SB0K248D0001 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 13/08/2024 12:37 (SGT) SUBMITTED BY: Linette Cheong VERSION: 1 (13/08/2024 12:37 (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 First Submission 13/08/2024 12:37 (SGT) Reported by **Actual Driver** Date of Accident 12/08/2024 08:10 (SGT) Exact Location of Accident Singapore Additional Location Information **EUNOS AVE 5** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC224R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BORNEO MOTORS (SINGAPORE) PTE. LTD. Company Reg No 1XXXXX086Z Email Address wenhong.ong@inchcape.com.sg Mobile Phone No (Phone) +65-97364361 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Bus Transmission Auto CC 3000 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

# INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPB24A00000201

DRIVER



Name of Driver MAK KOK KAY NRIC No SXXXX736J Date Of Birth 27/12/1958 Occupation Outdoor Driving Pass Date 20/11/1978 Driving License Pass Class Driving License Validity Valid Driving experience 45 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97364361 Alt. Phone Number Email Address wenhong.ong@inchcape.com.sg Address BLK 521 BEDOK NORTH AVE 1 #12-290 Address complement Postcode 460521 Is the driver the policyholder? If No, Relationship of the Driver with the Insured CONTRACTOR Does Driver Own Other Vehicles? 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 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? 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

SNQ6621M

Byd

Vehicle Manufacturer

| Vehicle Model                           | -            |
|-----------------------------------------|--------------|
| Vehicle Variant                         | -            |
| Vehicle Colour                          | -            |
| Vehicle Category                        | Private car  |
| Name of Driver                          | LEE DAE YEON |
| NRIC No                                 | SXXXX857H    |
| 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

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:

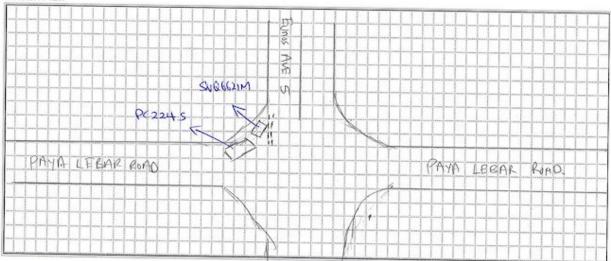
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Toyota Hiace (PC224R) was filtering into Euros Ave 5 via                                                                                                                                                                               |
| By a Leber Road. While Filtering, BYD ATTO 3 (SNQ 6621M) Stopped at the fittering lane to merge on to Euros Ale 5 road. OR Bys hif the vehicle from behind. Dring that time, OR bus was ferrying Qty: I customer. Both Orivers and the |
| While Tiltering, BYD MITOS (SNOGGERM) Stopped at The                                                                                                                                                                                   |
| of 24 lift the white from lated Die those of                                                                                                                                                                                           |
| bis uns ferrying Oty: I distormer. Both Orlvers and the                                                                                                                                                                                |
| Customer did not offend any injuries. All were hell.                                                                                                                                                                                   |
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# Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (d driver is not the policyholder) / Date & Time

