SD0B24BC0005-01 / DICKSON AUTO CARE CENTRE PTE LTD ENTRY DATE & TIME: 12/11/2024 10:54 (SGT) SUBMITTED BY: MAHIRAH VERSION: 2 (13/11/2024 11:26 (SGT))



#### 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 12/11/2024 10:54 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 11/11/2024 08:35 (SGT)
Exact Location of Accident Victoria St, Singapore
Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SNM701B

## INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NGH BEE SOCK

NRIC No

S1688741B

Email Address

SALES@KCARS.SG

Mobile Phone No

(Phone) +65-91517437

Alternative Phone No

-

## VEHICLE PARTICULARS

Model C180 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 1595 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

Manufacturer

### INSURANCE COMPANY

Name of Insurance CompanyECICS LimitedPolicy Number / Cover Note NumberMPC24P00421700

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number	TAN LUI S1516273B 03/09/1962 Outdoor 13/10/1981 3 Valid 43 YEARS AND 1 MONTH Male (Phone) +65-91476681
Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	SALES@KCARS.SG BLK 305 HOUGANG AVENUE 5 - 530305 No Spouse No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

# Vehicle Registration Number

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO
Contact Number	(Phone) +65-82081817
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The report will be forwarded by the insurers of the GA 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.
- 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)

Lunderstand, 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Poli	cyholder	's Sign	ature /	Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SNM 701 B

	AS TERVELONGE ALONGE VIJORIA STORET ON 11/11/24@ B.SSAM.
I D	EAR ENDER A VEHICLE AT TORPFIC LIGHT.

# 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























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

ADDENDUM

	N MAKING THE A			
Original Report No: SP	0B04BC0005		Vehicle Registration No:	SNM 701 B
Name (as shown in NRIC):	KOH BEE	SOCK	_NRIC/FIN/Passport No:	S1688741B
(*Vehicle Driver/Vehicle	Owner) (*) Please	e delete as ap	propriate	
Address: At 1 154k 3	OS HOUGANG	AVENUE	5 \$1.04-377	Singapore (53030
Contact (Tel):			Mobile No.:4(5)	7437
Email Address:	konrs sa			
Date of Accident:	אניכן וו /		Time of Accident:	\$:35am
Place of Accident:	victoria st			
Insurance Company:	CICS Limited			
ADDITIONAL INFORMATI	ON /AMENDMENT	ne.		
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-				
Mistake by reporting	e te			4

NRIC/FIN No.:

Date: /3/11 / 2024



# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks Compensation) Rules, 1990 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) Road Transport Act, 1987 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia) AUTHORISED WORKSHOPS

MZ300

COMPREHENSIVE

Chassis No: WDD2050402R015232

Engine/Motor No: 27491030247273

Certificate No: MPC24P00421700

Agency Code: B0000888

Agency Name: ASSURE (SINGAPORE) PTE. LTD.

1. Index Mark and Registration Number of Vehicle: SNM701B

2. Name of Policy Holder: KOH BEE SOCK

3. Period of Insurance (both dates inclusive): 29-10-2024 to 31-10-2025

4. Persons or Classes of Persons entitled to drive

a) The Insured and all the Named Drivers declared under this Policy.

b) Any other person who is driving on the Insured's order or with his/her 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 Policy Holder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speedtesting, 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 Excess

SGD 100,00

Section I - Standard Excess (Insured / Named Driver)

SGD 750.00

Additional Excess

Section I - Unnamed Drivers

SGD 500.00

Section I - Young, Elderly or Inexperienced Drivers Excess

SGD 3,000,00

(Age<26, > 65 or Holds a valid Driving License for <2 years)

Signed for and on behalf of ECICS Limited

Authorised Signatory

### Important Notice

- 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 the 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 cause to be valid once the Motor Car 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.