

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	22/03/2023 13:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/03/2023 18:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	NEAR CORPORATION RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7829K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH HONG
NRIC No	S1432258B
Email Address	GOHAHHONG@HOTMAIL.SG
Mobile Phone No	(Phone) +65-98243639
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0025338

DRIVER

Name of Driver	GOH AH HONG
NRIC No	S1432258B
Date Of Birth	24/09/1959
Occupation	Indoor

Date Of Driving Pass	24/05/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98243639
Alt. Phone Number	-
Email Address	GOHAHHONG@HOTMAIL.SG
Address	BLK 140B CORPORATION DRIVE #11-48
Address complement	-
Postcode	612140
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?	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

I WAS TRAVELLING ALONG AYE NEAR CORPORATION ROAD EXIT ON 21/03/2023 AT ABOUT 6.30PM. MY CAR WAS STATIONARY AS WAITING FOR THE CARS IN FRONT OF ME TO MOVE OFF. SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR. I ALIGHTED, WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

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	XD2756J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ZHAO YINGMING
Contact Number	(Phone) +65-81973369
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.

Gob

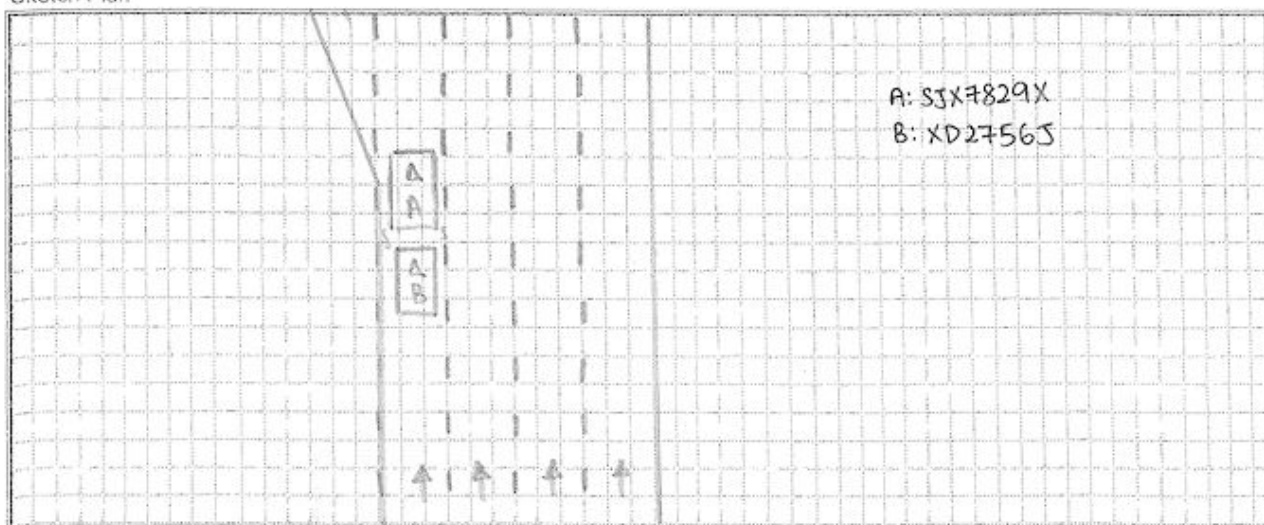
Policyholder's Signature / Date & Time

Gob

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

1

Describe Circumstance of the Accident

I was travelling along AYE near Corporation Road exit on 21/03/23
 at about 6.30pm. My car was stationary as waiting for the cars
 in front to move off, suddenly I felt an strong impact from the rear.
 I alighted, we exchange particulars and left the scene.

Declaration

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

Goh

Policyholder's Signature / Date & Time

Goh

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

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



INTERVIEW FORM

Name (Driver) : Goh Ah Hong
 Policy No : M0025338
 Vehicle No : SSX7829K
 Place of Accident : AYE near Corporation Road Exit
 Insured Driver's relationship with Insured : owner
 Drink Driving of Insured and/or Insured Driver : - NA -
 No of passenger(s) in Insured vehicle : - 0 -
 Injury to Insured and/or Insured driver, please indicate which hospital:

Third Party Vehicle No (if any) : XD2756J
 No of passenger(s) in Third Party Vehicle : - 0 -
 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:
Head 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)

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

Attended by (Name & Signature)

Workshop Name: _____

Etika Insurance Berhad (Company Reg. No. TcgFC0054K)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

Member of the **Maybank** Group









22. May. 2023 10:18

Happy Motor

No. 5021 P. 1/1



MX1
71120093
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. M0025338

- | | | | | |
|--|-------------|-------------------------|---|-----|
| 1. Index Mark and Registration Number of Vehicle | SJX7829K | | | |
| 2. Name of Policyholder | Goh Ah Hong | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 12/07/2022 | Excess: Named Drivers | SS | 300 |
| | | Excess: Unnamed Drivers | SS | 800 |
| | | Excess: Windscreen | SS | 100 |
| 4. Date of Expiry of Insurance | 11/07/2023 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No | : G4FCAU846086 | |
| | | Chassis No | : KMH0U418MAU017190 | |
| | | Hire Purchase | : Tokyo Century Leasing (Singapore) 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.

Goh Ah Hong

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 / IIA or SDIC websites (www.gia.org.sg or www.iaa.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).

G0PLLL 23/06/2022 11:44:13



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

Authorised Signature