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

2





































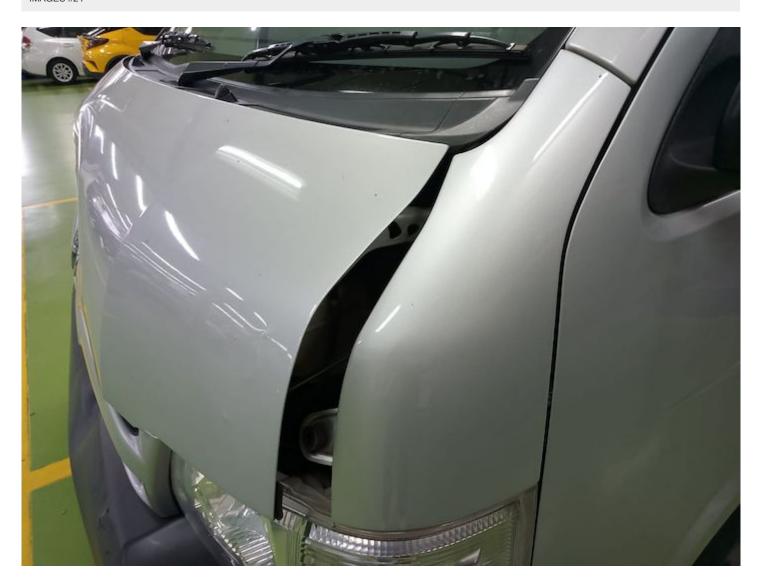


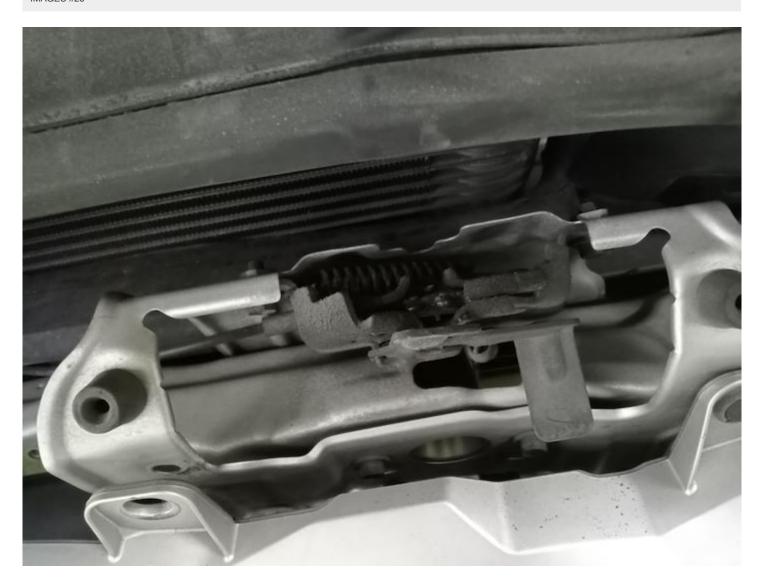




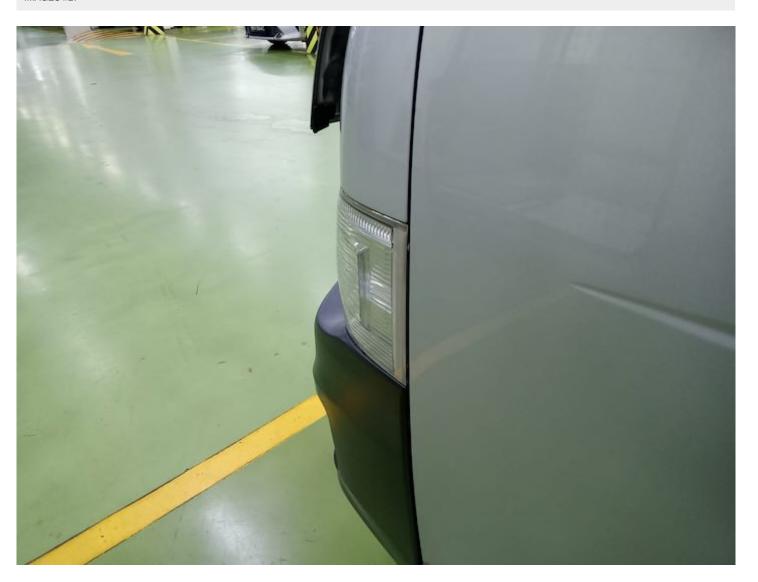


















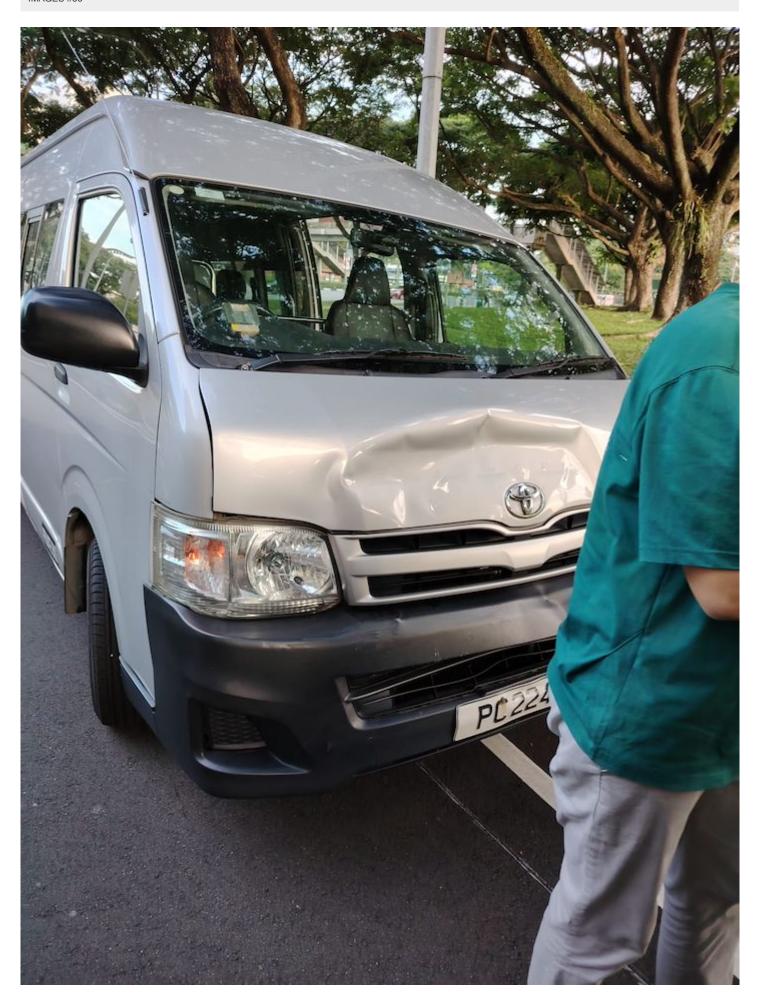














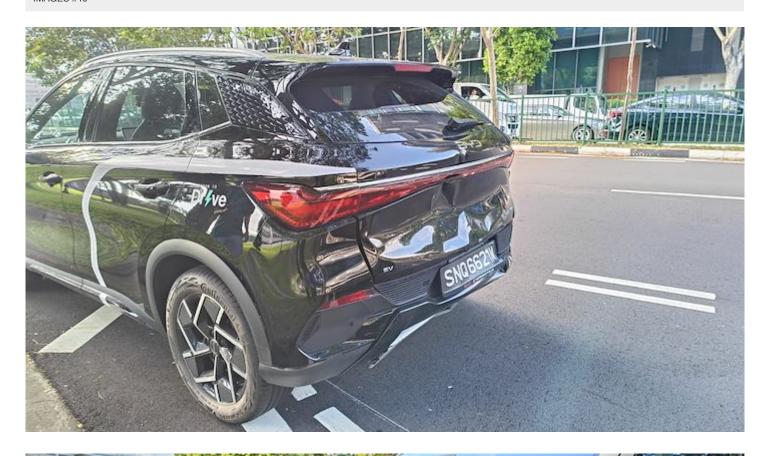
















## CERTIFICATE OF INSURANCE

AUTHORISED WORKSHOPS

Motor Vehicles (Third-Party Risks 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)

MZ300K COMPREHENSIVE ORIGINAL

CERTIFICATE NO: MPB24A00000201 Chassis No: JTFST22P100010078 Agency Name: INCHCAPE AUTOMOTIVE SERVICES PTE, LTD. Engine No: 1KD2077476

Agency Code:

1. Index Mark and Registration Number of Vehicle: PC224R

2. Name of Policyholder: BORNEO MOTORS (SINGAPORE) PTE, LTD.

3. Period of Insurance (both dates inclusive): 01 July 2024 to 30 June 2025

4. Persons or Classes of Persons entitled to drive

Any person who is driving on the Pelicyholder's order or with his permission, provided it is in relation to Policyholder's business.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car.

5. Limitations as to use

 Use only for carriage of passengers and goods in connection with the Policyholder's Business as described

in the Policy Schedule.

2) Limited to carry up to the maximum seating capacity of the Motor Vehicle.

The Policy does not cover:

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

6. EXCESS APPLICABLE

WINDSCREEN SGD 100,00 SECTION I - STANDARD EXCESS 1,000.00 (AUTHORISED DRIVERS) SECTION II -STANDARD EXCESS 1,000.00 (AUTHORISED DRIVERS)

ADDITIONAL EXCESS:

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS SGD 3,000.00 (AGE <30, >65 OR HOLDS A VALID DRIVING

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

#### Important Notice:

- 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 (Chapter 189).
- 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 Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

10 Comp. Plant'S 403-014 Supprior Prof. Comp. Supprior 40-490 111, 43354776 LAX AUGS1857 COMPANY EDUCATION DO 144901740. WEBSTO HER COMP. DAMAGES DE AUGS1857



