

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	19/07/2023 18:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 11:15 (SGT)
Exact Location of Accident	Near Tuas West Road, Singapore
Additional Location Information	PIONEER ROAD TOWARDS TUAS WEST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG6994P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUBIS ADIB DANIAL
NRIC No	S8741828F
Email Address	DANIAL_LUBIS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81250101
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	CN021324

DRIVER

Name of Driver	LUBIS ADIB DANIAL
NRIC No	S8741828F
Date Of Birth	18/12/1987
Occupation	Outdoor

Date Of Driving Pass	24/03/2009
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81250101
Alt. Phone Number	-
Email Address	DANIAL_LUBIS@HOTMAIL.COM
Address	BLK 143 MARSILING ROAD #03-2116
Address complement	-
Postcode	730143
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	Raining
Road Surface	Wet

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

REFER TO SUMMARY AND SKETCH PLAN

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	SJY9032Z
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	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

1. I will report correctly the details of the accident to speed up the claims process.
2. My claim must be supported by the Police Officer (under the Accident Drive).
3. Information provided must be as truthful and accurate as possible. Any false statements are a breach of contract and may allow insurance companies to repudiate policy liability.
4. The name and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance corporation.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurer to the GIC Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the completion of this report to the Insurer, you hereby consent to the archiving of this report at the Centre and to copies of this report being made available elsewhere.

Consent under the Personal Data Protection Act (PDPA)

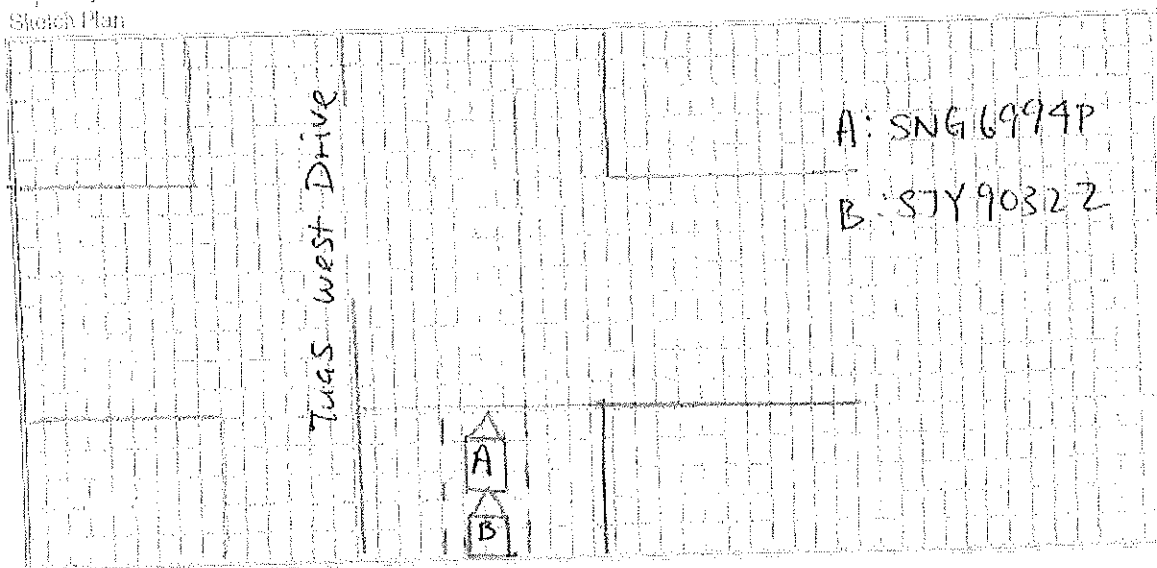
I, (Insured), acknowledge, agree and consent that:

- (a) My Insurer, my broker 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 processed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to a) Insurer(s) who have insured vehicle(s) involved in this accident, b) Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/department (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 this accident and/or my claim;
 - (iii) carrying out further dealing with my Insurers or responding to my 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 my cheque or card payment); 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' lawyer/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/are processed by any of the Insurers and/or GIA to their third party service providers or agents (located in their lawyer/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

[Signature]
 (Insured's Signature) (Date is not the policyholder) (Date & Time)

[Signature]
 (Insured's Signature) (Date is not the policyholder) (Date & Time)

Sketch Plan




Additional Circumstances of the Accident

I WAS STOPPING AT THE TRAFFIC LIGHT.
THEN AFTER A FEW MINUTES A CAR, KNOCK ON
MY REAR BUMPER. STY9032 IT WAS
RAINING AT THAT MOMENT.

Declaration

We declare the foregoing particulars are true to every respect.


Driver's Signature (please print the full name below) / Date
A. Date

Witness's Signature (please print the full name below) / Date
A. Date


SUIAN A. BTE. EDOS
Validated by Reporting Centre (Please print)
(Name and Signature of the Reporting Centre)







eTiQa

MOTOR COVER NOTE

MOTOR VEHICLES THIRD-PARTY RISKS AND COMPENSATION ACT 1987 (MVR 1987)
MOTOR VEHICLES THIRD-PARTY RISKS AND COMPENSATION ACT 1987
(ROAD TRANSPORT ACT, 1987 (MALAYSIA))
MOTOR VEHICLES THIRD-PARTY RISKS ACT, 1987 (MALAYSIA)

Date: 30/06/2023

Cover Note No.: CN021324

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	LUBIS ADIB DANIAL	Registration No	SN66994P
Make & Model	SUBARU XV 1.6 S	Engine Capacity	1600
Engine No	FB16YC07053	Year of Registration	2017
Chassis No	JF1GT3KC5JG025170	Excess	S\$
Coverage	Comprehensive		
Period of Insurance	From 18/09/2023 to 17/12/2023		
Finance / Hire Purchase	SSL Holdings Pte. Ltd.		
Remarks			

(/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)

Etika 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

Yeo Yen
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.sdic.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

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