

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	17/07/2023 17:43 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2023 17:35 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2414B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	1XXXXX399N
Email Address	kelvincm.chang@mitsubishi-hc-capital.com.sg
Mobile Phone No	(Phone) +65-92983192
Alternative Phone No	+65-92214753

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Grandland
Variant	GRANDLAND X F12XHT AT
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	1199

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	CN013767

DRIVER

Name of Driver	NURHUDA CHOO KAILIN BINTE MOHAMMED FAIZAL
NRIC No	SXXXX874C
Date Of Birth	21/04/1991
Occupation	Indoor

Date Of Driving Pass	13/12/2012
Driving experience	10 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92214753
Alt. Phone Number	+65-82821718
Email Address	HUDACHOO91@GMAIL.COM
Address	670 CHOA CHU KANG CRESCENT
Address complement	#01-509
Postcode	680670
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	6
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	NURMAZIDAH
Gender	Female

PASSENGER 2

Name	CHOO KOK WAI
Gender	Male

PASSENGER 3

Name	NORLITA
Gender	Female

PASSENGER 4

Name	NORHIDAYAH
Gender	Female

PASSENGER 5

Name	SYAFI HUDZZIFAH
Gender	Male

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

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? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBL8777C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

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.

* MITSUBISHI HC CAPITAL ASIAN PACIFIC PTE. LTD.
Karin Chang (BA)
Manager
Total Vehicle Solutions Department

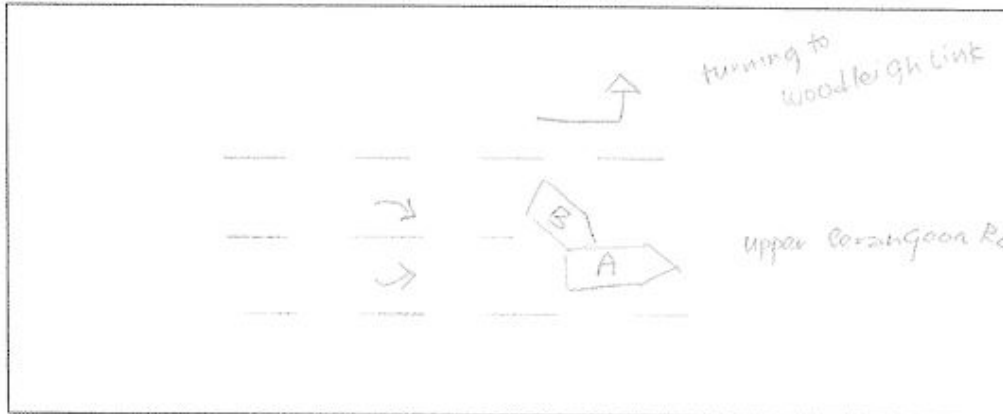
Policyholder's Signature
Date & Time:


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


Zila
Alv Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of accident: 16/07/2025 Time: 17:35 Location: Upper Serangoon Rd towards Bendemeer Rd
 My Vehicle A: SMW 24148 Vehicle B: GBL 8777C Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upper Serangoon Rd towards Bendemeer Rd. A truck by the number plate GBL 8777C, which was on my left with its signal on to turn left, suddenly cut into my lane, thus causing an collision. This result in my vehicle left rear door to be damaged.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

