

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	11/09/2024 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 10:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	222 JALAN KAYU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6675L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW YING WEI, NATHANIEL
NRIC No	S9632565G
Email Address	nathaniellew37@gmail.com
Mobile Phone No	(Phone) +65-97731635
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598
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	MPC24A00273100

DRIVER

Name of Driver	LEW YING WEI, NATHANIEL
NRIC No	S9632565G
Date Of Birth	10/09/1996
Occupation	Indoor
Driving Pass Date	12/07/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97731635
Alt. Phone Number	-
Email Address	nathaniellew37@gmail.com
Address	27 JALAN TARI ZAPIN
Address complement	-
Postcode	799067
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	Collision - Major/Minor Rd
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

PLEASE REFER TO ACCIDENT SKETCH PLAN

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	SMJ1868A
Vehicle Manufacturer	Toyota

Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	YVONNE
NRIC No	S7231911G
Contact Number	(Phone) +65-96860602
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH A: SLP6675L
VEH B: SMJ1868A
VEH C:

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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.


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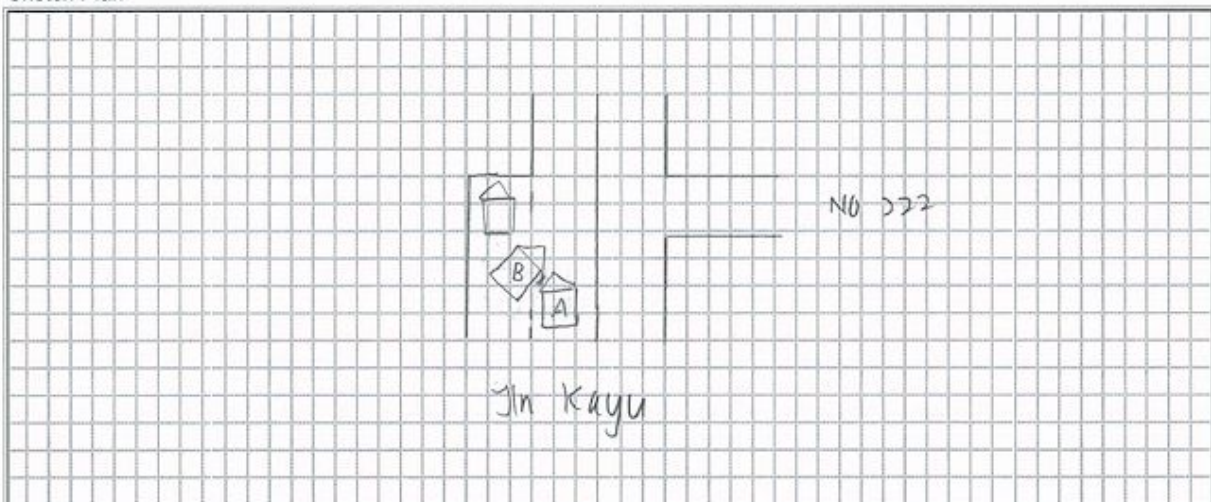
Policyholder's Signature / Date & Time

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

DATE OF ACCIDENT: 11/09/24

TIME OF ACCIDENT: 10:41 AM

VEH A: SLP 6675 *L

VEH B: SMJ 1868A

VEH C:

I was driving down Jalan Kudu after turning left from Senyong West way, I was driving straight on vehicle B Sided out of the parcel parking lot without signalling and before I could react, we had collided.

