SI05237C0001-01 / INSURESMART AUTO PTE. LTD. ENTRY DATE & TIME: 12/07/2023 13:56 (SGT) SUBMITTED BY: CHIA PEI FEN VERSION: 2 (13/07/2023 13:39 (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 12/07/2023 13:56 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/07/2023 20:05 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG WOODLANDS CHECKPOINT VIADUCT TOWARDS **WOODLANDS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT122X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FOO ZHI PENG, FINO NRIC No S9148572I Email Address FINOFZP@GMAIL.COM Mobile Phone No (Phone) +65-94244385 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A3 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 1395

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number M0043091

DRIVER

Name of Driver FOO ZHI PENG, FINO NRIC No S9148572I Date Of Birth 21/12/1991

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Indoor 27/02/2013 10 YEARS AND 5 MONTHS Male (Phone) +65-94244385 - FINOFZP@GMAIL.COM BLK 519 JELAPANG ROAD #10-179 - 670519 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SMV8670T

Vehicle Model

Vehicle Manufacturer

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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FOO ZHI PENG, FINO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SKT122X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.
- 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.
- 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.

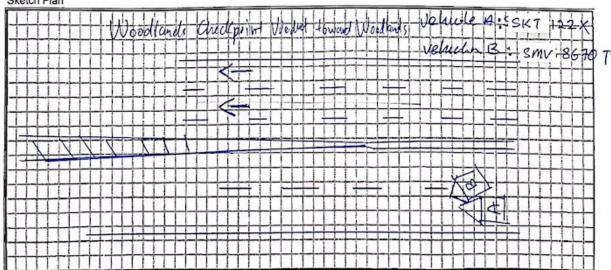
Policyholder's Signature / Date & Time

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

& Time

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

Sketch Plan



1

Describe Circumstance of the Accident
On the Stated date and time, I Veh A (SKT 122x)
was moving off when VehB (SMV 8670) cut across
double white lines on my right and collided into my
from right portion.

Declaration

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

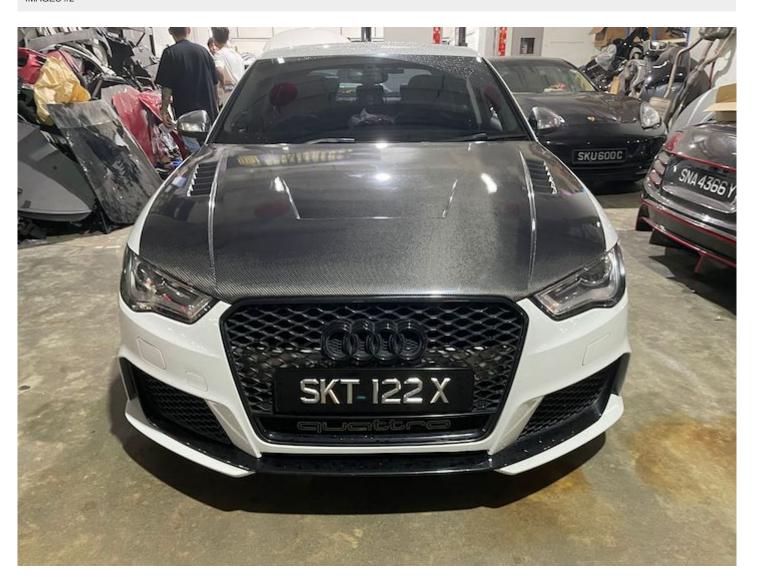
Bellesholder's Signature / Date & Time

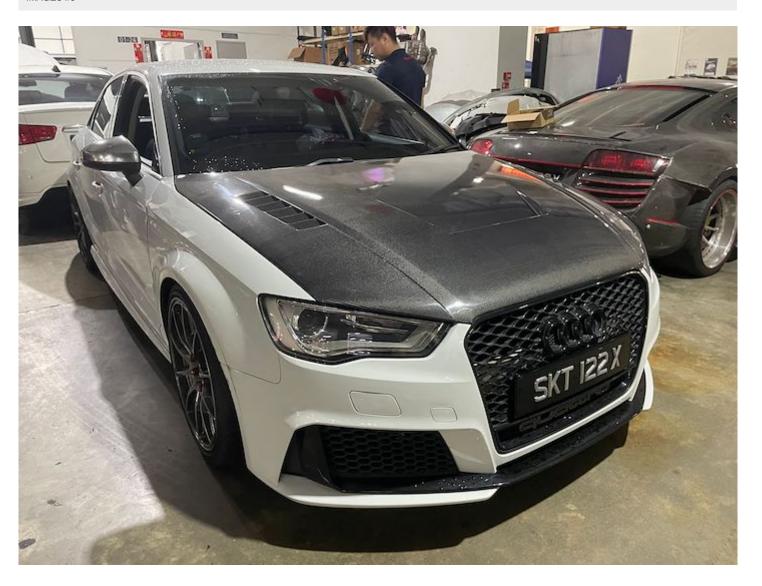
Driver's Signature (if driver is not the policyholder) / Date

