

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	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
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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 your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	KMHD841CMHU161219
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	GOH HWEE NGEE MICHELLE
NRIC No	SXXXX289J
Date Of Birth	28/01/1972
Occupation	Outdoor
Driving Pass Date	30/08/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93870660
Alt. Phone Number	-
Email Address	MICHELLEGOHHN@YAHOO.COM.SG
Address	1 LEICESTER ROAD #18-09
Address complement	-
Postcode	358828
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 - 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)	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	MAK JO YUE, JARREN
Gender	Male

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)

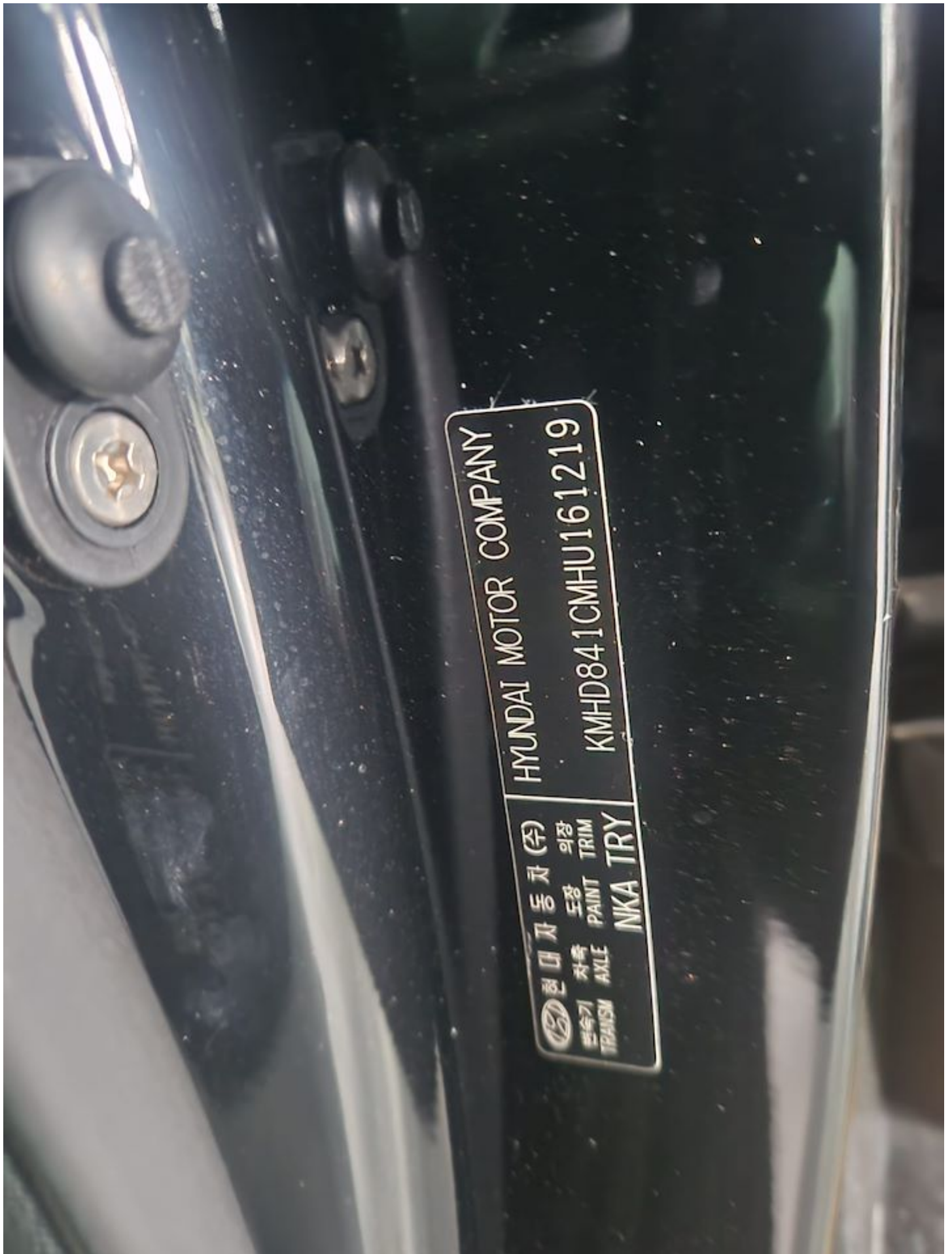
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

