

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	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 your vehicle?	No - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	3000
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	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	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
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?	No
If No, Relationship of the Driver with the Insured	CONTRACTOR
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	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)	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

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
Vehicle Manufacturer	Byd

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

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 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.
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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

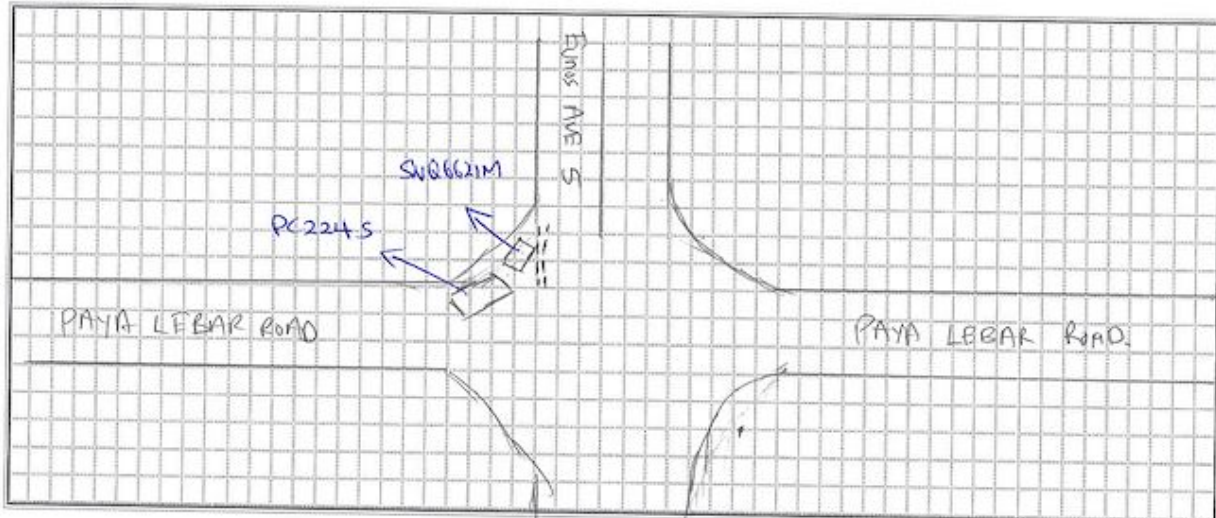
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Describe Circumstance of the Accident

Toyota Hiace (PC224R) was filtering into Eunos Ave 5 via
 Raya Lebar Road.
 While Filtering, BYD ATTO 3 (SNQ6621M) stopped at the
 filtering lane to merge on to Eunos Ave 5 road.
 CR Bus hit the vehicle from behind. During that time, CR
 bus was ferrying Qty: 1 customer. Both Drivers and the
 Customer did not attend any injuries. All were well.

