	
	1 7 7 7 M	
Lower Deck	r 7 r 7 r A 2 r	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer to P	olice, Report No. T/20	220830 7010
	Section 11	and an included a second and the sec

	***************************************	The state of the s
Claim OD/TP at Ah I	im Motor	other workshop Reporting Only
	d a copy of my efile accident report t	
My workshop : July Ind	tementional pte Utal	
Email address : Jug.o	laims & Yahoo com	
& myself : #26h1		
Email address > 1200	AND C THEN ONLY	
		ame for you to submit own damage claim under
you own policy. Kindly ch	eck with your own insurer for more	information.
ECLARATION	Name of the last o	
We declare the foregoing part	iculars are true in every respect	
		Zilá
Der	2	Ah Lim My pr Company
olicyholder's Signature	Oriver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

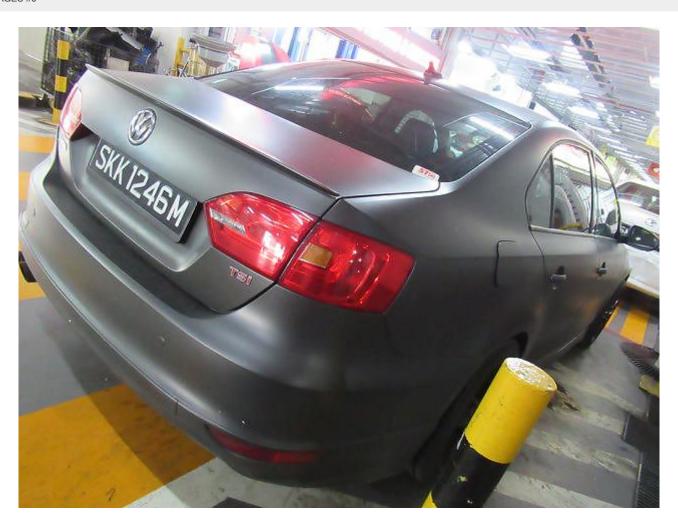








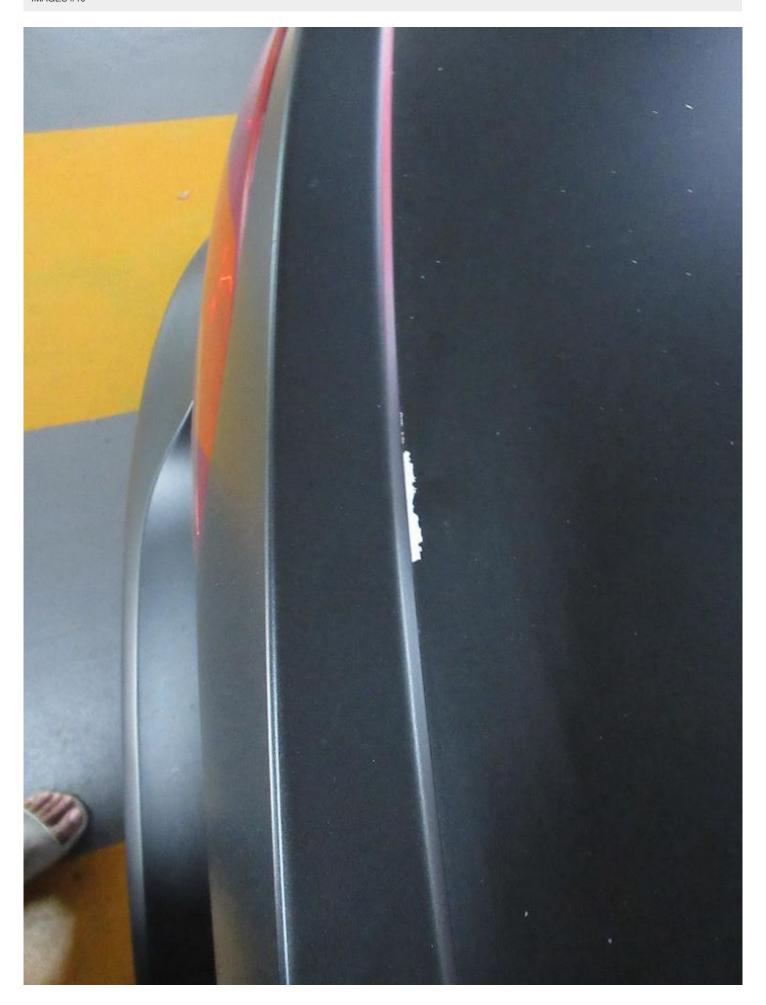




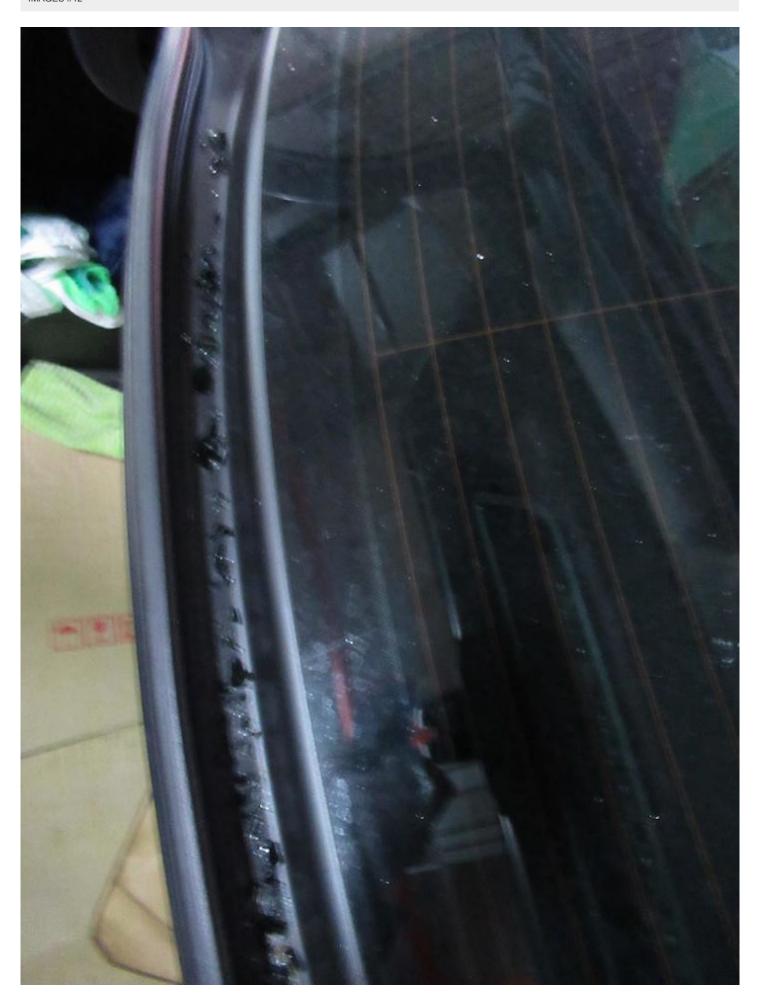


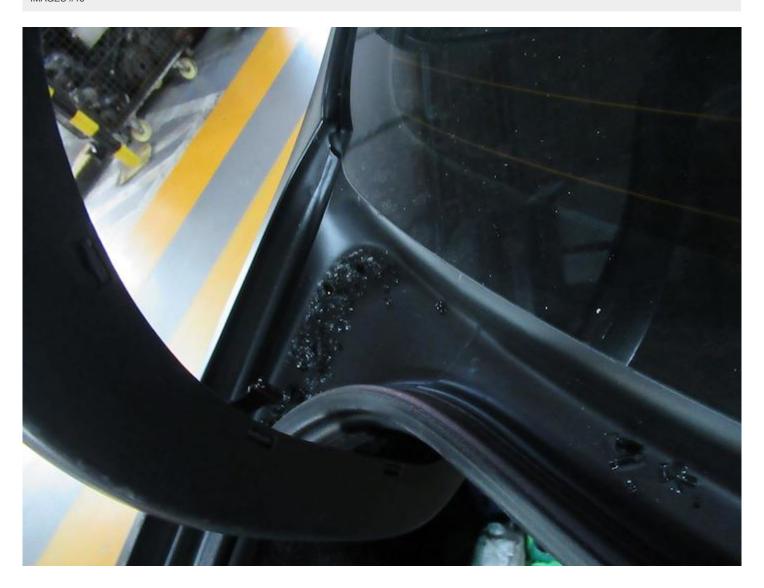


















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220830/7010

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 30/08/2022 11:45		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of TEO BA	Informant: N HWA		Address: 11 JALAN BUKIT MER	RAH #04-4448 SINGAPORE 150011	
ID Type / ID No.: NRIC NO / S7245001I		Contact No.: Home/Office:	Mobile: 89411424		
	lationality: SINGAPORE CITIZEN		Email: 72BH2424@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 04/12/1972	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: DELIVERY		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/08/2022 12:00	Type of Location Car Park