Declaration

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



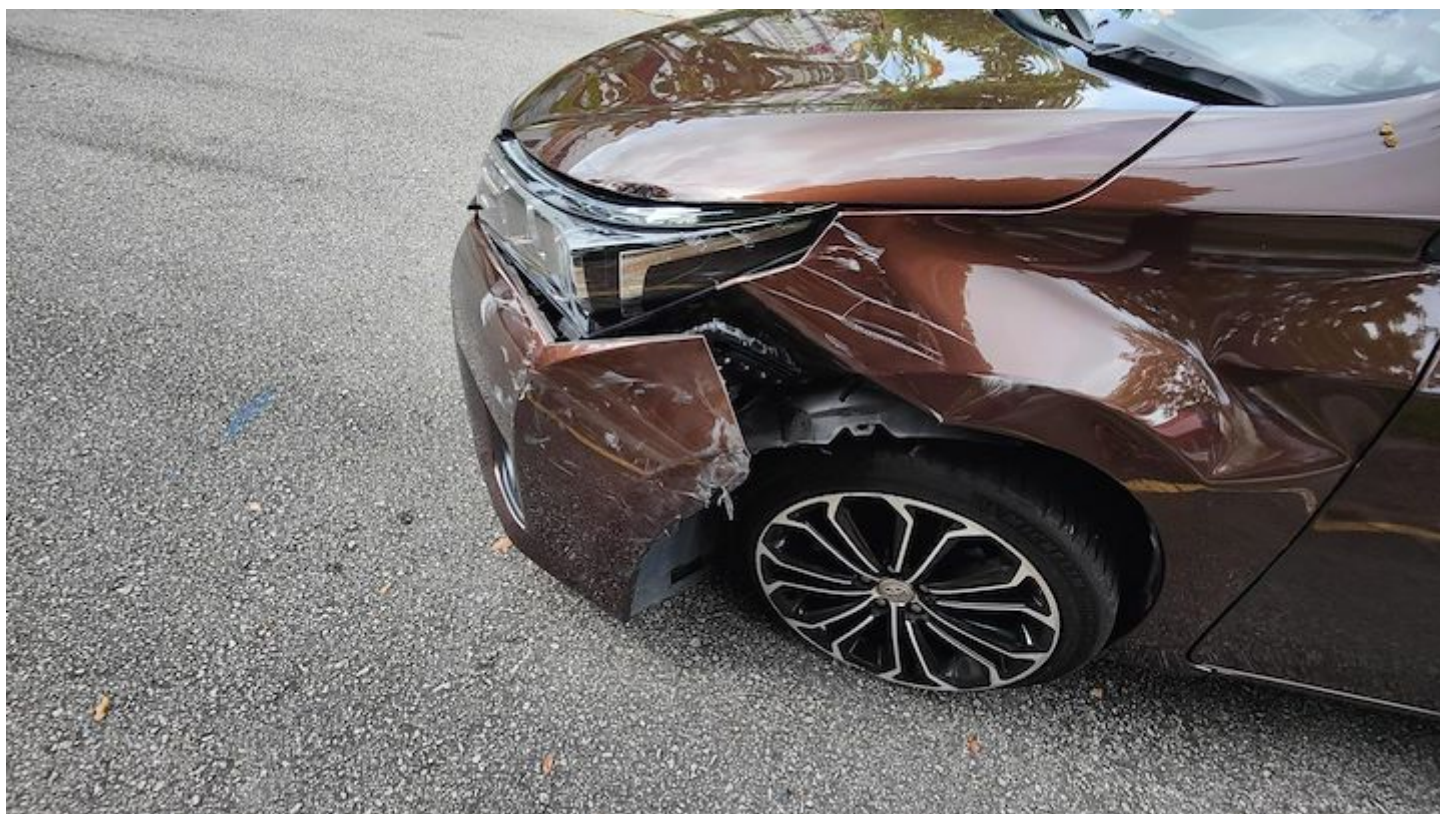