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

2













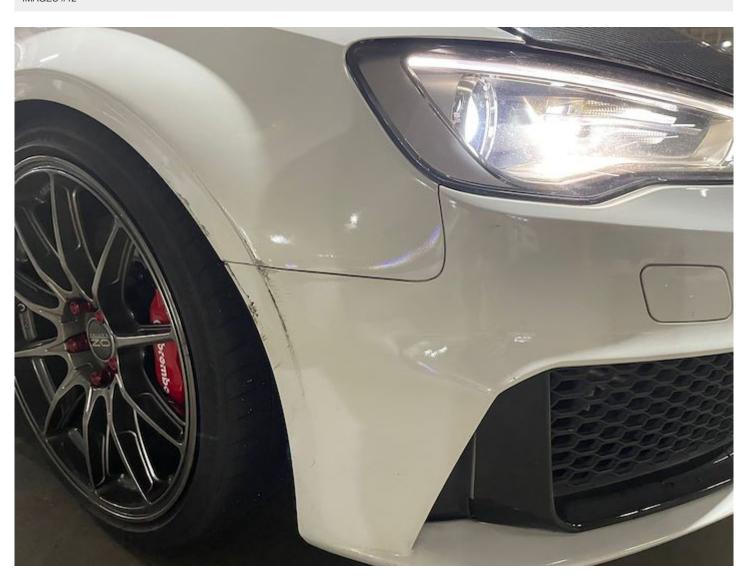


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230713/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2023 12:29			Vide Report No.:	Station Diary No.:		
Informar	nt's Partic	ulars				
	Informant: PENG, FI		Address: 519 JELAPANG ROAD #10-179 SINGAPORE 670519			
ID Type / NRIC NC	ID No.:) / S91485	721	Contact No.: Home/Office:	Mobile: 94244385		
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: FINOFOO@HOTMAIL.CO	DM		
Sex: Age: Date of Birth: Male 31 21/12/1991			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Sales			Driving Licence Information Class:	on: Date of Expiry:		

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2023 20:05	Type of Location:
BUKIT TIMAL Weather:	H EXPRESSWAY	Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	ion:			Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved			102	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKT122X	Car	AUDI	A3 SEDAN 1.4 TFSI AMBIENTE MY 15	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT122X	ETIQA INSURANCE BERHAD	M0043091	03/04/2023	02/04/2024





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230713/7010

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				NO. 20000140
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian Cro	ssing: NA
Driver			***************************************		
Name	FOO ZHI PENG, FI	FOO ZHI PENG, FINO		ID No.	S9148572I
Related Vehicle	SKT122X (Car)			Contact N	o. 94244385
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	. '
No. of Days granted Medical Leave			Degree of	f Sei	rious

Brief Details.

On the stated date and time, I was driving SKT122X along BKE slip road towards Woodlands Checkpoint.

I was travelling along the second lane from the left.

When traffic in front move off, I proceeded to follow suit.

Suddenly, SMV8670T appeared and swerved into my path.

I was caught completely off guard as there was a chevron and double white lines to the right of my lane and I would never have expected another vehicle to appear.

Despite my attempts to jam on my brakes, I could not avoid colliding with SMV8670T and knocked my right knee against the underside of my dashboard as a result.

Upon alighting, I realised that the front right portion of my vehicle including my rims were damaged.

The following morning, I woke up with soreness in my neck area and the pain in my right knee had gotten worse as well.

As such, I sought treatment at SGH A&E and was given 3 days MC for injuries caused by the accident.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230713/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2023 12:29
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		ADDEN	IDUM	
1)	PARTICULARSOFPE	RSONMAKINGTHEAMENDME	NTS:	
	Original Report No	SI05237C0001	Vehicle Registra	tion No: SKT122X
	Name(as shownin NRIC)	FOO ZHI PENG, FINO	NRIC/FIN/Passp	ortNo : S9148572I
	(*Vehicle Driver/Ve			
	Address	BLK 519 JELAPANG ROAD	#10-179	Singapore(670519
	Contact (Tel)	<u> </u>	Mobile No.:	94244385
	Email Address	FINOFZP@GMAIL.COM		
	Date of Accident	11/07/2023	Time of Acciden	t: 20:05
	Place of Accident	ALONG WOODLANDS CHEC	KPOINT VIADUCT TO	WARDS WOODLAND
	Insurance Company:	ETIQA INSURANCE PTE L'	TD	
	(a) (b)			2
	2			
	42			J
	Policyholder / Driver Date:	's Signature	Name:	ntre Personnel's Signature KAELYNN S9120897J 12/07/2023

GIARMC addendumform_V3

70000247

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. M0043091

Index Mark and Registration Number of Vehicle

SKT122X

2. Name of Policyholder

FOO ZHI PENG FINO

Effective Date of Commencement of 3 Insurance for the purposes of the Act

03/04/2023

Excess: Named Drivers Excess: Unnamed Drivers Excess: Windscreen

1,100

4. Date of Expiry of Insurance

02/04/2024

5. Persons or Classes of Persons entitled to drive

Engine No : CZC225132 Chassis No : WAUZZZ8V7F1073187 Hire Purchase : SSL Holdings 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.

FOO ZHI PENG FINO

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.

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 1 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 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 cowhere 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 Compen Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte Approved Insurer

GOPI TY 11/04/2023 11:41:28

Participant and the state of th