

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	09/02/2023 12:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 20:00 (SGT)
Exact Location of Accident	585 Pasir Ris Street 53, Singapore 510585
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7478R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH PIN JOO
NRIC No	S6918315H
Email Address	SINAIN@GMAIL.COM
Mobile Phone No	(Phone) +65-97552899
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Insignia
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	1600

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA027258

DRIVER

Name of Driver	NG SIN AIN
NRIC No	S6909471F
Date Of Birth	16/03/1969
Occupation	Indoor

Date Of Driving Pass	18/04/1994
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97552899
Alt. Phone Number	-
Email Address	SINAIN@GMAIL.COM
Address	BLK 586 PASIR RIS ST 53 #11-59
Address complement	-
Postcode	510586
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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

MY VEHICLE WAS PARKED STATIONARY AT BLK 585 PASIR RIS ST 53 ON 03/02/2023 AT ABOUT 7.45PM. WHEN I GOT BACK TO MY CAR, I SAW A NOTE SAYING THAT HE HIT OTO MY VEHICLE AND HE LEFT HIS NAME AND CONTACT NUMBER. I THEN CONTACTED MR SUFI'AN AND HE WANTS TO PRIVATE SETTLE. THEREFORE, WE WENT TO A FEW WORKSGOP INCLUDING OPEL SERVICE CENTRE TO ASK FOR QUOTATION. BUT ENDED UP, THE AMOUNT WAS TOO HIGH. WE THEN AGREED TO GO BY INSURANCE CLAIM. BOTH OF US PROCEEDED TO DO THE REPORT ON 09/02/2023.

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	SJN4619Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MOHAMAD SUFI'AN BIN MOHAMAD SANI
Contact Number	(Phone) +65-93695644
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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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

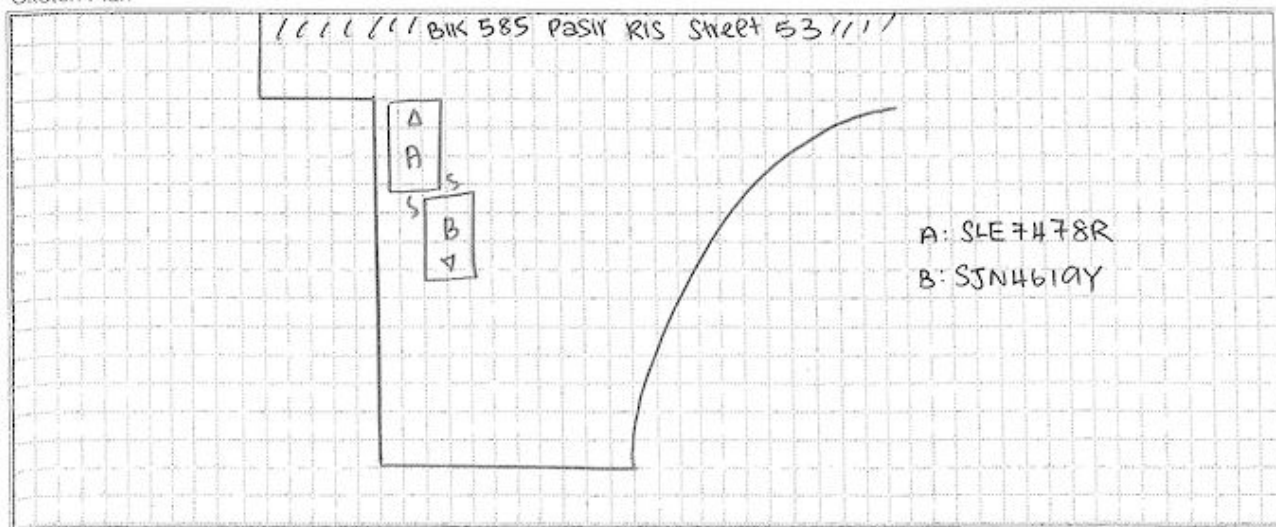
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

My vehicle was parked stationary at Blok 585 Pasir Ris Street 53 on 03/02/2023 at about 7.45pm. When I got back to my car I saw a note saying that he hit onto my vehicle and he left his name and contact number. I then contacted Mr Sufi'an and he wants to private settle. Therefore we went to a few work shops including Opel service centre to ask for quotation. But ended up the amount was too high. We then agreed to go by insurance claim. Both of us proceeded to do the report on 09/02/2023.

Declaration

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



Policyholder's Signature / Date & Time



Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

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

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Ng Sin Ain

Policy No : MA 027258

Vehicle No : SLE 7478 R

Place of Accident : BLK 585 PASIR RIS Street 53

Insured Driver's relationship with Insured : Husband

Drink Driving of Insured and/or Insured Driver : - NA -

No of passenger(s) in Insured vehicle : - NA -

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

Third Party Vehicle No (if any) : SSN 4619 Y

No of passenger(s) in Third Party Vehicle : - NA -

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

Type of collision and the extensiveness of the damages to all vehicles involved:
Rear to Rear.

