

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 | 04/10/2024 18:12 (SGT) |
| Reported by | Owner |
| Date of Accident | 03/10/2024 15:20 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | YONG PENG MALAYSIA |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMQ7309X |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | CYCLE & CARRIAGE LEASING PTE LTD |
| Company Reg No | 201900307R |
| Email Address | OPERATIONS.LEASING@CYCLECARRIAGE.COM.SG |
| Mobile Phone No | (Phone) +65-91185739 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Kia |
| Model | Cerato |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1600 |
| 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 | MCF24B00000800 |

DRIVER

| | |
|--|----------------------|
| Name of Driver | CHEW KENG HWEE |
| NRIC No | S9581501D |
| Date Of Birth | 06/06/1995 |
| Occupation | Indoor |
| Driving Pass Date | 15/08/2022 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 2 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86898823 |
| Alt. Phone Number | - |
| Email Address | JONASCHEW95@LIVE.COM |
| Address | 512 HOUGANG AVE 10 |
| Address complement | #06-67 |
| Postcode | 530512 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Hit by fallen tree / Other objects |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | No |
| 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 | KIMBERLY TAN JING YI |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|-------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | TRAFIK BATU PAHAT |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHMENTS.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

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/small 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.

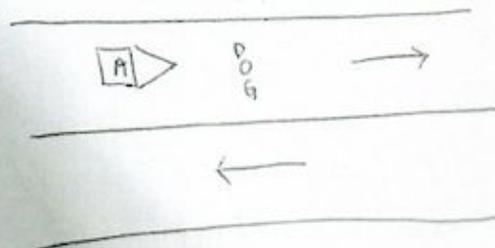
Policyholder's Signature / Date & Time

Sketch Plan

 3/10/24

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

DRIVING ALONG STRAIGHT ROAD WHEN DOG DASH OUT ONTO ROAD.

Declaration

We declare the foregoing particulars are true in every respect.

