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.
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	30/11/2022 16:25 (SGT)
Reported by	Both
Date of Accident	29/11/2022 22:00 (SGT)
Exact Location of Accident	Canberra Cres, Singapore 752106
Additional Location Information	TWDS CANBERRA WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7370C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED HALEEM BIN MOHAMED IBRAHIM
NRIC No	S7539478J
Email Address	666.HALEEM@GMAIL.COM
Mobile Phone No	(Phone) +65-86367676
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA025226

DRIVER

Name of Driver	MOHAMED HALEEM BIN MOHAMED IBRAHIM
NRIC No	S7539478J
Date Of Birth	04/12/1975
Occupation	Indoor

Date Of Driving Pass	13/02/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86367676
Alt. Phone Number	-
Email Address	666.HALEEM@GMAIL.COM
Address	BLK 104A CANBERRA STREET #07-473
Address complement	-
Postcode	751104
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SHD3773S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED HALEEM BIN MOHAMED IBRAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJQ7370C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.

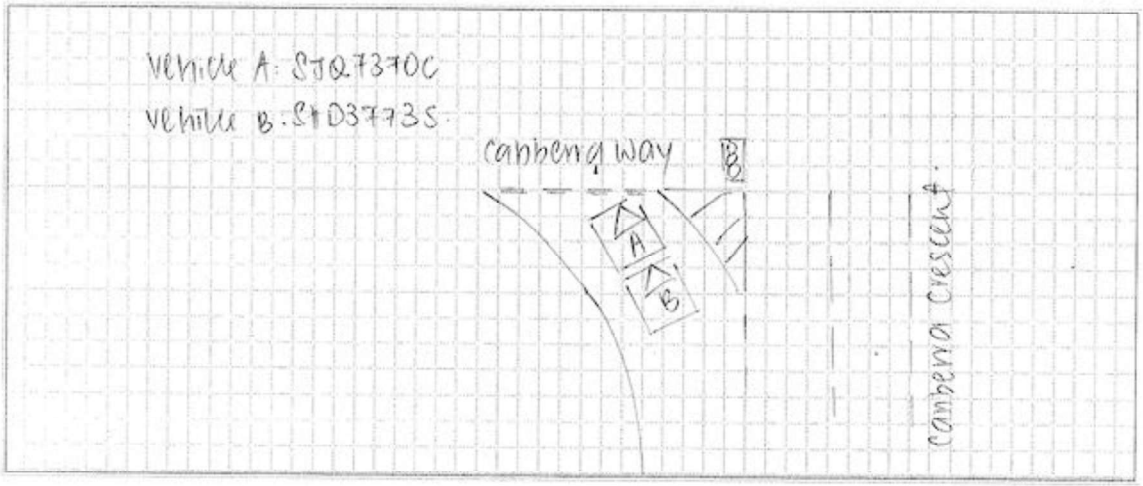
(collectively the "**Purposes**")

(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	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

