

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 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	28/11/2022 17:19 (SGT)
Reported by	Both
Date of Accident	27/11/2022 15:20 (SGT)
Exact Location of Accident	23 Serangoon Central, Singapore 556083
Additional Location Information	NEX MALL 1A CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2343S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG SHAO-ING
NRIC No	SXXXX828F
Email Address	SHAOING@GMAIL.COM
Mobile Phone No	(Phone) +65-96629244
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1999

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA022395

DRIVER

Name of Driver	HUAN SZE LYNN, KRYSTLE
NRIC No	SXXXX193B
Date Of Birth	18/12/1990
Occupation	Indoor

Date Of Driving Pass	09/12/2013
Driving experience	8 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90623317
Alt. Phone Number	-
Email Address	KRYSTLEHUAN@GMAIL.COM
Address	BLK 460C SENGKANG WEST WAY #14-67
Address complement	-
Postcode	793460
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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)	2
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	-

PASSENGER 1

Name	PASSANGER 1
Gender	Female

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

KINDLY REFER TO ACCIDENT REPORT

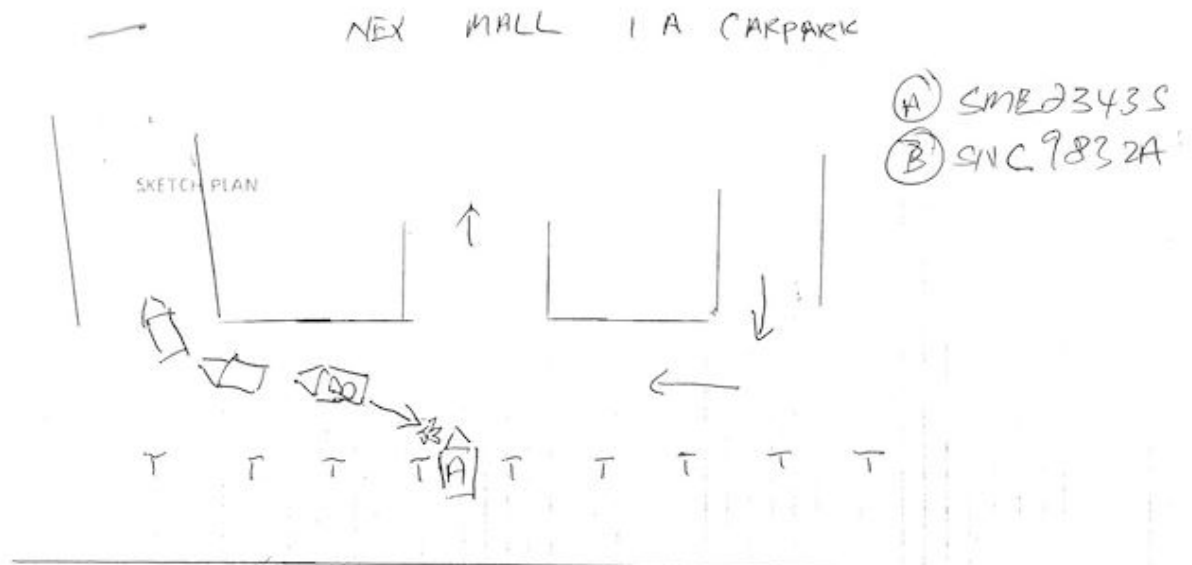
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC9832A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. This accident happened at Level 1A at NEX mall carpark.
2. As I entered my car to leave, I saw the white car (BMW, SNC 9832A) waiting on the left side of my parking lot.
3. I started the car engine, and waited for 2 cars to pass before leaving my lot.
4. As I drove out of the lot, I saw the white car (SNC 9832A) reverse. I stopped the car and sounded the horn. The white car continued to reverse into my car, and collided into my car.