M



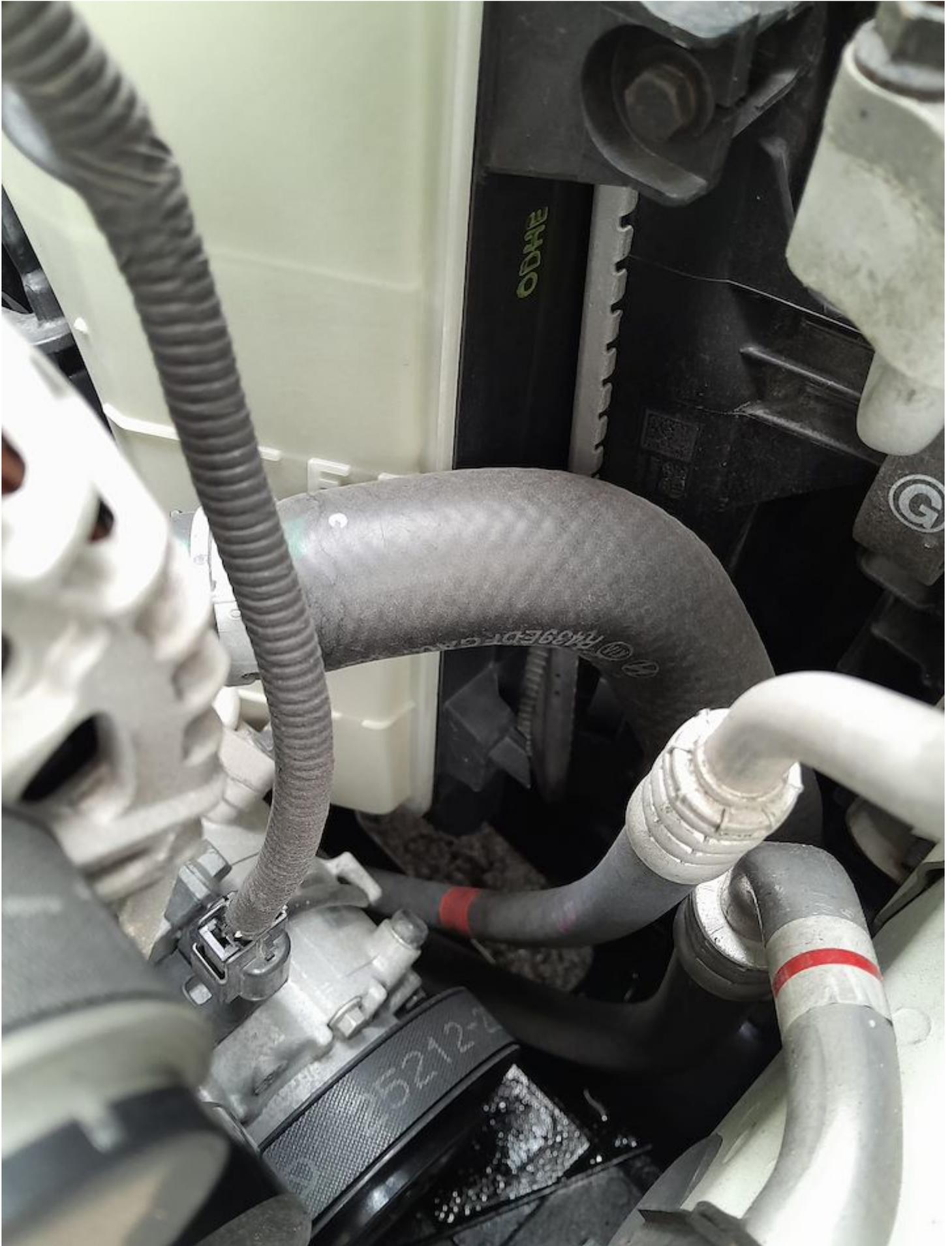
Policyholder's Signature / Date & Time

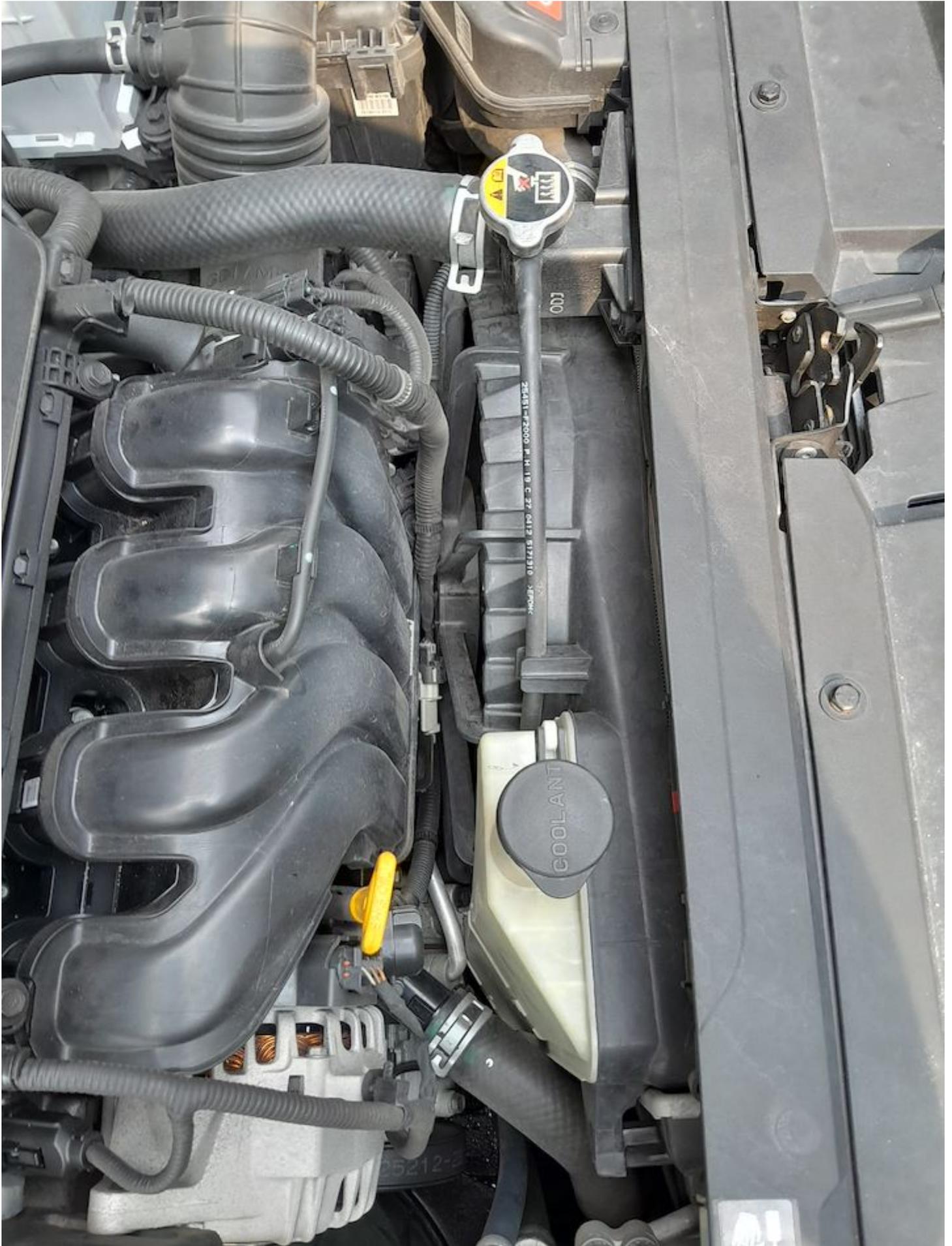
[Signature]