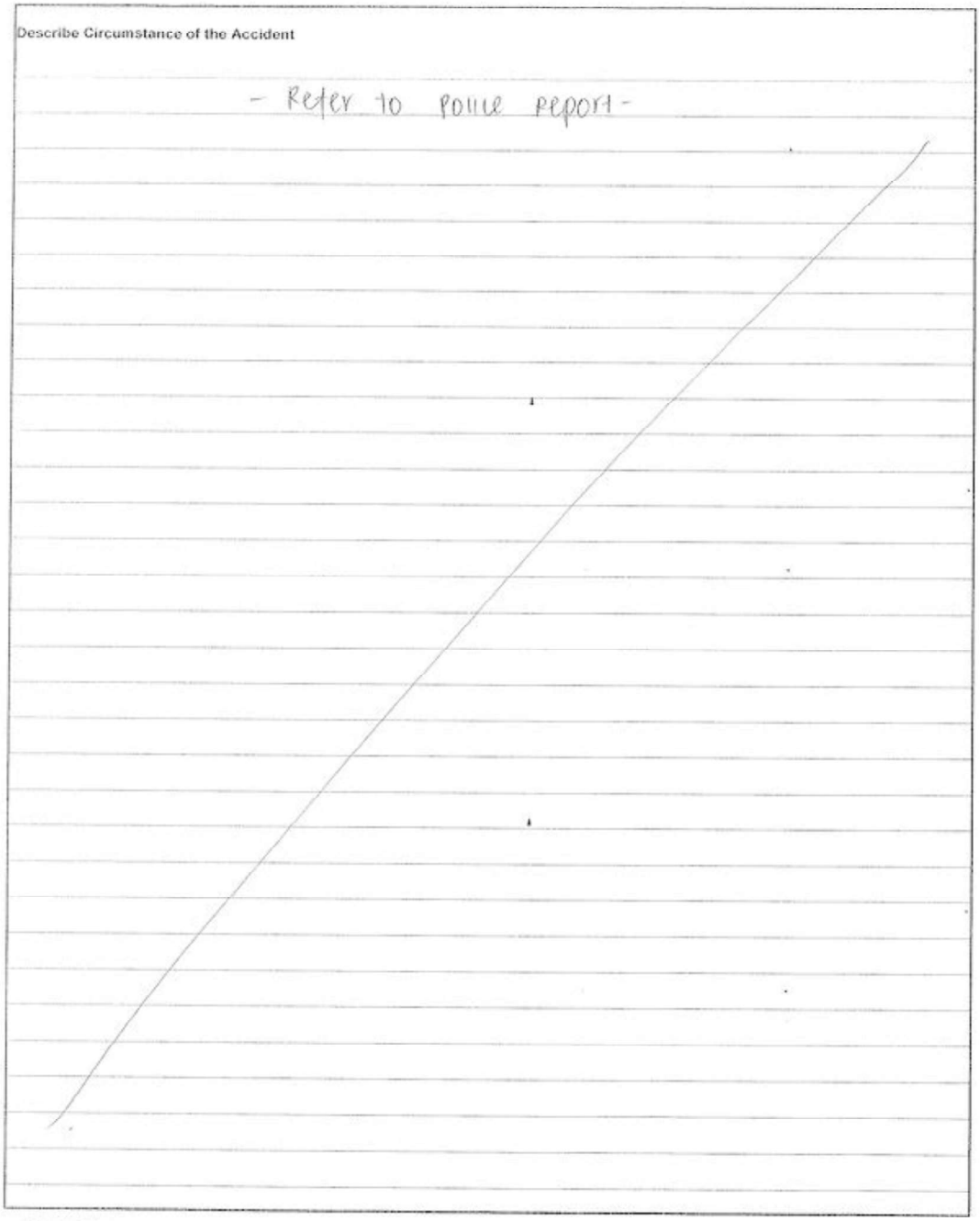
Sketch Plan



1

Describe Circumstance of the Accident

- Refer to Police Report -



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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

eTiQa Insurance

INTERVIEW FORM

Name (Driver) : Mohamed Haleem Bin Mohamed Ibrahim.

Policy No : MAP25226

Vehicle No : SJQ7370C

Place of Accident : Canberra Crescent to Canberra Way

Insured Driver's relationship with Insured : owner

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 0.

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

Choo Teck Puat.

Third Party Vehicle No (if any) : SHD 3773S

No of passenger(s) in Third Party Vehicle : 0.

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

- No -

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):

-

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) / Date

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

Attended by (Name & Signature) / Date

Workshop Name:

