

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	24/10/2024 11:19 (SGT)
Reported by	Actual Driver
Date of Accident	23/10/2024 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TO WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD409K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MING XIN TRADING (1997)
Company Reg No	5XXXX792K
Email Address	MINGXIN0417@GMAIL.COM
Mobile Phone No	(Phone) +65-96646094
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000
Vehicle Fuel	Diesel
First Registration Date	28/04/2014
Chassis no	JTFHT02P100133779
Effective Date/Time of Ownership	28/04/2014 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCV24B00017900

DRIVER

Name of Driver	KWA CHWEE HOE
NRIC No	SXXXX387G
Date Of Birth	07/09/1954
Occupation	Outdoor
Driving Pass Date	06/09/1975
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	49 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91263584
Alt. Phone Number	-
Email Address	MINGXIN0417@GMAIL.COM
Address	BLK 737 WOODLANDS CIRCLE #09-477
Address complement	-
Postcode	730737
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

REFER TO SKETCH PLAN 2.

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	GBE1336A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PAYO JOVANE ESCANER
Passport No/FIN	GXXXX038R
Contact Number	(Phone) +65-97307576
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	7

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.

明心貿易 (1997)
Ming Xin Trading (1997)

8A Admiralty Street #04-17/18

Food Exchange @ Admiralty, Singapore 757437

Tel: 6552 5925 (3 lines) Fax: 6552 0984

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SKETCH PLAN

BACK TO WOODLANDS

A = GBD409K

B = GBE1336A

C = SNR6511S

Describe Circumstances of the Accident

On THE ABOVE MENTION DATE AND TIME. I WAS
TRAVELLING ALONG BKE TO WOODLANDS. VEHICLE B
IN FRONT OF ME BRAKE. I COULDN'T BRAKE
IN TIME AND COLLIDED ONTO VEHICLE B REAR
PORTION. WHEN I GET DOWN OF MY VEHICLE.
I REALISED IT WAS A 3 VEHICLE CHAIN COLLISION.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim
under your own comprehensive policy. please check with your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

明心貿易 (1997)
Ming Xin Trading (1997)

8A Admiralty Road, Singapore 754427
Food Xchange (Singapore) Pte Ltd

Policyholder's Signature / Date & Time

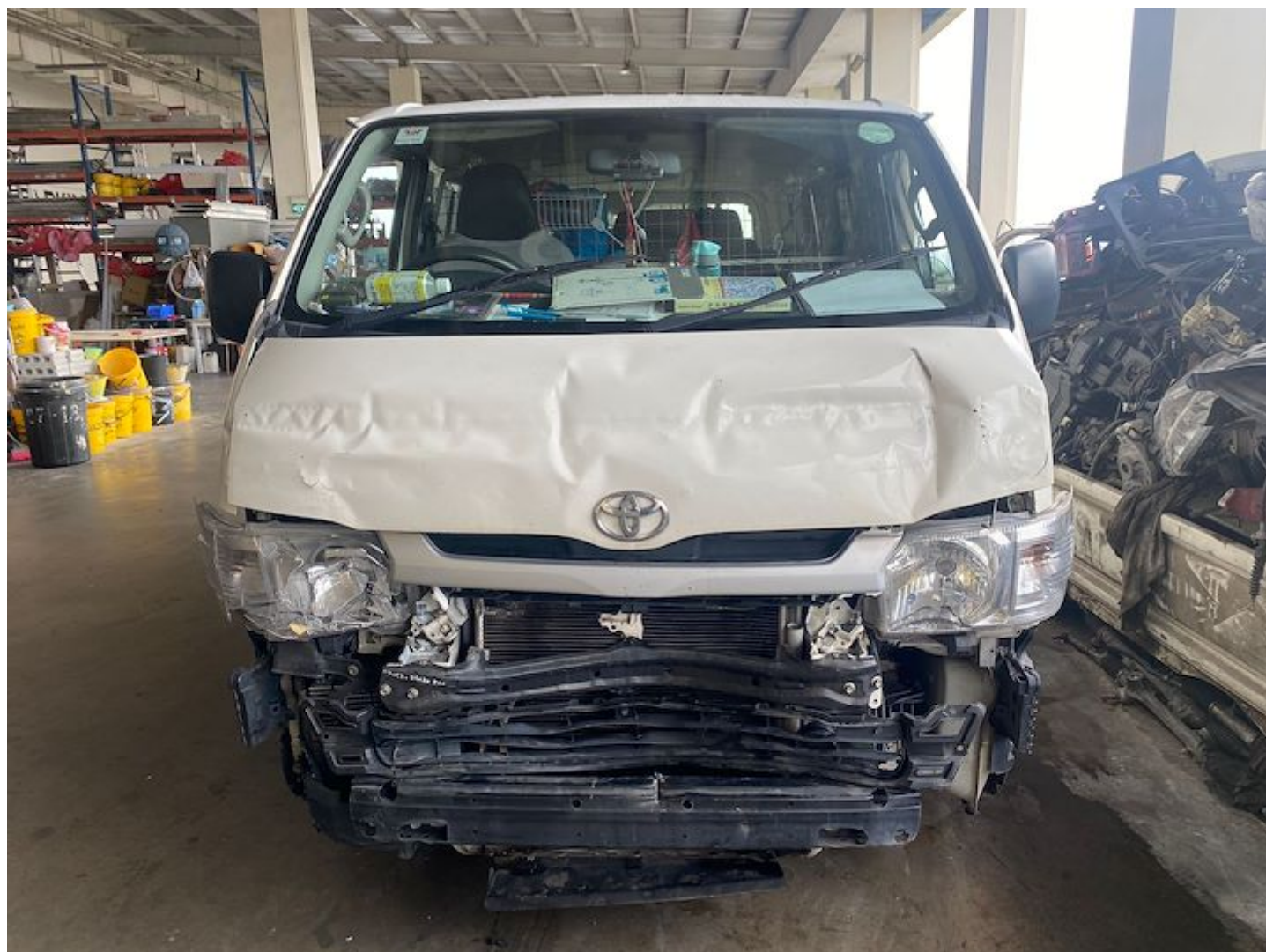
[Signature]

