

# 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 First Submission .....	25/07/2024 12:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/07/2024 22:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	60 PEMIMPIN TERRACE, S575967
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCX60P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO BOON KWANG
NRIC No .....	SXXXX822Z
Email Address .....	YEO_ED@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-90108040
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Rx200t
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC23A00385000

### DRIVER

Name of Driver .....	YEO BOON KWANG
NRIC No .....	SXXXX822Z
Date Of Birth .....	10/10/1958
Occupation .....	Indoor
Driving Pass Date .....	13/06/1977
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	47 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90108040
Alt. Phone Number .....	-
Email Address .....	YEO_ED@HOTMAIL.COM
Address .....	60 PEMIMPIN TERRACE
Address complement .....	-
Postcode .....	575967
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 .....	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) .....	0
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

#### REF ATTACH

#### 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 .....	SLG4664D
Vehicle Manufacturer .....	Volkswagen

Vehicle Model .....	Jetta
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHENG CHENG MIANG
NRIC No .....	SXXXX703Z
Contact Number .....	-
Address .....	63 CLOVER CRESCENT
Address complement .....	-
Postcode .....	579224
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**Describe Circumstance of the Accident**

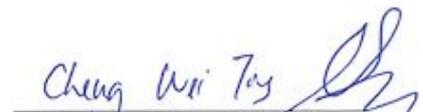
On 24/7/2024 @ 10.00pm I heard a loud bang from inside my house and my neighbor rang my doorbell to inform me that his car has rolled into my car. His car was parked on the slope about 100m away and ~~had~~ has rolled backward and crashed into my parked car. No one is injured

**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  
 (Name as in NRIC/ID card)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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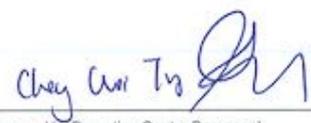
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

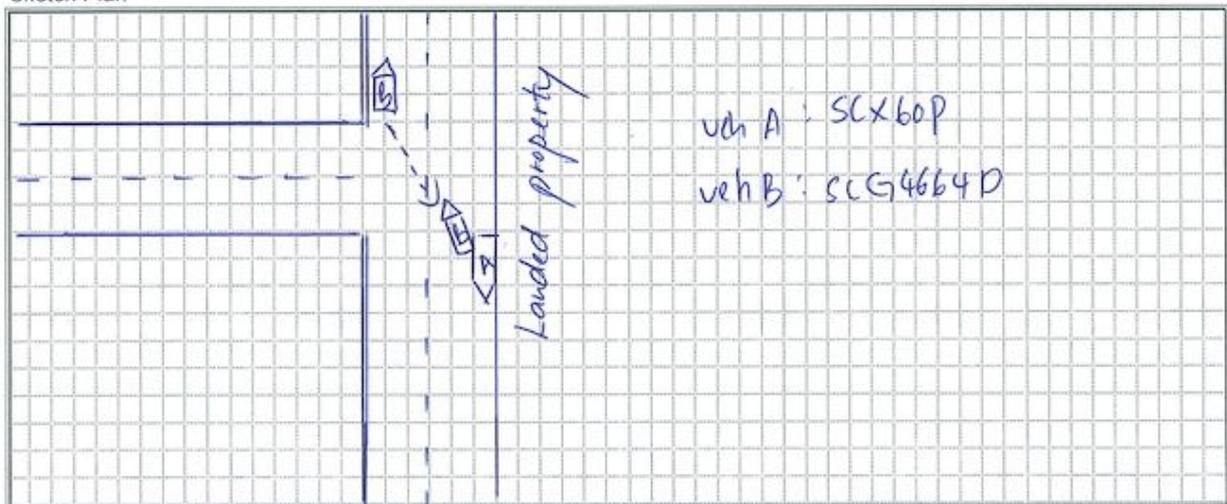
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
 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







































































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09.00 - 17.00  
UEN: S655500206 / 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**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SBOK247P0002 Vehicle Registration No : SCX60P  
Name (as shown in NRIC) : Yeo Boon Kuang NRIC/FIN/Passport No : Sxxx2222  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 24/07/2024 Time of Accident : 22.00  
Place of Accident : 60 PEMIMPAN TERRACE, 5575967  
Insurance Company : ECIC S

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT OD

Policyholder / Driver's Signature  
Date

Reporting Centre Personnel's Signature  
Name: CHENG WEI TING  
NRIC/FIN No.:  
Date: 12/08/2024

09:11



SCX60P CI SCH TAX 202... Done



### CERTIFICATE OF INSURANCE

Motor Vehicles Third Party Risks Compensation Act (Kapit 106)  
Motor Vehicles Third Party Risks and Compensation Rules, 1997  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles Third Party Risks Rules, 1959 (Malaysia)

**SCHEME WORKSHOPS**  
 M2300  
 COMPENSATIVE  
 ORIGINAL

CERTIFICATE NO: <b>MPC25A00385000</b>	Class No: <b>JE23RUMCI102940799</b>
Agency Name: <b>APED MOTOR CAR INSURANCE AGENCY</b>	Engine No: <b>KARW44428</b>
Agency Code: <b>A0000192</b>	

1. Index Mark and Registration Number of Vehicle: **SCX60P**

2. Name of Policyholder: **XEO BOON KWANG**

3. Period of Insurance (both dates inclusive): **30 December 2023 to 29 December 2024**

4. Persons of Classes of Persons entitled to drive

(i) The following persons who are qualified to drive motor cars for Private or Non-Private purposes who are qualified to drive motor vehicles under the Motor Act.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car, is not being prosecuted and is not disqualified by order of a Court of Law or by order of any authority or regulation to that effect from driving the Motor Car.

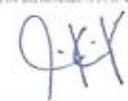
5. Limitation as to use

For the vehicle, operation and purposes purposes and for the policyholder's business. The policy does not cover any use for power, taxation, racing, trials, stunt driving, rally, trials, emergency, the carriage of goods, other than as permitted in accordance with any Trade or License or any other purpose in accordance with the Motor Act.

6. LICENS APPLICABLE

MOTOR VEHICLE	RM 122.00
SECTION 2 - STAGGERED TAXES	RM 500.00
(RM 100.00 PER YEAR)	
ADDITIONAL DRIVERS	
SECTION 1 - (MOTOR VEHICLE)	RM 110.00
SECTION 2 - (MOTOR VEHICLE) - INDEPENDENT TAXES, ANNUAL	RM 500.00
(RM 100.00 PER YEAR PER VEHICLE DURING LICENSE PERIOD)	

Signed for and on behalf of ECICS Limited

  
 AUTHORIZED SIGNATORY

**Important Notice:**

- (i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- (ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles Third Party Risks and Compensation Act of 1997.
- (iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- (iv) The Payment Referral or Warranty or Premium Payment Warranty, found on the Policy, must be completed with otherwise there would be no liability under the Policy and Certificate of Insurance.



ECICS Limited  
 11, Suria Road,  
 #01-01, Singapore International  
 Singapore 630001  
 Tel: 65 6326 5588 Fax: 65 6326 8297  
 Email: insurance@ecics.com.sg  
 Website: www.ecics.com.sg  
 (In Reg. No. 146873/2017)

Agency Account	Class of Policy	MOTOR POLICY - PRIVATE	Policy No.	MPC25A00385000
Account A0000192	Issued on	30/12/2023		
Client 72181111	Acceptance Date	30/12/2023		
			Fund/Acct. No. Sfx	00000

Period of Insurance from 30/12/2023 to 29/12/2024, both dates inclusive

Insured's Name	XEO BOON KWANG
Address	80, WONG JIN TIGRAVE SIRAL KANG