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

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)




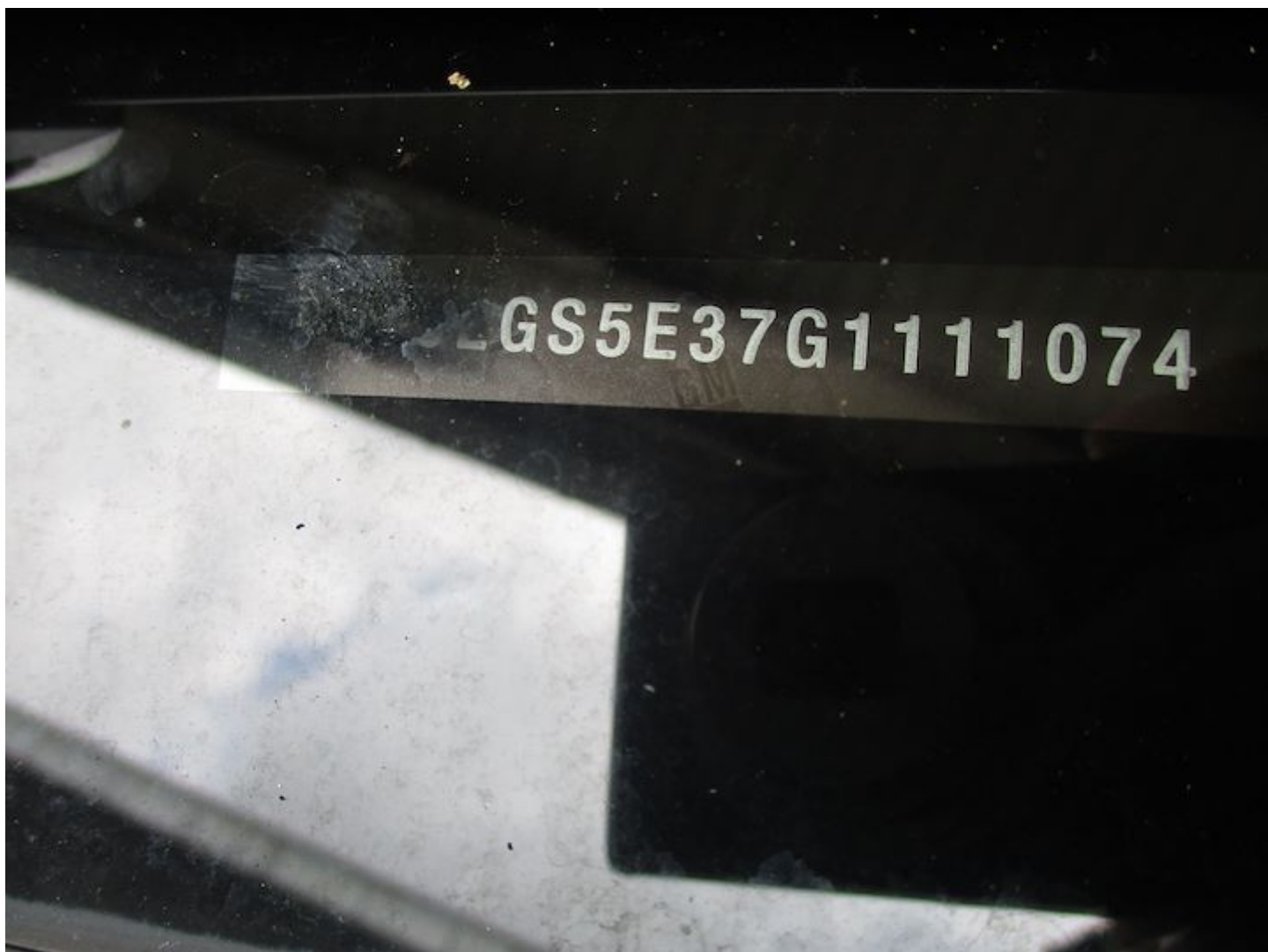
Driver (Name & Signature)
I, affirmed the above information is given to
my best knowledge

Attended by (Name & Signature)

Workshop Name: _____

Etiga Insurance Berhad (Company Reg. No. T09FC0054K)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Member of the  **Maybank Group**

















MX1
71120002
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. MA027258


1. Index Mark and Registration Number of Vehicle	SLE7478R	
2. Name of Policyholder	KOH PIN JOO	
3. Effective Date of Commencement of Insurance for the purposes of the Act	29/01/2023	Engine No.: A1161195GU7X0064 Chassis No.: W0LGS5E37G1111074 Excess (Named Drivers): S\$600.00 Excess (Unnamed Drivers): S\$1100.00 Excess (Windscreen): S\$100.00
4. Date of Expiry of Insurance	28/01/2024	
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	KOH PIN JOO NG SIN AIN	
<p>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.</p>		
6. Limitations as to use	<p>USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(i) USE FOR HIRE OR REWARD.</p> <p>(ii) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.</p> <p>(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p>	
<p>* 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.</p>		

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.

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 **Etiga Insurance Pte. Ltd.**
Approved Insurer


Authorised Signature