Declaration

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



Policyholder's Signature / Date & Time

S2

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

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













































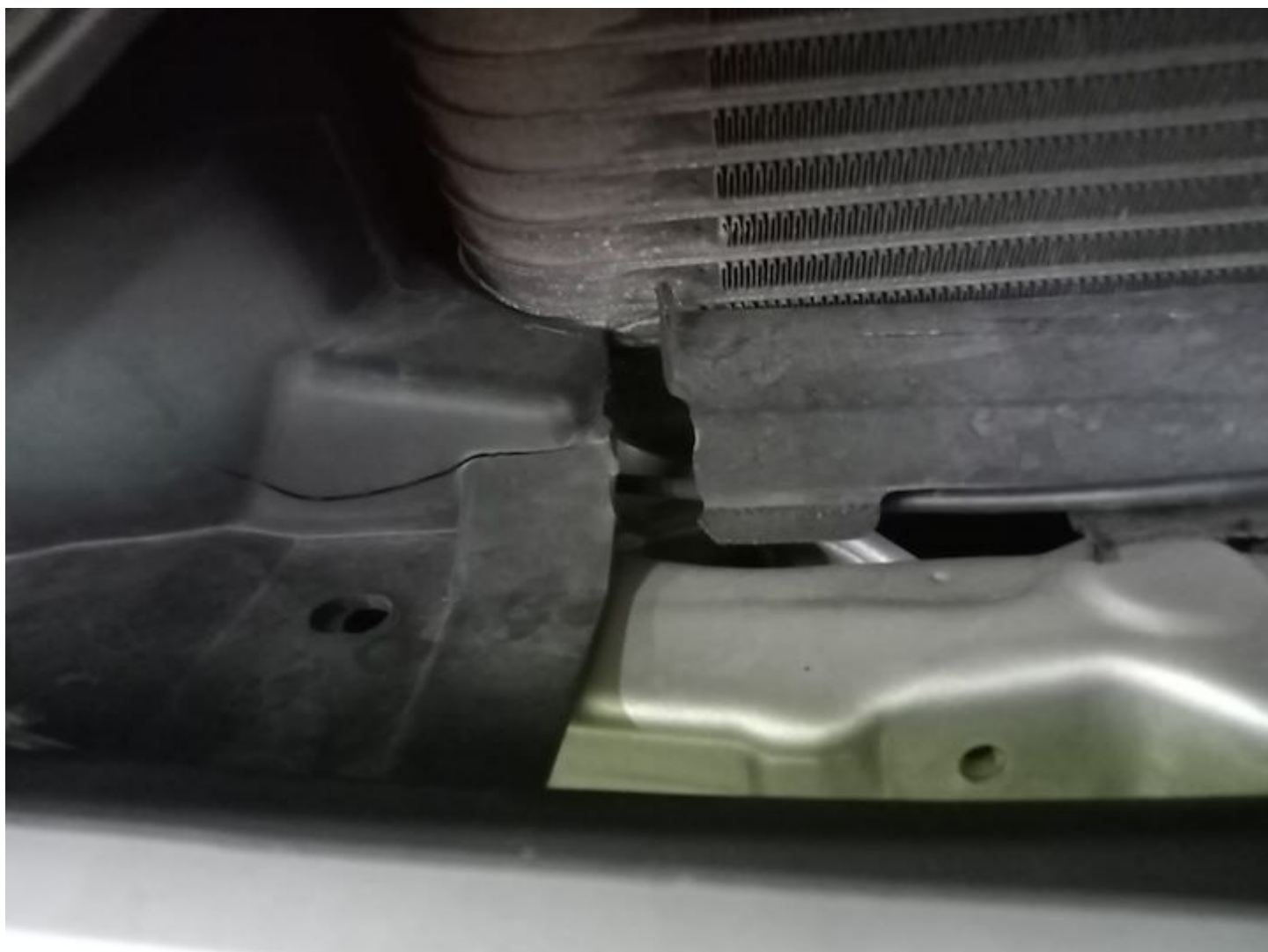






































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SB0K248D0001 Vehicle Registration No: PC224R
BORNEO MOTORS (SINGAPORE) PTE. LTD.
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: 1XXXXX086Z
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 12/08/2024 Time of Accident: 08:10 (SGT)
 Place of Accident: EUNOS AVE 5
 Insurance Company: ECICS Limited

(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:

CONVERT TO REPORTING ONLY

 Policyholder / Actual Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:



CERTIFICATE OF INSURANCE

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)

**AUTHORISED
WORKSHOPS**

MZ300K
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPB24A00000201 Agency Name: INCHCAPE AUTOMOTIVE SERVICES PTE. LTD. Agency Code: A0000288	Chassis No: JTFST22P100010078 Engine No: 1KD2077476
---	--

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 Policyholder'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
 1) 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 (AUTHORISED DRIVERS)	SGD	1,000.00
SECTION II - STANDARD EXCESS (AUTHORISED DRIVERS)	SGD	1,000.00

ADDITIONAL EXCESS:

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <30, >65 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD	3,000.00
---	-----	----------

Signed for and on behalf of ECICS Limited

 AUTHORISED 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 (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, Leeson Road # 09-01A Singapore 401301 ECICS Singapore 401301 TEL: 6374777 FAX: 6383367
 COMPANY REGISTRATION NO: 144961311C WEBSITE: <http://www.ecics.com.sg>