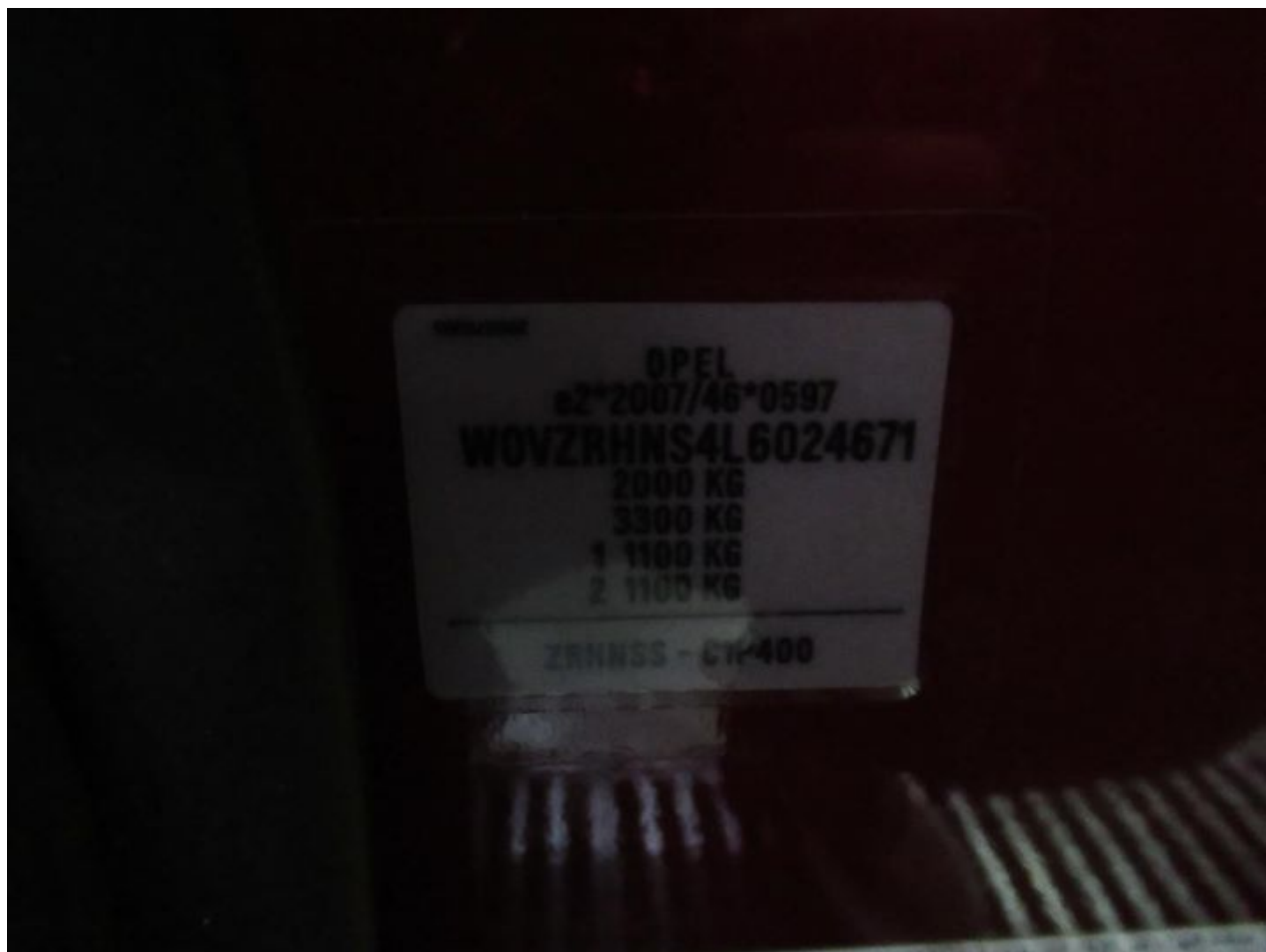
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

[Ah Lim Motor Company]