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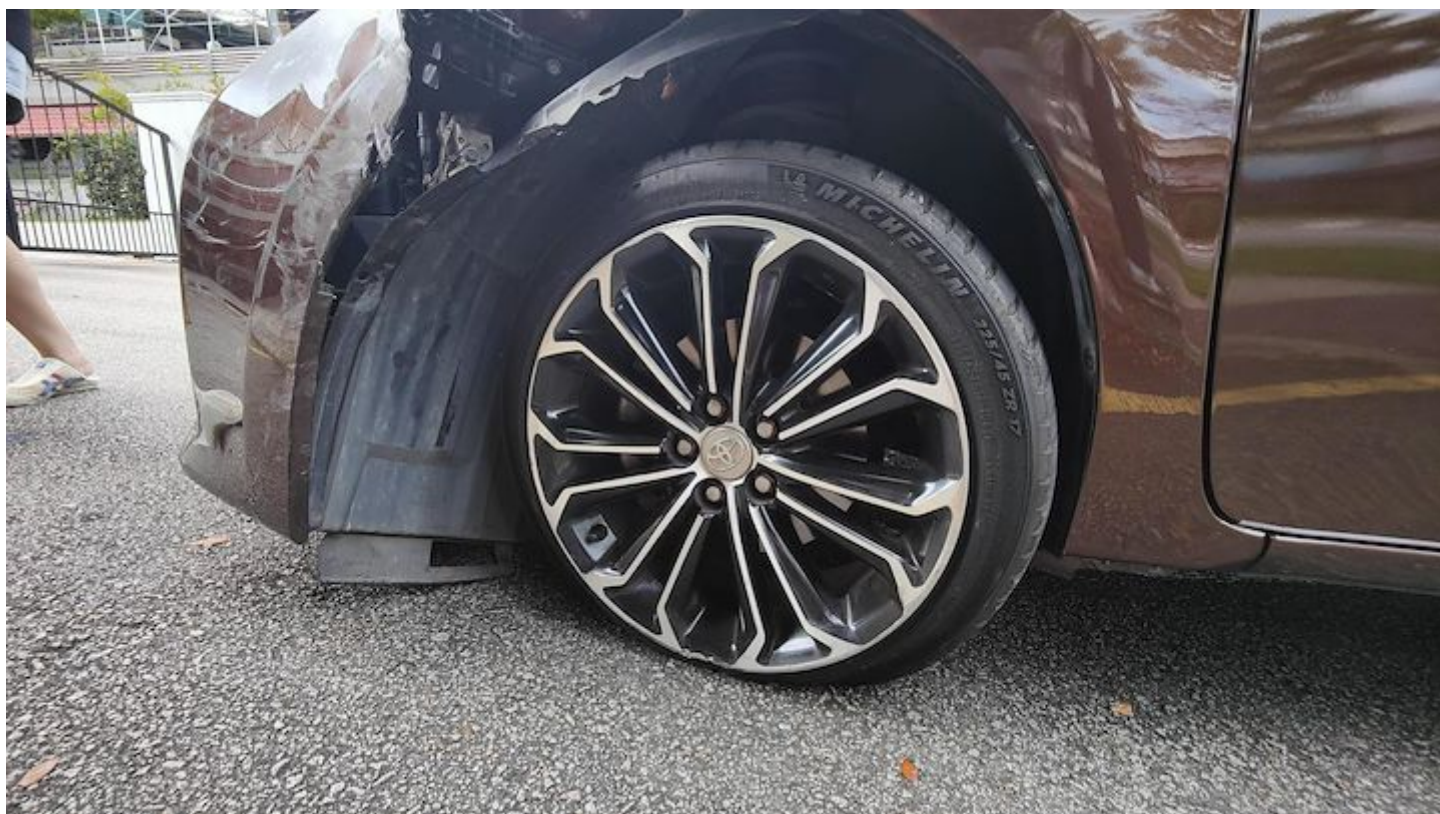
Policyholder's Signature / Date & Time

