SS2X248J0008 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 19/08/2024 12:47 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (19/08/2024 12:47 (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.
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	19/08/2024 12:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/08/2024 12:10 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM4657L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CASCAS CASUAL PTE LTD
Company Reg No	202206934G
Email Address	ANNLEEPEIRONG@GMAIL.COM
Mobile Phone No	(Phone) +65-96180215
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	N-VAN
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	658
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	MCV23A00055400

DRIVER

Name of Driver	LEE PEI RONG
NRIC No	S8849254D
Date Of Birth	07/12/1988
Occupation	Indoor
Driving Pass Date	02/08/2017
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	7 YEARS
Gender	Female
Mobile Number	(Phone) +65-96180215
Alt. Phone Number	-
Email Address	ANNLEEPEIRONG@GMAIL.COM
Address	BLK 421 HOUGANG AVE 10 #06-303
Address complement	-
Postcode	530421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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

AT THE ABOVE TIME AND LOCATION, I STOPPED AT THE SLIP ROAD WAITING TO CLEAR TRAFFIC FROM THE MAIN ROAD. VEHICLE B CAME FROM BEHIND AND HIT OTNO THE REAR RIGHT SIDE PORTION OF MY CAR. THE REAR WINDSCREEN IS ALSO BROKEN

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	GBK6148L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

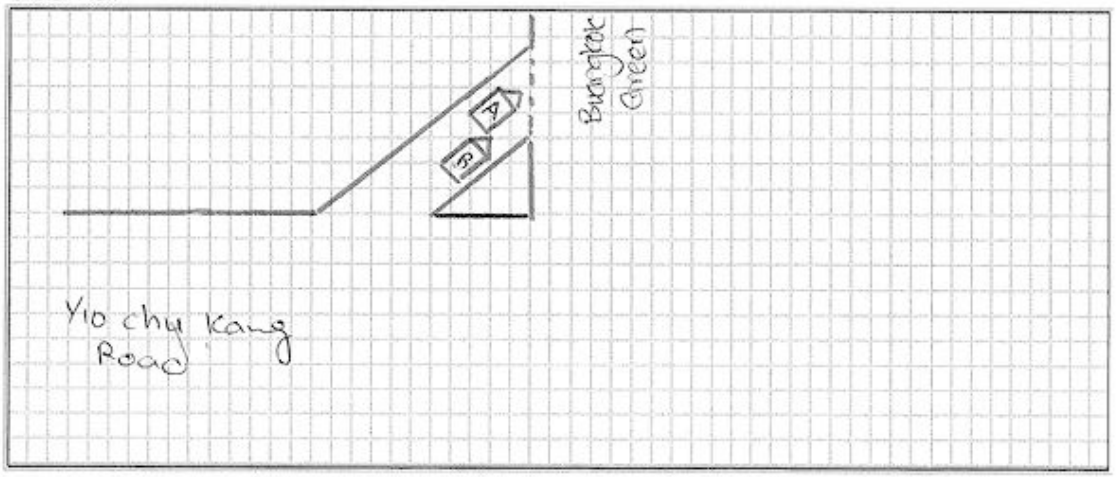
CASCAS PTE. LTD. 202206934G UEN

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

At the above time & location.

I stopped at the slip road waiting to clear traffic from the main road.

Vehicle B came from behind and hit onto the the near right side portion of my car.

The near windscreen is also broken.

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)

2

IMAGES


CHASSIS NO.
U.L.W.
M.L.W.
PASSENGER CAP.
TYRE SIZE
JJ16004324
920KG
1430KG
01
F. 145/80R12
R. 145/80R12

IMAGES #2


ACCIDENT REPORTING HOURS
MON-FRI: 9.00 AM-5.00 PM
SAT: 9.00 AM- 1.00 PM
GBM
4657L

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

ECICS insurance

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)

MZ30E
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MCV23A00055400 — Chassis No: JJ16004324
Agency Name: I-ek Auto Insurance Agency Pte Ltd — Engine No: S07B4027597
Agency Code: A0000255

1. Policy Mark and Registration Number of Vehicle: GBM4657L

2. Name of Policyholder: CASCAS CASUAL PTE. LTD.

3. Period of Insurance (both dates inclusive): 27 October 2023 to 26 October 2024

4. Persons or Classes of Persons entitled to drive
(a) Any other person who is driving on the Insured's order or with his permission, provided it is in relation to Insured's business.

Provided that the person driving is permitted in accordance with the ... limitation of other ... use of Motor Cars 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:
(a) Use in connection with the Policyholder's Business as described in the Policy Schedule.
(b) Use for carriage of passengers either free or for reward in connection with the Policyholder's business as described in the Policy Schedule.

The Policy does not cover the use for hire or reward, racing, pacemaking, reliability trial or speed testing, use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

6. EXCESS APPLICABLE
MINIMUM EXCESS
SECTION 1 – STANDARD EXCESS — SGD 500.00
DRIVER UNDER 25 — SGD 750.00

ADDITIONAL EXCESS:
SECTION 1 – YOUNG, ELDERLY OR INEXPERIENCED DRIVER EXCESS — SGD 1,000.00
(NOT HOLD, HAS OR HOLDS A VALID DRIVING LICENCE FOR LESS THAN 2 YEARS)
SECTION 1 – POWERFUL RETURN EXCESS — SGD 1,000.00

7. Hire Purchase Company: UNITED OVERSEAS BANK LIMITED

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.