## **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 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.

- 4. The issue and acceptance of this is form by instrained 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 06/12/2024 16:18 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/12/2024 17:28 (SGT) Exact Location of Accident Singapore Additional Location Information CTE/CITY EXIT 10 BEFORE BRADDELL ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SDP14D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH HWEE NGEE MICHELLE** NRIC No SXXXX289J Email Address MICHELLEGOHHN@YAHOO.COM.SG Mobile Phone No (Phone) +65-93870660 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Hyundai Model Elantra 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1591 Vehicle Fuel

Chassis no KMHD841CMHU161219

Effective Date/Time of Ownership

First Regisration Date

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC24A00323001

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number 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	GOH HWEE NGEE MICHELLE SXXXX289J 28/01/1972 Outdoor 30/08/1994 3 Valid 30 YEARS AND 4 MONTHS Female (Phone) +65-93870660 - MICHELLEGOHHN@YAHOO.COM.SG 1 LEICESTER ROAD #18-09 - 358828 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
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	
Name Gender	MAK JO YUE, JARREN Male
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	
PLEASE REFER TO ACCIDENT SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKA4319U
Vehicle Manufacturer	Toyota
Vehicle Model	ALTIS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	SIM TIAN WEI
NRIC No	TXXXX490D
Contact Number	(Phone) +65-98601280
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

escribe Circumstance of the Accide			
DATE OF ACCIDENT:	03/12/2024	TIM	1E OF ACCIDENT: 5-28pm
VEHA: SDP 14A	VEH B: SKA	43194	VEH C: AIL
while I was dr	ivng Veh A or	n tho	CTE towards
the city ket	ar is front c	load Ex	brale of Suddanla
I managod -	to brake is	Time,	Howaver, the
car behind m, to brake in	e. Veh B. a fine and h	Toyote H me	braked Siddany Howaver, the Altis was unable from the ver.
Shoulder.	I consulted 6	ip on	the next day of the sext of th
06/12/2024.	other than	medic	ctias. I way
given 2 a	as of M.C	4	
	<u></u>		

Declaration

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

Policyfolder'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)

2

#### SKETCH PLAN

#### 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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)

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.

06/12/2024

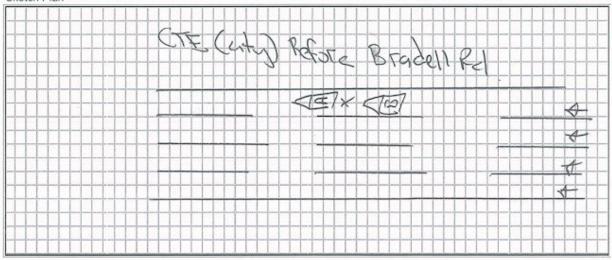
Policyholder's Signature / Date & Time

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

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

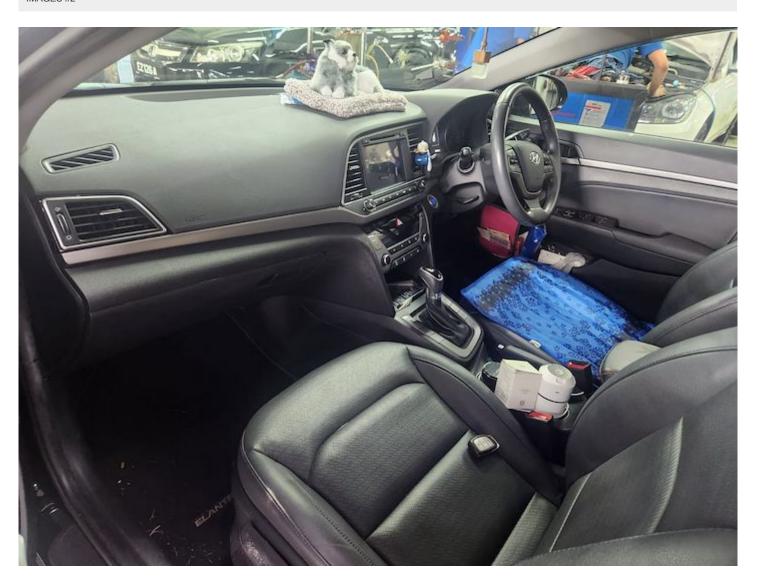
VEH A: 50P14A VEH B: 5KA 4319Y VEH C: 111

