

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	19/08/2024 12:10 (SGT)
Reported by	Actual Driver
Date of Accident	17/08/2024 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF371D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO MING CHUN
NRIC No	SXXXX636J
Email Address	KEN.CHOO@OUTLOOK.COM
Mobile Phone No	(Phone) +65-86000064
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3 PERFORMANCE
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	1999
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	MPC23B00066200

DRIVER

Name of Driver	LI WEI
NRIC No	SXXXX429C
Date Of Birth	02/01/1983
Occupation	Indoor
Driving Pass Date	03/06/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92370725
Alt. Phone Number	-
Email Address	vesperlw@gmail.com
Address	BLK 213A COMPASSVALE LANE
Address complement	#08-258
Postcode	541213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	DENG KE
Gender	Female

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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGB4042J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SONG HENG
NRIC No	SXXXX581H
Contact Number	(Phone) +65-97360845
Address	262D COMPASSVALE STREET
Address complement	#15-153
Postcode	544262
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

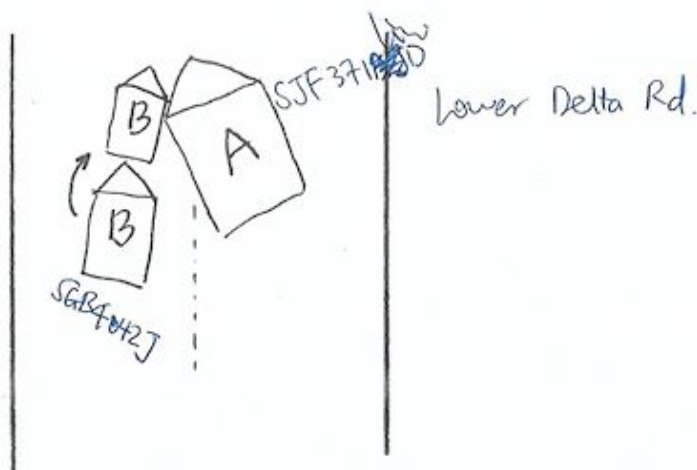
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident:

on 17 Aug 2024 Sat, 10:25am along Lamer Delta Rd, shortly after I stopped behind a car and decided to use the left lane to pass. I checked blind spot, moved out slowly & carefully. Suddenly AS I was inside the lane more than 50% already, a car SGB 4042J suddenly came rush through from behind.

I jam brake and heard a small hit sound. Afterwards, we move slowly to a nearby carpark, inspected vehicles and exchange particulars.

Both parties agreed that no one was hurt physically. The owner of the other car was Lim Sing Hong NRIL (S733581H).

My vehicle no. is SJF371D.

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

We declare the foregoing particulars are true in every respect.

We declare the foregoing particulars are true in every respect.



Wm.

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Witnessed by Reporting Centre
Personnel





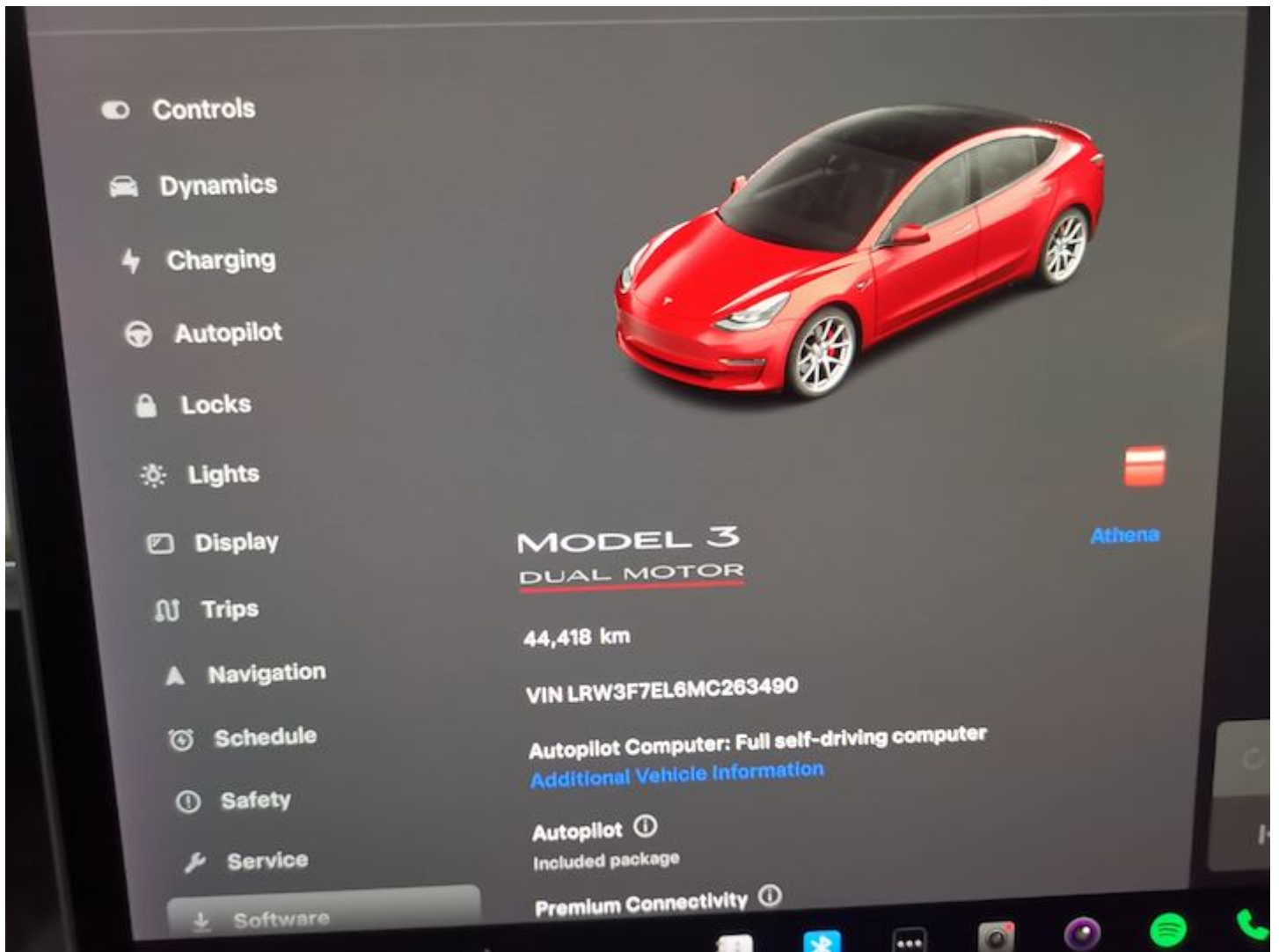


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SO03248J0002 Vehicle Registration No: 5JF371D
 Name (as shown in NRIC): Li Wei NRIC/FIN/Passport No: 5XXXX429C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 213A Compassvale Lane, #08-258 Singapore (S41213)
 Contact (Tel): — Mobile No.: 9237 0725
 Email Address: Vesperdw@gmail.com
 Date of Accident: 17/08/24 Time of Accident: 10:25
 Place of Accident: Lower Delta Rd
 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:

Amend email address vesperdw@gmail.com

Li Wei
 Policyholder / Driver's Signature
 Date: 19/08/24

[Signature]
 Reporting Centre Personnel's Signature
 Name: Lee Ying Yi
 NRIC/FIN No.: 5XXXX5121X
 Date: 19/08/24