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: _____
NIC/IN No: _____







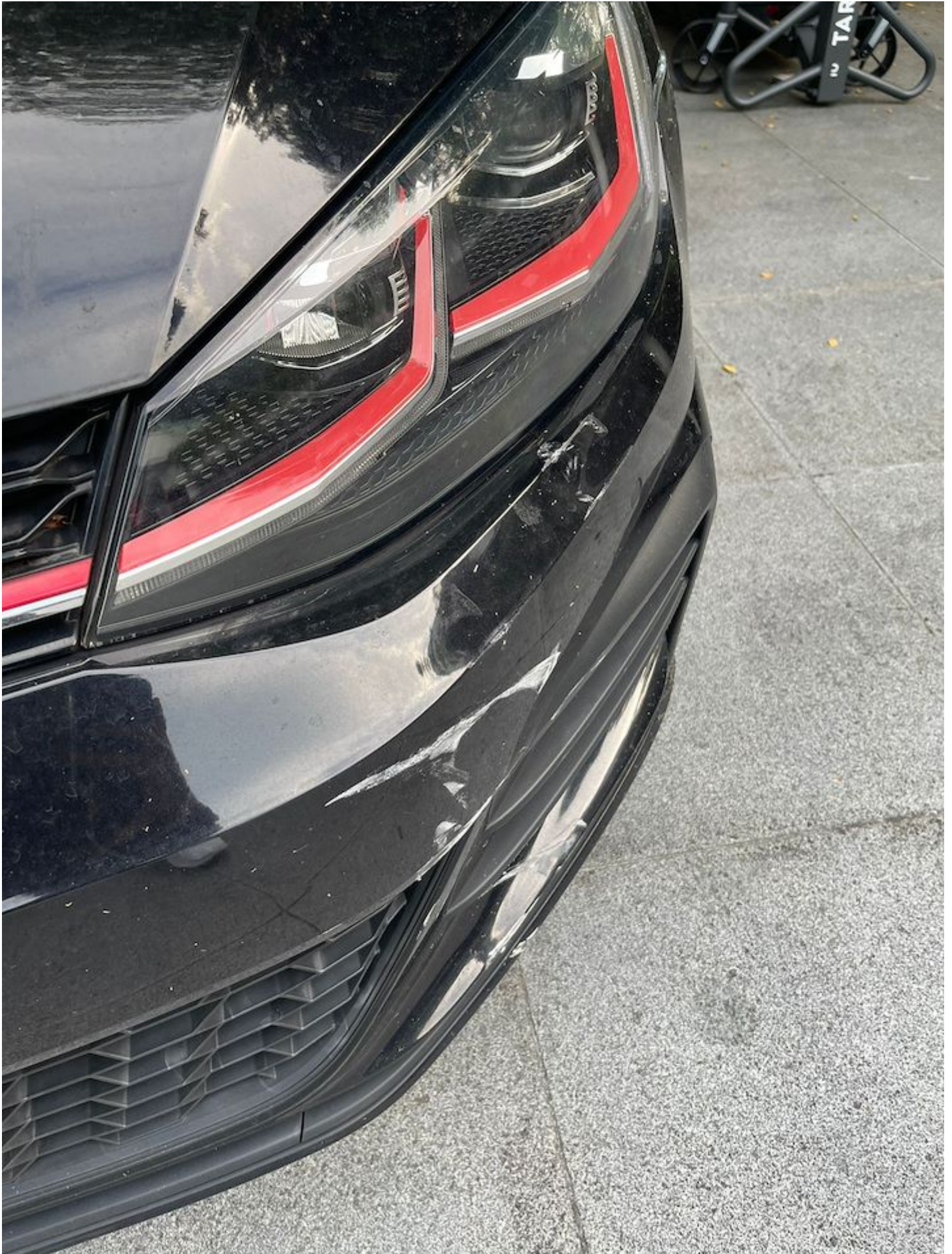










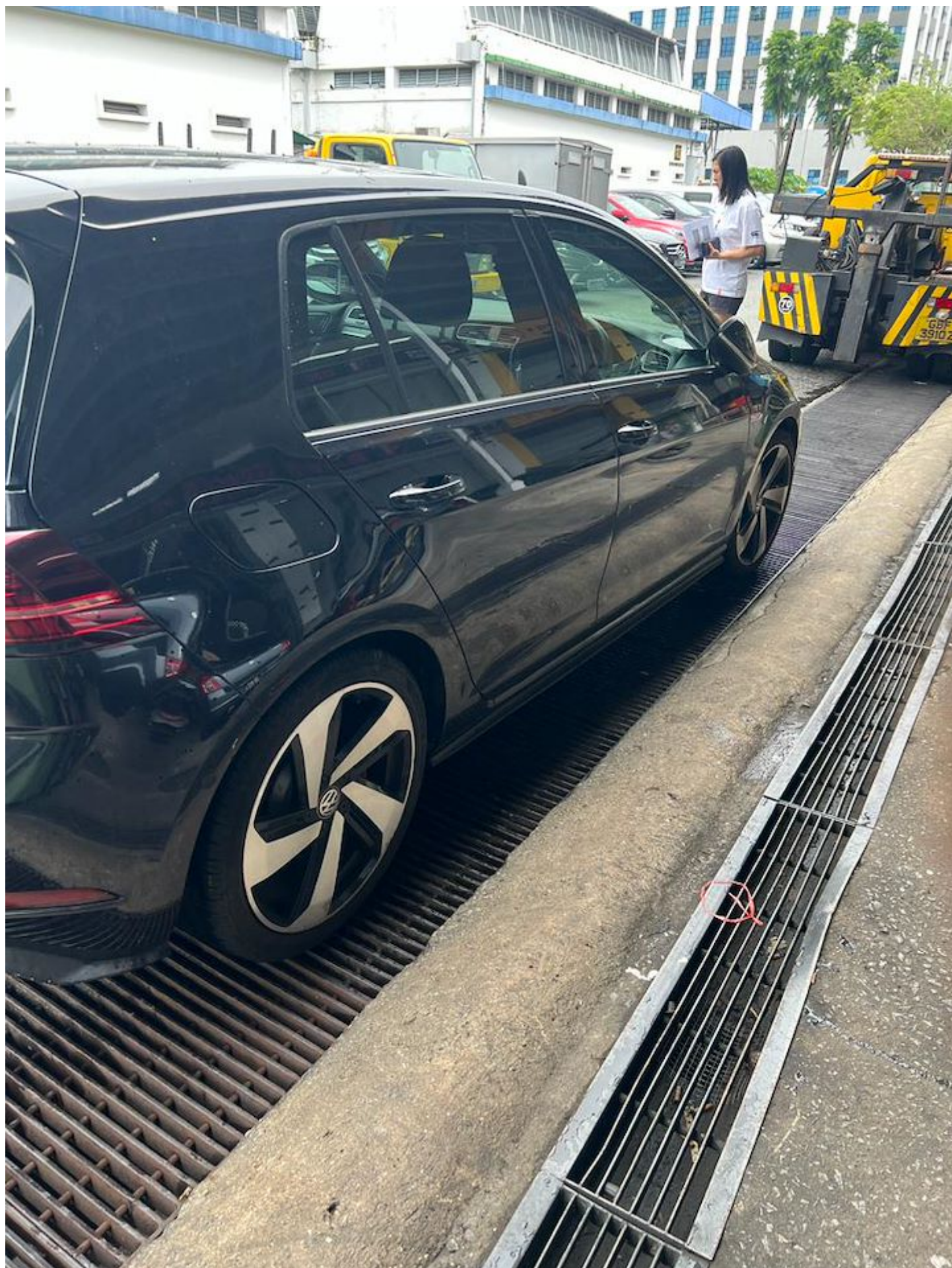
















Personal ParticularsDate of Accident: 27/11/2022 (dd/mm/yy) Time of Accident: 15:20 (24 Hrs)Vehicle No: SME 2343S Vehicle Make/Model: _____Exact Location of Accident: NEX MALL 1AOwner's Name / IC No: WANG SHAO-ING S7704828FOwner's Contact No: 96629244 Owner's Email*: shaoing@gmail.comDriver's Name / IC No: HUAN SZE LYNN - KRISTLEDriver's Contact No: 90623317 Driver's Email*: Krystlehuan@gmail.comRelationship between Owner & Driver: Spouse/Children/Friend/Parents/ RTAOthers please specify: _____ Insurance Company & Policy No: MA02MA022395Does the driver own any other vehicle?

Yes / No If Yes, Vehicle no. _____ & Insurance Company & Policy No: _____

What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 2Own Insurance / Third Party / Reporting OnlyExact purpose for which the vehicle was being used at the time of accident?Private use / Work purposeWeather condition & Road Conditions?Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & WetOccupationAny Witness?

*Any Video?

Indoor / OutdoorYes / No If Yes, please specify _____Yes / NoAny Injuries? (Police report is required if mc is above 3 days)

*Seat Belt?

Yes / No If Yes, which police station, which part? _____

Yes / NoThird Party (Vehicle B) details:Driver's Name/IC No: _____ Vehicle No: SNC 9832A

Third Party Insurance: _____ Driver's Contact No: _____

Other's Vehicle Involved (If applicable)

Vehicle C: _____ Vehicle D: _____ Vehicle E: _____

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: _____

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:

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