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

T +65 63360477
F +65 63392109

www.eliqa.com.sg
Company Reg. No. 200311005K

A Member of Maybank Group

LETTER OF UNDERTAKING

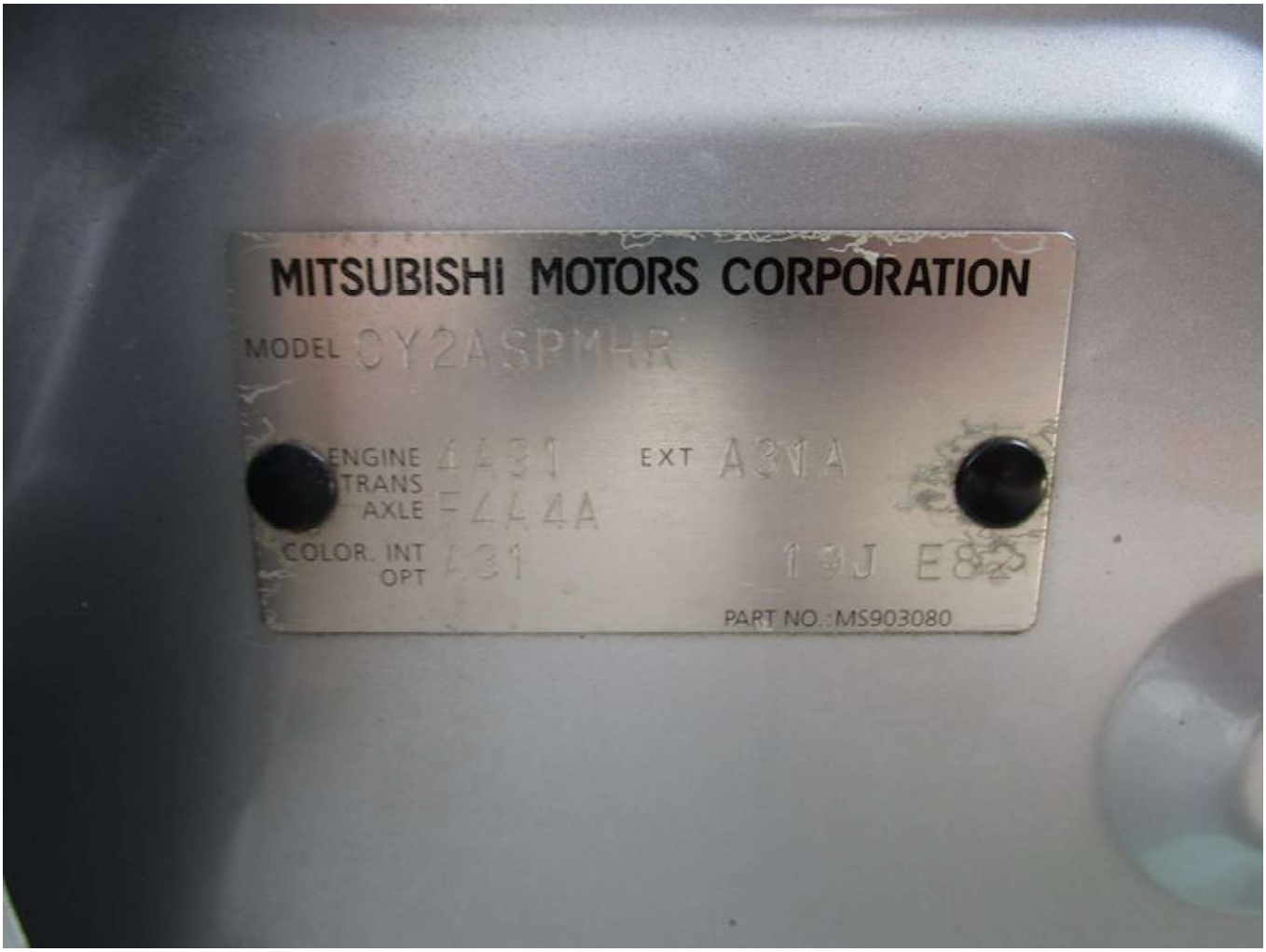
I/We, MOHAMED HALEEM BIN MOHAMED IBRAHIM, the owner of vehicle no. SJB7370C

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
.....	.....	20/11/22 .....