Location: PASIR RIS D Weather:	RIVE 6	Road Surface:		Road Speed Limit:
Clear		Dry		
		Dry Traffic Control: Not Controlled		Traffic Volume: No Traffic

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKK1246M	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	White		0
SNB8518U	Car	in the same		7/11/20		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220830/7010

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK1246M	ETIQA INSURANCE BERHAD	MA016536	11/11/2021	10/12/2022

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No	ACCOR D	W8841 285 - W98		
No. of Pedestriar	s Injured: NIL		Use of Pe	destrian Cro	ssing: NA
Driver			S. Weller of		
Name	TEO BAN HWA		ID No.	S7245001I	
Related Vehicle	SKK1246M (Car)			Contact No	o. 89411424
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	****	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

ON THE STATED DATE AND TIME, MY VEHICLE WAS PARKED STATIONARAY AT BLK 442 PASIR RIS DRIVE 4 MULTI STOREY CARPARK. VEHICLE SNB8518U WAS PARKING HIS VEHICLE AND HE COLLIDED ONTO THE REAR BEAM OF THE CARPARK CAUSING HIS WINDSCREEN TO CRACK AND THE SHATTERED PIECES DROPPED ONTO MY VEHICLE CAUSING DAMAGES TO MY PAINTWORK.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220830/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2022 11:45
Officer In Charge Of Case: TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:

NP168

.



INTERVIEW FORM

	Name (Driver)	:TE	O BAN HWA			
	Policy No	:1	4A016536			
	Vehicle No		KK1246M			
	Place of Accident	:_B(x	CHOZPASIV RIS	MSCP		