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



INTERVIEW FORM

Name (Driver) : HUAN SZE LYNN KRYSTLE
 Policy No : MA 022395
 Vehicle No : SMB 23435
 Place of Accident : NEX MALL
 Insured Driver's relationship with Insured : Friend
 Drink Driving of Insured and/or Insured Driver : - ND -
 No of passenger(s) in Insured vehicle : 2 1
 Injury to Insured and/or Insured driver, please indicate which hospital:
- N/A -
 Third Party Vehicle No (if any) : SNC9832A
 No of passenger(s) in Third Party Vehicle : - ND -
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:
- N/A -
 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):
N/A
 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)
[Signature]
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to my best knowledge
[Signature]
 Attended by (Name & Signature) / Date
 Workshop Name: BH AUTO SERVICES PTE LTD

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

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 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 201331902X

A Member of Maybank Group



NOCL
80000087
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. MA022395

- | | | | |
|--|---------------|-------------------------------|-----------|
| 1. Index Mark and Registration Number of Vehicle | SME23435 | | |
| 2. Name of Policyholder | WANG SHAO-ING | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 24/09/2022 | Excess: Named Drivers | S\$ 500 |
| | | Excess: Unnamed Drivers | S\$ 1,000 |
| 4. Date of Expiry of Insurance | 23/09/2023 | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No : CHH288848 | |
| | | Chassis No : WWWZZAUZ/W286465 | |

(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.

WANG SHAO-ING

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

ETQFEU 04/08/2022 16:31:24



Authorised Signature