3/10/24

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

Witnessed by Reporting Centre Personnel





























POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK BATU PAHAT **Pegawal Penyelamat** : R229966
Daerah : BATU PAHAT
Kontinjen : JOHOR
No. Repot : TRAFIK BATU PAHAT/015067/24
Tarikh : 03/10/2024
Waktu : 1832 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : ROSMAH WATI BINTI **No. Badan** : R204981 **Pangkat** : L/KPL
 ITIN TUAR

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- **No. K/P (Baru)** : --- **No. Polis/Tentera** : ---
No. Pasport : --- **Bahasa Asal** : ---
Alamat : ---

Butir-butir Pengadu :

Nama : CHEW KENG HWEE
No. K/P (Baru) : 950606016349 **No. Polis/Tentera** : --- **No. Pasport** : ---
No. Sijil Beranak : --- **Jantina** : Lelaki **Tarikh Lahir** : 06/06/1995
Umur : 29 Tahun 3 Bulan **Keturunan** : Cina **Warganegara** : Malaysia
Pekerjaan : JURU JUAL
Alamat Tinggal : POS 351 SUNGAI BALANG KECIL SEMERAH, 83600 JOHOR
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : --- **No. Tel (Pejabat)** : --- **No. Tel (Bimbit)** : 017-6222206
Emel : ---

Pengadu Menyatakan :

PADA 03/10/2024 JAM LEBIH KURANG 15 20 PETANG, SAYA MEMANDU MOTOKAR NOMBOR SMQ7309X DARI JOHOR BAHRU HENDKA BALIK KE RUMAH. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JLN Y/PENG-MUAR-Y/PENG-PT SULONG, SAYA JALAN TERUS TIBA-TIBA SEEKOR ANJING MELINTAS JALAN. SAYA TIDAK SEMPAT BREK LALU TERLANGGAR ANJING TERSEBUT. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH BUMPER DEPAN KEMEK, BONET DEPAN, TANGKI AIR AIRCOND, PANEL DEPAN DAN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R204981 | 03/10/2024 06:39:46 PM