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

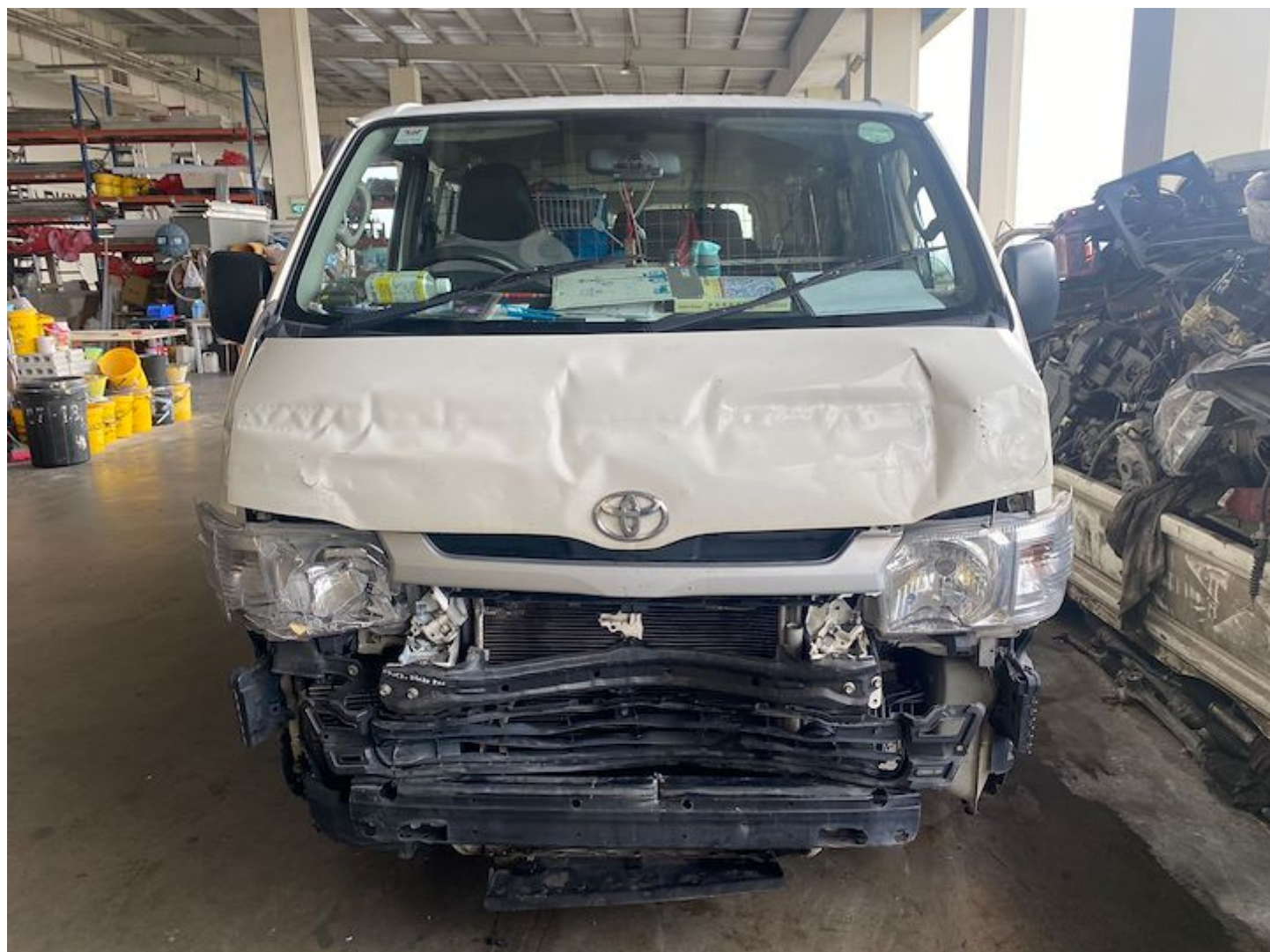
[Signature]



