

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	05/04/2023 12:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/04/2023 18:45 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	TWDS MACRITCHIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7107K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FAIZ AZHAR BIN HAZMAN
NRIC No	S9526466B
Email Address	FZAZHAR.HAZMAN@GMAIL.COM
Mobile Phone No	(Phone) +65-97870987
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Integra
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	Manual
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA023028

DRIVER

Name of Driver	FAIZ AZHAR BIN HAZMAN
NRIC No	S9526466B
Date Of Birth	02/08/1995
Occupation	Indoor

Date Of Driving Pass	08/04/2015
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-97870987
Alt. Phone Number	-
Email Address	FZAZHAR.HAZMAN@GMAIL.COM
Address	25 HILLVIEW AVENUE #09-06
Address complement	-
Postcode	669558
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 04/04/2023 AT ABOUT 1845HRS, I WAS TRAVELLING ALONG MARYMOUNT ROA TOWARDS MACRITCHIE ROAD. AS I WAS HEADING STRAIGHT, OUT OF SUDDEN, AHEAD OF ME THERE WAS ROAD WORKS. I SLOWED DOWN AND STOP. WHILE WAITING, ALL OF A SUDDEN I FELT A HARD IMPACT FROM THE REAR THEN I REALISED A VEHICLE SMJ5689Z HAD COLLIDED ONTO MY REAR. MY VEHICLE WAS BADLY DAMAGED AND I CONSULTED A DOCTOR. I WAS GIVEN 2 DAYS OF MC. THAT'S ALL.

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	SMJ5689Z
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	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FAIZ AZHAR BIN HAZMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC7107K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>maymount Rd</p>	<p>A</p>	<p>B</p>	<p>(A) SMC 719K</p> <p>(B) SMJ 5689Z</p>
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Describe Circumstances of the Accident

On 04-04-2023 at about 1845hrs, I was travelling along Marymount Rd towards Mackenzie Rd. As I was heading straight, all of a sudden, ahead of me there's a road works. I slow down and stop. While waiting, all of a sudden I felt an hard impact from the rear. Then I realised a vehicle SMJ 56892 had collided onto my rear. My vehicle was badly damaged and I consulted a doctor. I was given 2 days of mc. That's all.

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



INTERVIEW FORM

Name (Driver) : Faiz Azhar

Policy No : MA023028

Vehicle No : 8MC 7107K

Place of Accident : Marymount Rd

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : NIL

Injury to Insured and/or Insured driver, please indicate which hospital:
NO

Third Party Vehicle No (if any) : 8MJ 56898

No of passenger(s) in Third Party Vehicle : NIL

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

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):
NIL

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

[Signature]
Attended by (Name & Signature) / Date

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

Workshop Name: _____

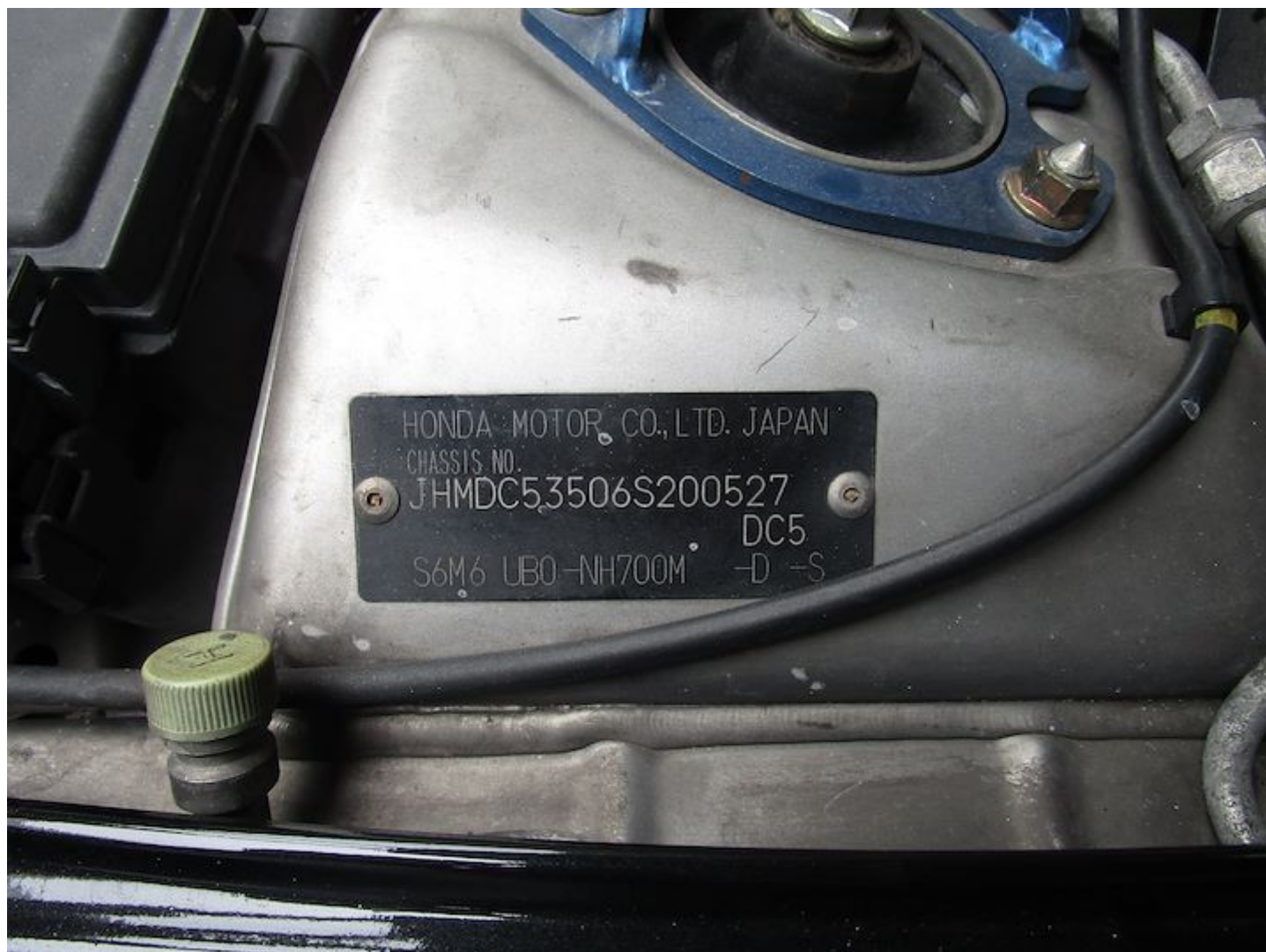
Etika Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

www.etika.com.sg
Company Reg. No. 20133955X

A Member of Maybank Group



















MX1
71120037
COV.Type: Third Party Only

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. MA023028

1. Index Mark and Registration Number of Vehicle	SMC7107K
2. Name of Policyholder	FAIZ AZHAR BIN HAZMAN
3. Effective Date of Commencement of Insurance for the purposes of the Act	03/10/2022
4. Date of Expiry of Insurance	02/10/2023
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	Engine No.: K20A35800399 Chassis No.: JHMD53506S200527
<p>FAIZ AZHAR BIN HAZMAN</p> <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>	
<p>6. Limitations as to use</p> <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 (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 **Etika Insurance Pte. Ltd.**
Approved Insurer

Authorised Signature