	Insured Driver's relationship w	rith Insured :	0Wne/			1000 I
Same of the same o	Drink Driving of Insured and/o	r Insured Dri	ver :	NLC		-
	No of passenger(s) in Insured v	ehicle ;	0			
	Injury to Insured and/or Insure		se indicate which hospita			
	Third Party Vehicle No (if any)					
	No of passenger(s) in Third Par					
	Injury to Third Party driver and					
	Type of collision and the extens		e damages to all vehicles			8
"Married"	Any witness to the accident (if)	ves, please inc おいし	licate Name, Contact No	and a copy of the states	nent):	
	Traffic Police report (enclosed)	: (%) /	No			
	Please obtain a copy of the worker is involved)	driving lice	nce of Insured drive	r and/or work permi	t (where foreign	
	ઝ			21/2 0	30 AUG	2022
	Driver (Name & Signature) / Da I, affirmed the above informat my best knowledge		to	Attended by (Name & Workshop Name: Ah L	7ila	
Etiqa Insura One Raffles #22-01 North Singapore o	Quay 1 Tower			8803	compani	
Y +65 63360 F +65 63392						
www.etiqa.com Company Reg. No.					SUPERIOR NAME OF THE	
				AM	Maybank	Group



71120014 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)

SKK1246M	
,	
TEO BAN HWA	
11/11/2021	Engine No.: CTH041316 Chassis No.: WVWZZZ16ZDM054310 Hire Purchase: TAI THONG LEE TRADING (PTE) LIMITED
10/12/2022	Excess (Named Drivers): \$\$500.00 Excess (Unnamed Drivers): \$\$1000.00
	TEO BAN HWA

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

TEO BAN HWA

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:

(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.

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

Page: 1 of 2