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

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









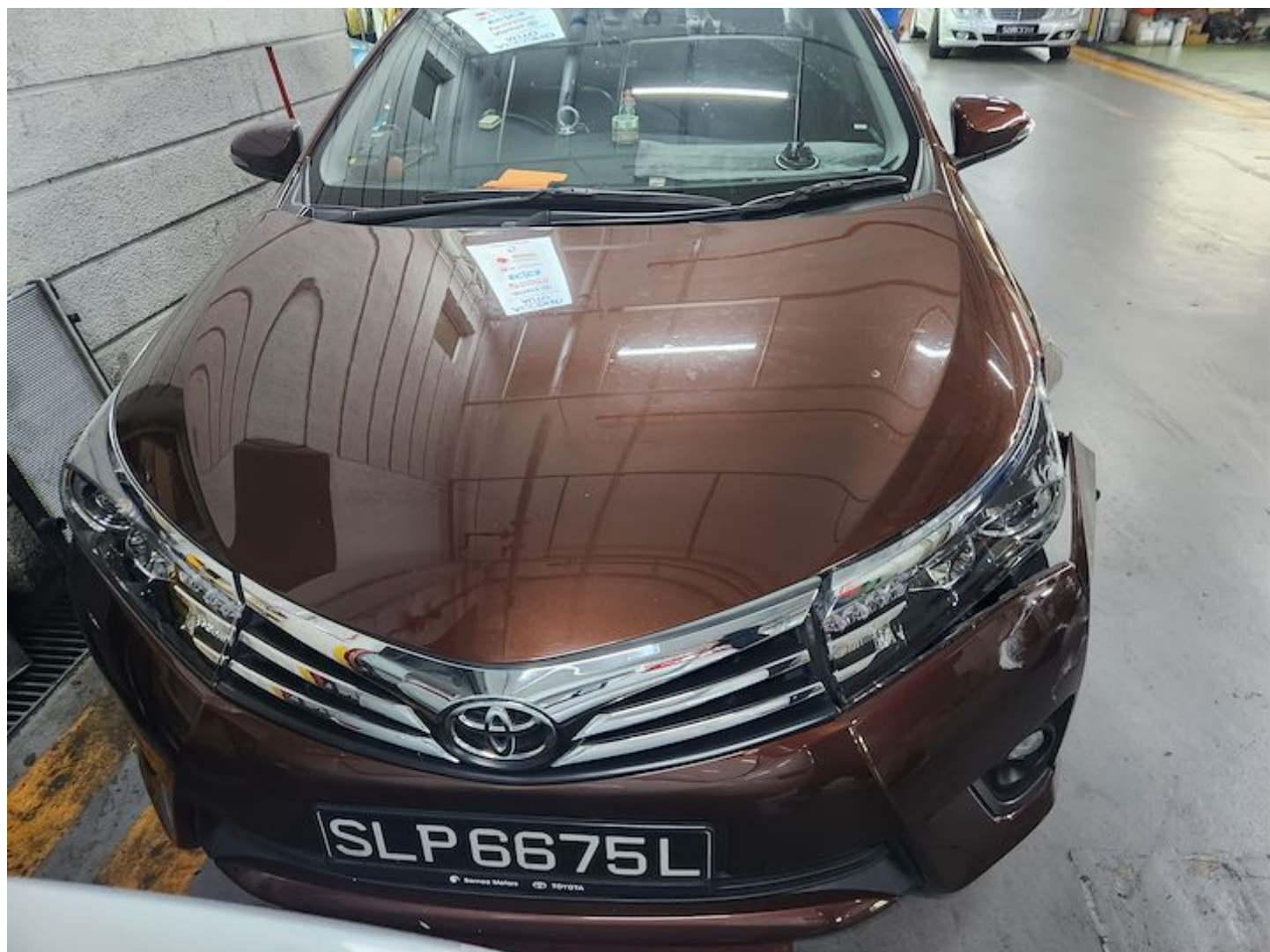




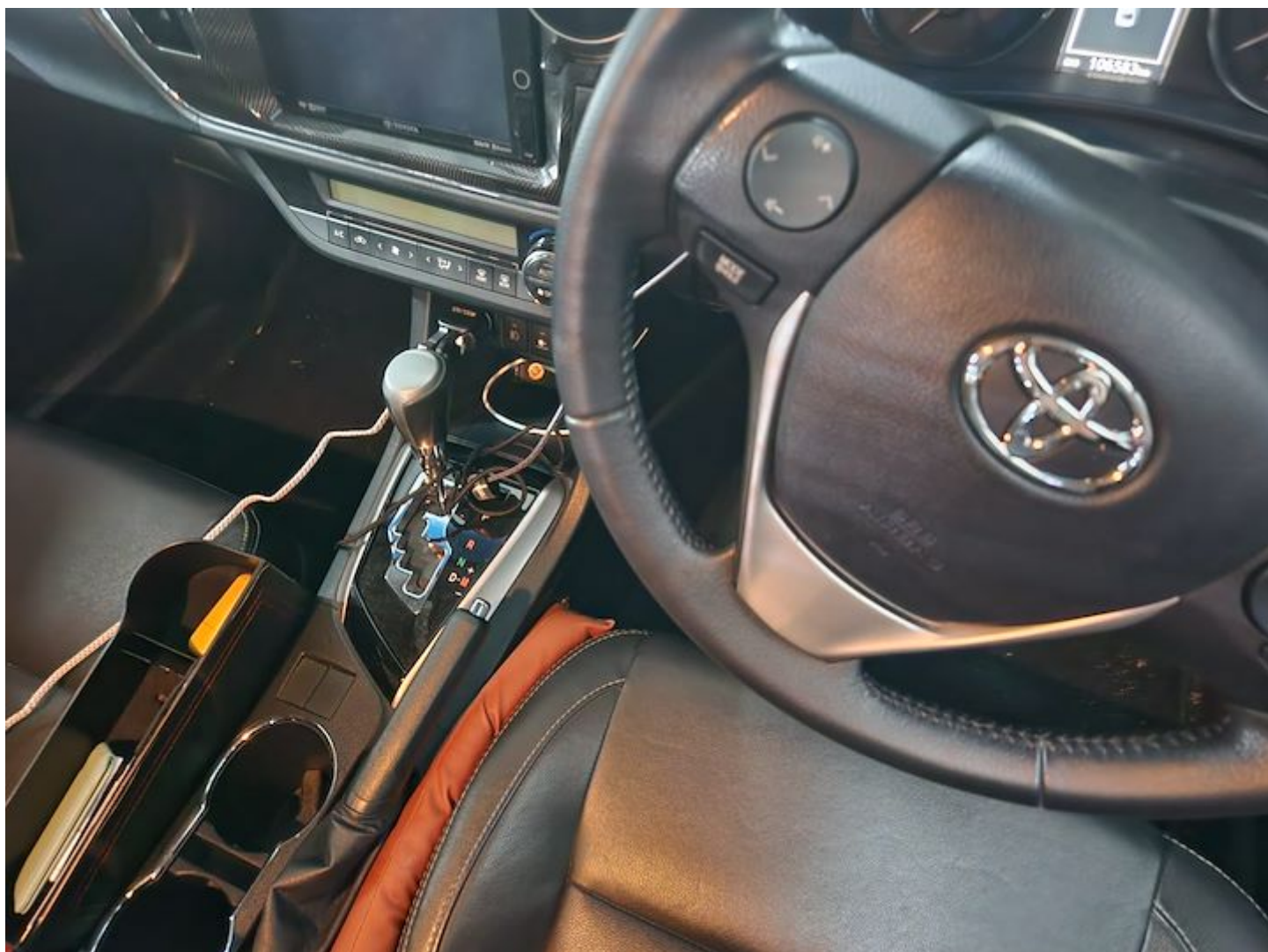


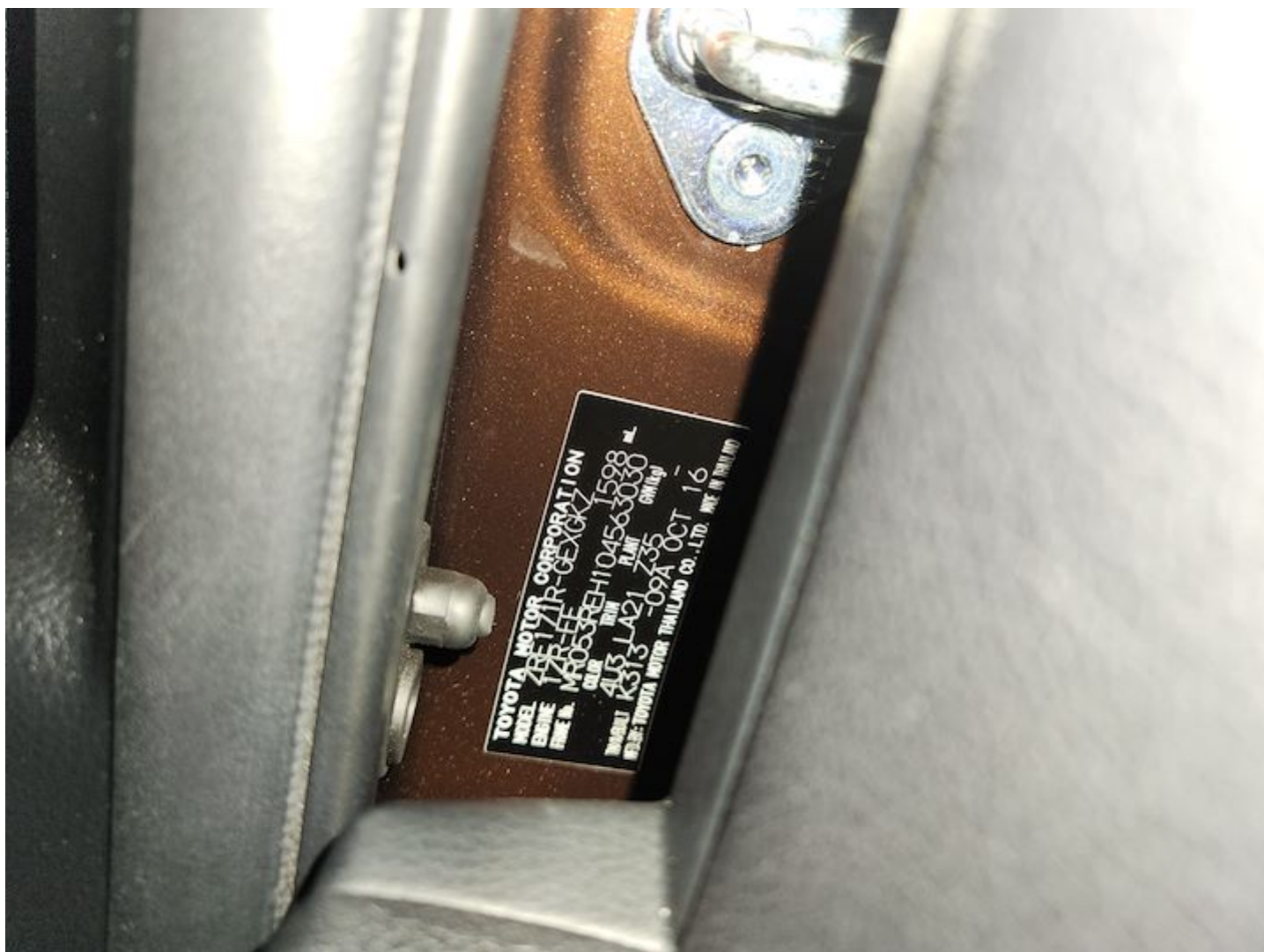










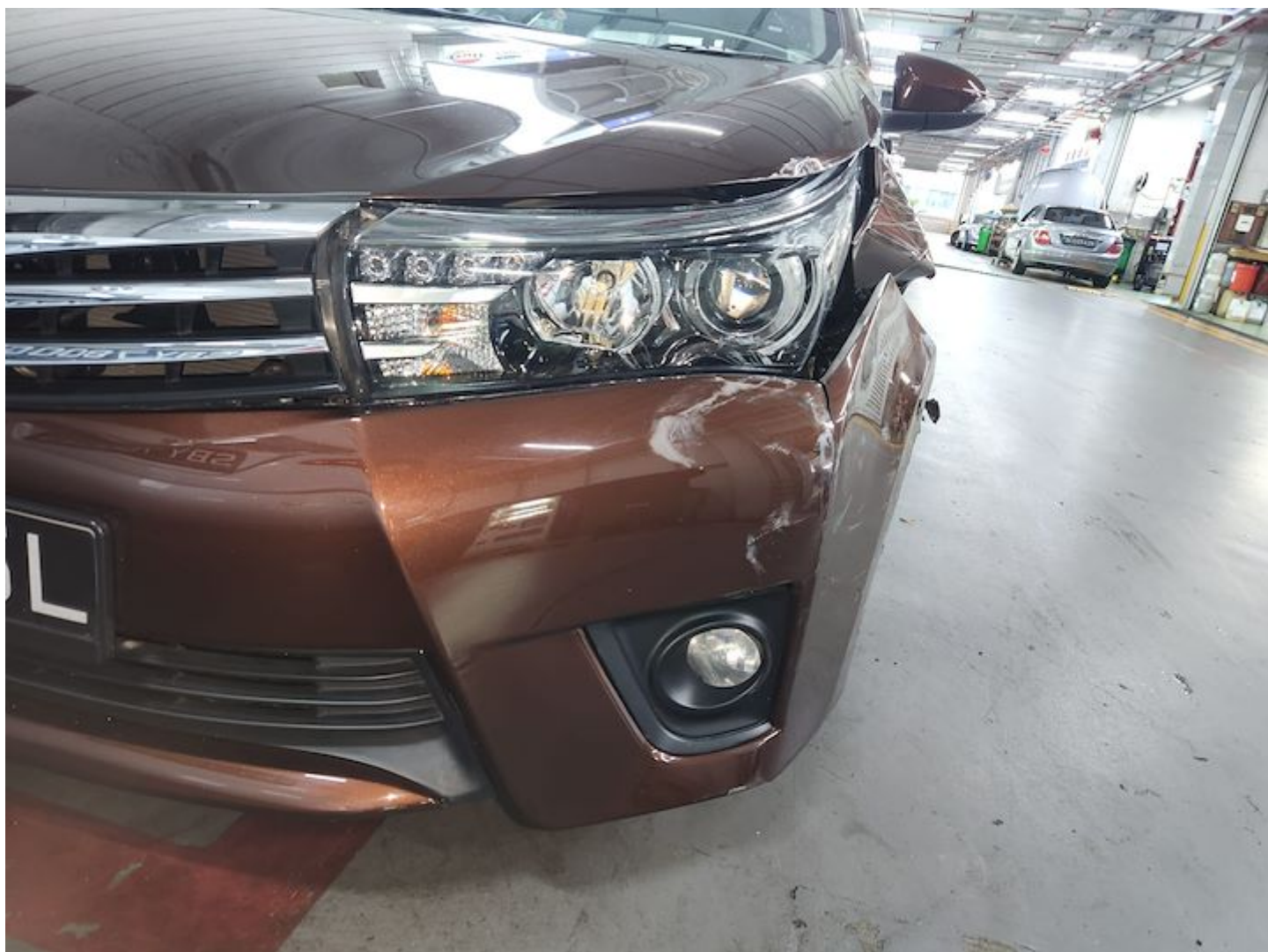




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA19249B0004 Vehicle Registration No: SLP6675L
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: _____
 Insurance Company: _____

(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:

Add on video footage



 Policyholder / Driver's Signature
 Date: 11/9/24



 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 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**

MZ300-A
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC24A00273100 Agency Name: INCHCAPE AUTOMOTIVE SERVICES PTE. LTD. (CPO) Agency Code: A0000801	Chassis No: MR053REH104563030 Engine No: IZRY348527
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1. Index Mark and Registration Number of Vehicle: **SLP6675L**

2. Name of Policyholder: **LEW YING WEI, NATHANIEL (LIU YINGWEI)**

3. Period of Insurance (both dates inclusive): **03 July 2024** to **02 July 2025**

4. Persons or Classes of Persons entitled to drive

a) The Policyholder and all Named Drivers declared under the Policy.
 b) Any other person who is driving on the Policyholder's order or with his permission.

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 for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. EXCESS APPLICABLE

WINDSCREEN	SGD 100.00
SECTION I - STANDARD EXCESS (ANY AUTHORISED DRIVER)	SGD 750.00
ADDITIONAL EXCESS:	
SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <26, >70 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 3,000.00

7. Hire Purchase Company: **OVERSEA-CHINESE BANKING CORPORATION 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.