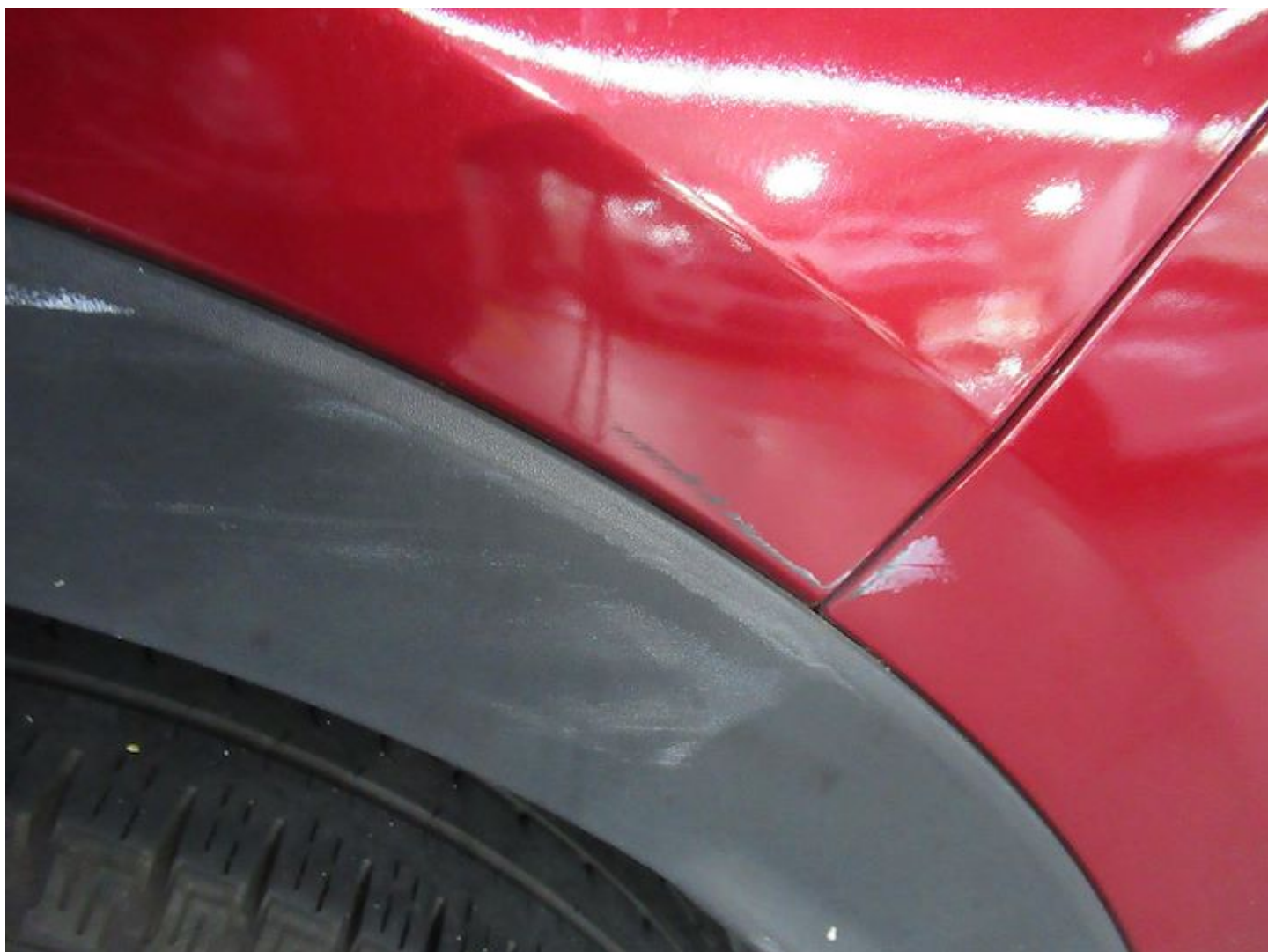






































**MOTOR COVER NOTE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1987
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Date: 01/11/2022

Cover Note No.: CN013767

The Insured having proposed for insurance in respect of the vehicle described below, it is hereby Held Covered according to the Company's usual policy form applicable and other terms which may be specifically agreed. This cover may be terminated by the Company in writing in which case the Company shall be entitled to charge a sum in proportion to the annual premium for the time on risk.

SCHEDULE

Insured Name	: MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD	Registration No.	: SMW2414B
Make & Model	: Opel Grandland X 1.2 Turbo (A) SUV	Engine Capacity	: 1199
Engine No.	: 10TMA30043680	Year of Registration	: 2020
Chassis No.	: W0VZRHNS4L6024671		
Coverage	: Comprehensive		
Period of Insurance	: From 10/11/2022 to 09/11/2023		
Finance / Hire Purchase	: Not Applicable		
Remarks	:		
Quotation No.	: Q294164		

I/WE HEREBY CERTIFY that this Cover Note 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).

Etiqua Insurance Pte. Ltd.

Note: This Cover Note is only valid for 30 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

Authorised Signature

IMPORTANT NOTICE**PREMIUM PAYMENT FRAMEWORK****i. For Individual Policyholders**

In accordance with the GIA's Code of Practice For Premium Payment, which comes into effect 1st May 2005, this Motor Cover Note issued to **Individual Policyholders** shall not be in force unless premium is paid in full to the Company or intermediary **on or before** the date of inception of this insurance, be it new or renewal.

ii. For Corporate Policyholders

This Motor Cover Note carries a Premium Payment Warranty for **Corporate Policyholders**, which requires the premium to be paid in full **within 60 days** from the date of inception of this insurance, be it new or renewal.

If this condition is not complied with then this insurance is automatically terminated immediately after the expiry of the said 60-days period and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00 + GST.

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 us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdlic.org.sg).

PERSONAL DATA USE

Any information collected or held by us whether contained in your application or otherwise obtained may be used and / or disclosed to our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters relating to your application, any policy issued and to provide advice or information concerning products and services which we believe may be of interest to you and to communicate with you for any purpose. Your data may also be used for audit, business analysis and reinsurance purposes.