Witnessed by Reporting Centre
Personnel

















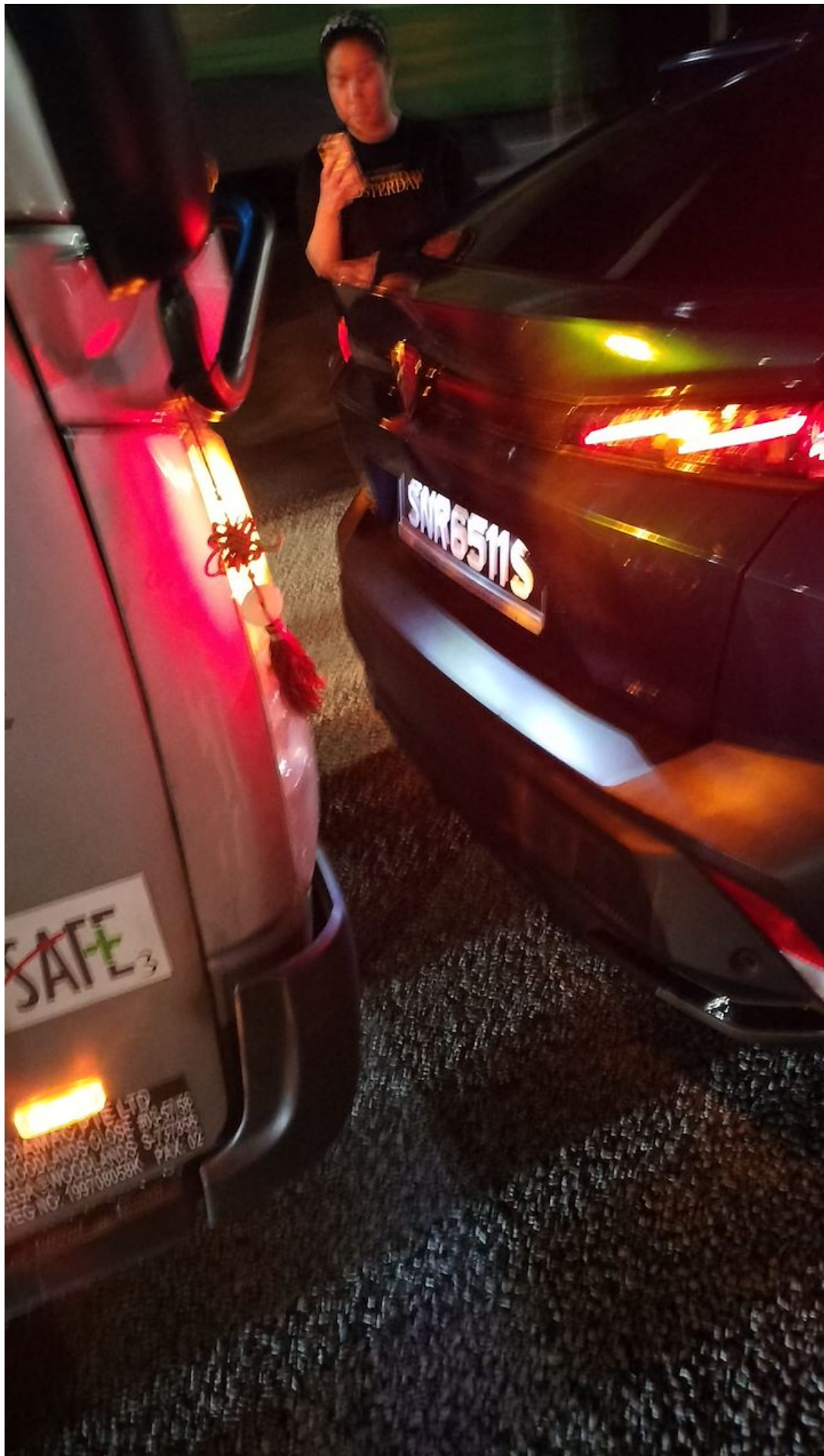














CERTIFICATE OF INSURANCE

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**

MZ300E
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MCV24B00017900 Agency Name: ASSURE (SINGAPORE) PTE. LTD. Agency Code: B0000888	Chassis No: JTFHT02P100133779 Engine No: 1KD2373137
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1. Index Mark and Registration Number of Vehicle: **GBD409K**

2. Name of Policyholder: **MING XIN TRADING MING XIN TRADING (1997)**

3. Period of Insurance (both dates inclusive): **28 April 2024 to 27 April 2025**

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 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

a) Use in connection with the Policyholder's Business as described in the Policy Schedule.

b) Use for carriage of passengers (other than for hire or 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, pace-making, 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

WINDSCREEN	SGD 100.00
SECTION I - STANDARD EXCESS (AUTHORISED DRIVERS)	SGD 600.00
ADDITIONAL EXCESS:	

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <27 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	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.