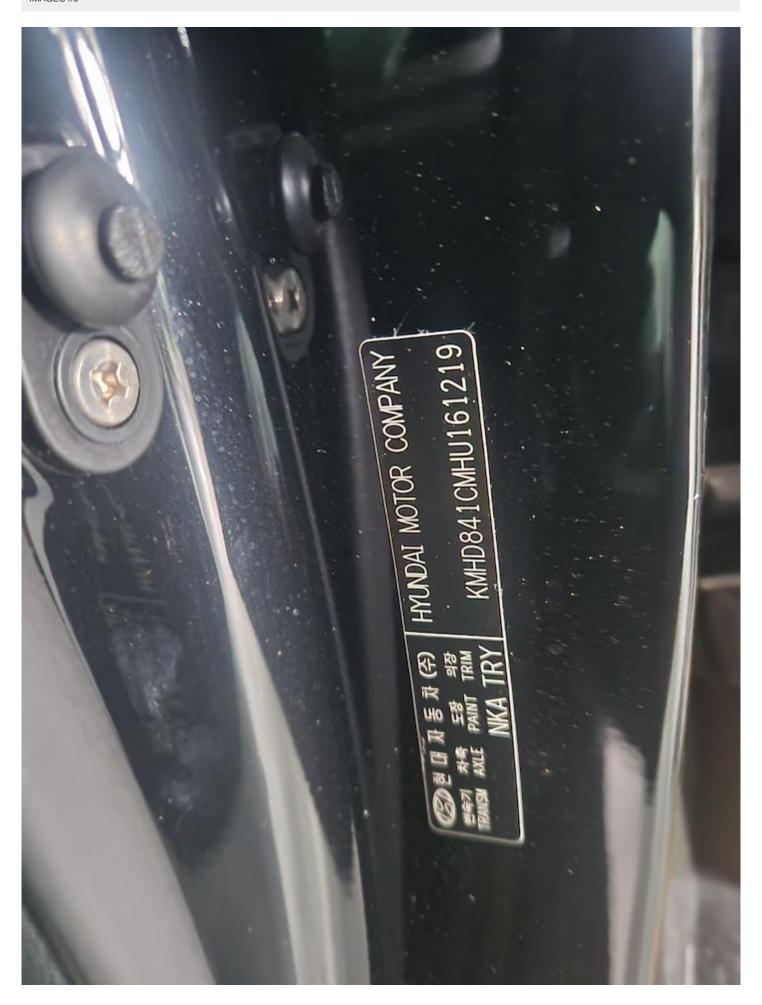
#### Sketch Plan

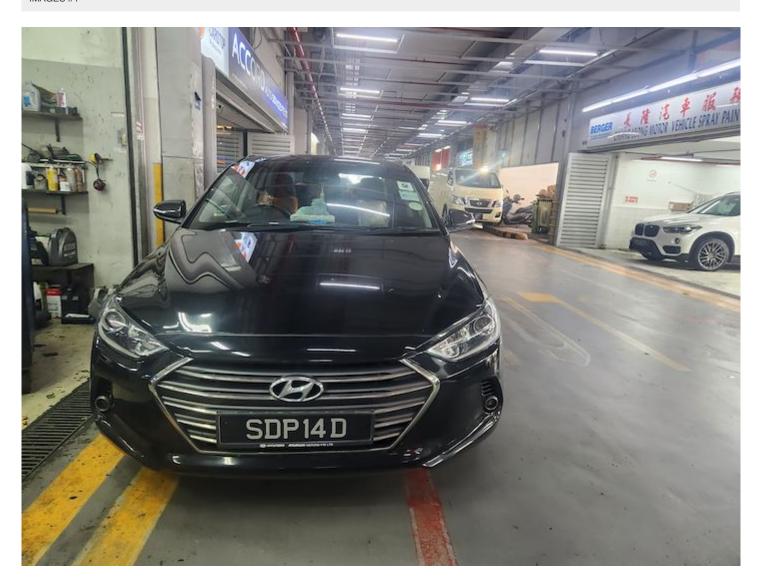


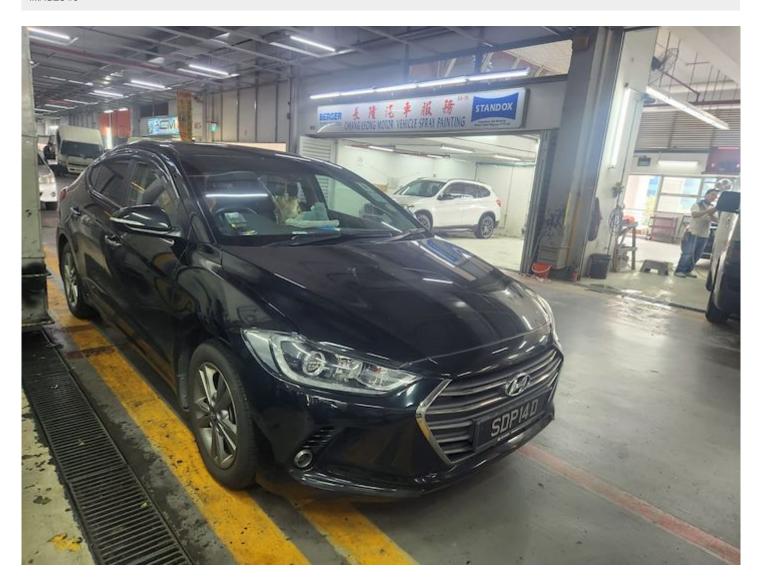
1



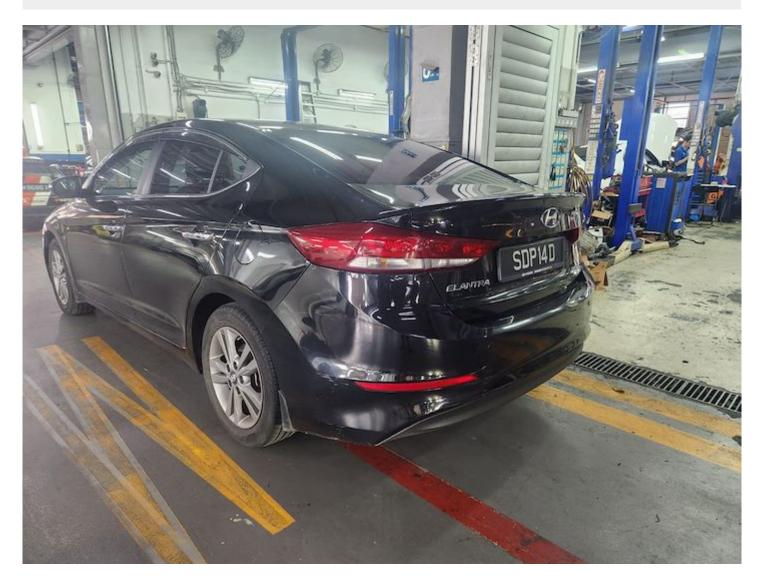


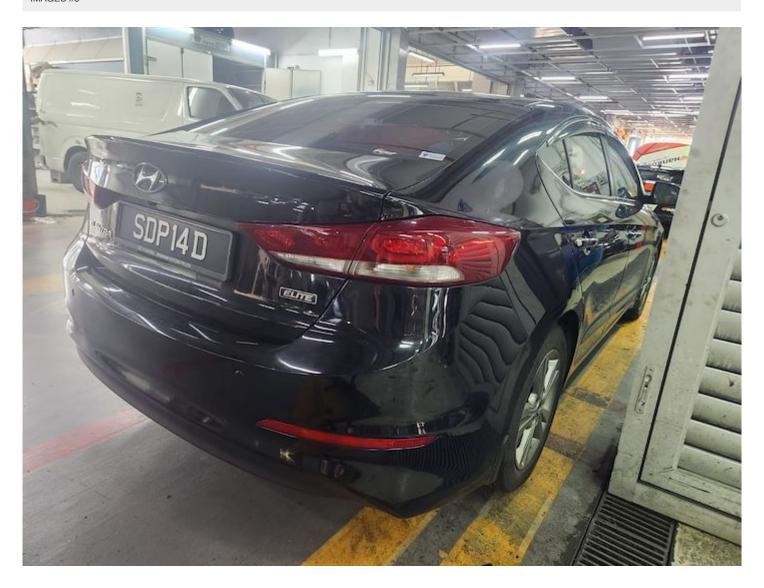








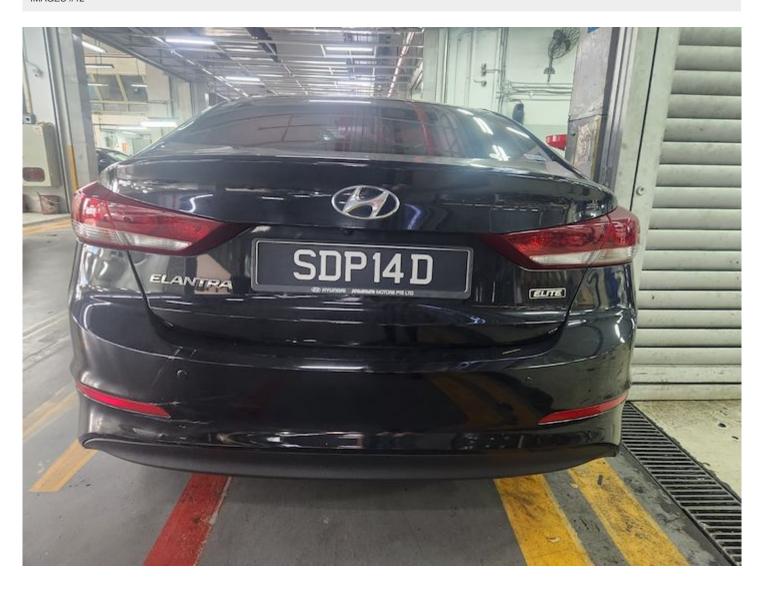


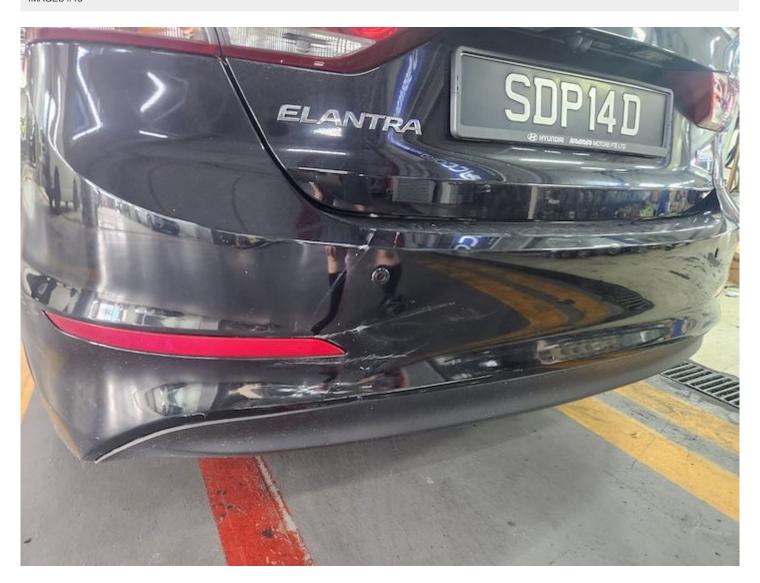














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: SDP14D Original Report No: SA 3624 C 60003 \_\_\_NRIC/FIN/Passport No: \_ Name (as shown in NRIC): \_\_\_ (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate \_\_\_\_\_ Singapore ( Contact (Tel):\_\_\_\_\_\_ Mobile No.: \_\_\_\_ Email Address: \_\_ Time of Accident: Date 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:

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date:

GIARMC Addendum Form



#### 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

M2300 COMPREHENSIVE ORIGINAL

CERTIFICATE NO: MPC24A00323001

Chassis No: KMHD841CMHU161219

Agency Name:

Engine No: G4FGGU169394

Agency Code:

INSURECARE AGENCY

A0000169

Index Mark and Registration Number of Vehicle: SDP14D

2. Name of Policyholder: GOH HWEE NGEE MICHELLE (WU HUIYI)

3. Period of Insurance (both dates inclusive): 16 August 2024

to 15 August 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

SECTION I - STANDARD EXCESS (INSURED/NAMED DRIVER) SGD 100.00 SGD 600.00

SGD 500.00 SGD 3,000.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS
SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS
(AGE <26, >65 OR HOLDS A VALID DRIVING LICENSE

FOR <2 YEARS)

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.

10 Euros Road \$ #09-04A Singapore Post Centre Singapore 405600 TEL 63374779 FAX: 63389267 COMPANY REGISTRATION NO. 198901301C WEBSITE http://www.ecies.com/rg