MITSUBISHI MOTORS CORPORATION
MODEL CY2ASPMHR
ENGINE 4A31
TRANS
AXLE F4A4A
EXT A31A
COLOR, INT
OPT L31
19J E82
PART NO. MS903080

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

SINGAPORE POLICE FORCE

T/20221129/2138

Report No. T/20221129/2138

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
29/11/2022 23:10		144

Informant's Particulars

Name of Informant: MOHAMED HALEEM BIN MOHAMED IBRAHIM			Address: APT BLK 104A CANBERRA STREET #07-473 SINGAPORE 751104	
ID Type / ID No.: NRIC NO / S7539478J			Contact No.: Home/Office:	Mobile: 86367676
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 04/12/1975	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: SAFETY COORDINATOR			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	29/11/2022 22:00	Straight Road

Location:

CANBERRA WAY

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3773S	Car				Slightly Damaged	0
SJQ7370C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20221129/2138

Report No. T/20221129/2138

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7370C	ETIQA INSURANCE BERHAD	MA025226	03/11/2022	02/11/2023

Brief Details.

On 29/11/2022 at about 2200hrs, I was driving my vehicle, SJQ 7370C, along Canberra Way heading back to my address. As I approached a zebra crossing towards Canberra Crescent, I stopped and checked for vehicle. Suddenly, I felt a knocked on my vehicle rear. I then saw a Comfortdelgro taxi, SHD 3773S, hit onto my vehicle rear. I then came out of my vehicle to access the damages. My rear vehicle bumper and bonnet were completely dented. I then checked with the taxi driver, Tan Bee Leong, HP: 8781 5502. He informed to exchange particulars and proceed for insurance claims. The taxi driver then left afterwards.

I wish to state that I felt pain on my head, neck and back after the accident. I have yet to seek medical treatment. I do not have any in-car camera installed in my vehicle.

SINGAPORE POLICE FORCE

T/20221129/2138

Report No. T/20221129/2138

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: L / SGT 2 TOH YOU SHENG, FABIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2022 23:10
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

SINGAPORE POLICE FORCE

T/20221130/7028

Report No. T/20221130/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/11/2022 12:30		

Informant's Particulars

Name of Informant: MOHAMED HALEEM BIN MOHAMED IBRAHIM			Address: 104A CANBERRA STREET #07-473 SINGAPORE 751104	
ID Type / ID No.: NRIC NO / S7539478J			Contact No.: Home/Office:	Mobile: 86367676
Nationality: SINGAPORE CITIZEN			Email: 666.HALEEM@GMAIL.COM	
Sex: Male	Age: 46	Date of Birth: 04/12/1975	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Safety Coordinator			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2022 22:00	Type of Location: Bend
Location: CANBERRA CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3773S	Car				Slightly Damaged	0
SJQ7370C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Silver	Seriously Damaged	0

SINGAPORE POLICE FORCE

T/20221130/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221130/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7370C	ETIQA INSURANCE BERHAD	MA025226	03/11/2022	02/11/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MOHAMED HALEEM BIN MOHAMED IBRAHIM		ID No.	S7539478J	
Related Vehicle	SJQ7370C (Car)		Contact No.	86367676	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	30/11/2022		Date	30/11/2022	
No. of Days granted Medical Leave	03		Degree of	Serious	

Brief Details.

Further to my previous report number - T/20221129/2138 done at Sembawang N.P.C, I wish to indicate that I sought for medical attention at Khoo Teck Puat Hospital and was discharged with 3days MC.

SINGAPORE POLICE FORCE

T/20221130/7028

Report No. T/20221130/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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: 30/11/2022 12:30
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

MX1
73000001
Cov. Type: Comprehensive

eTiQa Insurance

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. MA025226

1. Index Mark and Registration Number of Vehicle: SJQ7370C
2. Name of Policyholder: MOHAMED HALEEM BIN MOHAMED IBRAHIM
3. Effective Date of Commencement of Insurance for the purposes of the Act: 03/11/2022
   Excess: Named Drivers S$ 800
   Excess: Unnamed Drivers S$ 1,300
4. Date of Expiry of Insurance: 02/11/2023
5. Persons or Classes of Persons entitled to drive

   Engine No : 4A910125668
   Chassis No : JMYSRCY2A9U004207
   Hire Purchase : Moneymax Leasing Pte Ltd

   (A) THE POLICYHOLDER.
   THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.
   (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

   MOHAMED HALEEM BIN MOHAMED IBRAHIM

   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 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 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).

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

Authorised Signature

CTQFEU 02/11/2022 15:20:07