SA1C236L0004 / AH LIM MOTOR COMPANY ( MAIN ) ENTRY DATE & TIME: 21/06/2023 14:26 (SGT) SUBMITTED BY: ZILA VERSION: 1 (21/06/2023 14:26 (SGT))

## **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.

- 4. The issue and acceptance of this is form by instrained 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 21/06/2023 14:26 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/06/2023 00:30 (SGT) Exact Location of Accident 221 Bishan St. 23, Singapore 570221 Additional Location Information **OSCP** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMS8866L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHENG TAT NRIC No SXXXX751F Email Address FRED.TAN@MADDPROJECTS.COM Mobile Phone No (Phone) +65-97813585 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Lexus Model Es300h Variant LEXUS ES300H 4DR SEDAN (AUTO) EXECUTIVE Exact purpose for which vehicle was being used at time of Private use

No - Claiming third party

Private car

Auto

2487

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number M0029618

DRIVER

Name of Driver TAN CHENG TAT NRIC No SXXXX751F Date Of Birth 20/02/1976 Occupation Indoor

Date Of Driving Pass 25/02/2005 Driving experience 18 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97813585 Alt. Phone Number Email Address FRED.TAN@MADDPROJECTS.COM Address **221 BISHAN ST 23** Address complement #03-179 Postcode 570221 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 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER 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 SKR6860U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

**LAWRENCE** 

(Phone) +65-98181364

Name of Driver

Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 <b>-</b>

#### SKEICH FLMIN

#### 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- By the lodgment 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.
- 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:
  - 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")
- 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 & Fime:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

Vehicle A: SMS 8:	866L	Vehicle B: SKR 6860 U	Vehicle C:	
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My workshop : Optima Email address :	Werke	e Pte Ltd		
& myself : Moham	ed-na	shik @ ow.sg		
Email address :				
Note: Please take note th	at vour ins	urer have 14 days timeframe for you	to submit own dam:	age claim under
		our own insurer for more informatio		age claim ander
ECLARATION				
We declare the foregoing parti	culars are tr	ue in every respect.		
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				CANADA VALUE OF CONTRACTOR
licyfiolder's Signature Ite & Time: 0 17 70 9		er's Signature river is not the policyholder)	Reporting Centre Person	onnel's Signature

AHUM MOTOR COMPANY

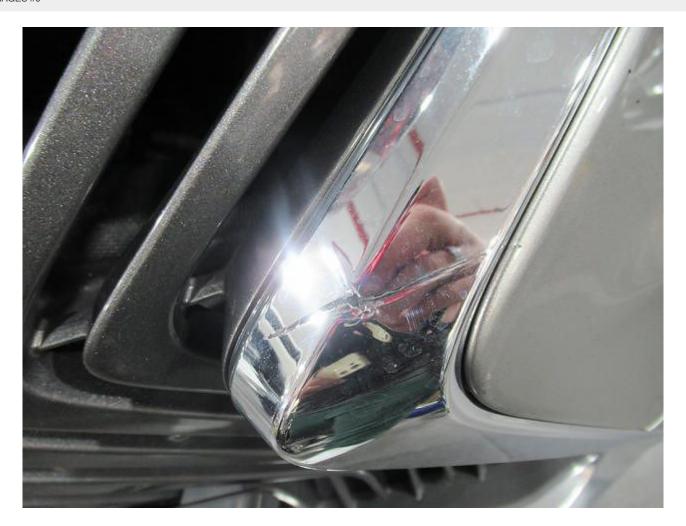






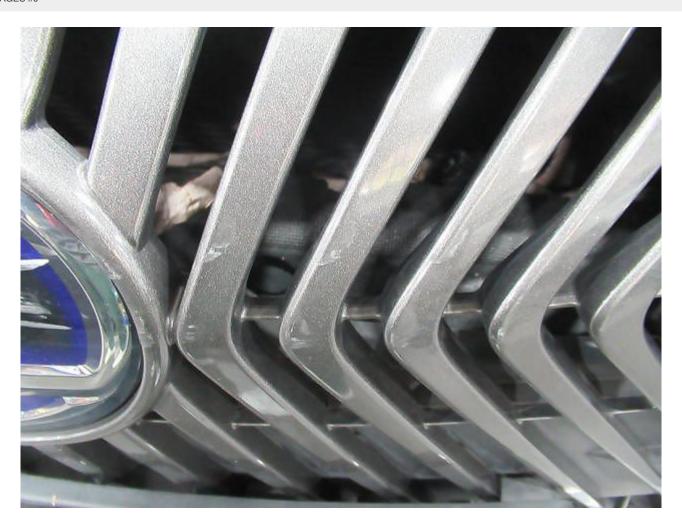














70 (9)

# **eTiQa**Insurance

### INTERVIEW FORM

Name (Driver)	: Tan Cheng Tat
Policy No	: M0029618
Vehicle No	: SMS 8866L
Place of Accident	: BIK 221 Bishan St 23 (outside Carpark
Insured Driver's relationsh	p with Insured :Oww.
Drink Driving of Insured a	d/or Insured Driver :
No of passenger(s) in Insu	d vehicle :
Injury to Insured and/or In	red driver, please indicate which hospital:
Third Party Vehicle No (if	my): SKR6860U
	Party Vehicle: 1007.
Injury to Third Party drive	and/or passenger(s), please indicate which hospital:
Type of collision and the e	tensiveness of the damages to all vehicles involved:
Collided in	Parked Vehicle
Any witness to the acciden	(if yes, please indicate Name, Contact No and a copy of the statement):
Traffic Police report (enclo	ed) : Yes / No
Please obtain a copy of the worker is involved)	driving licence of Insured driver and/or work permit (where foreign
fift	in the of morting
Driver (Name & Signature Laffirmed the above info	Attended by Name & Signature
my best knowledge	Workshop Name: Ah Lim Motor Compar

Etiga Insurance Berhad (Company Reg. No. TogFCoog4K) 1 North Bridge Road, #68-o1 High Street Centre, Singapore 179094 7: +65 6336 0477 ft +65 6339 2109

Allowed the QWIDY DESIRES Com

. 4

MX1 70000267 Cov. Type: Comprehensive

#### CERTIFICATE OF INSURANCE

Number of Vehicle

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. M0029618 Index Mark and Registration

2. Name of Policyholder TAN CHENG TAT

3 Effective Date of Commencement of 24/08/2022 Excess: Named Drivers 600 Insurance for the purposes of the Act Excess: Unnamed Drivers 1,100 Excess: Windscreen 100

Date of Expiry of Insurance 23/08/2023

Persons or Classes of Persons entitled to drive Engine No : A25AN058426

SMS8866L

Chassis No : JTHB2181302048030 Hire Purchase : OCBC Bank 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.

TAN CHENG TAT

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.

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

GOP93167 02/09/2022 18:02:57 