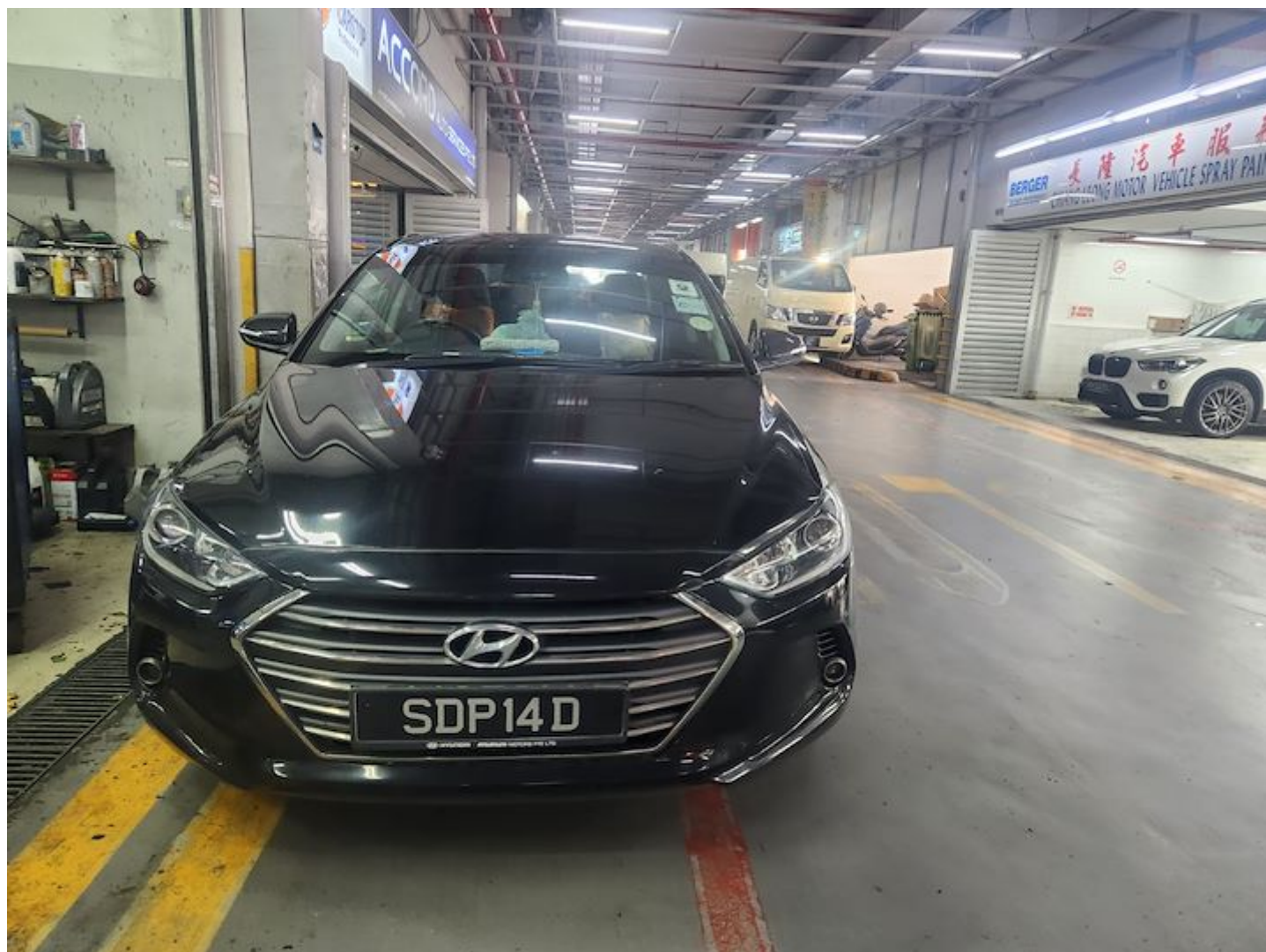
DETAILS OF OTHER VEHICLE PROPERTY 1

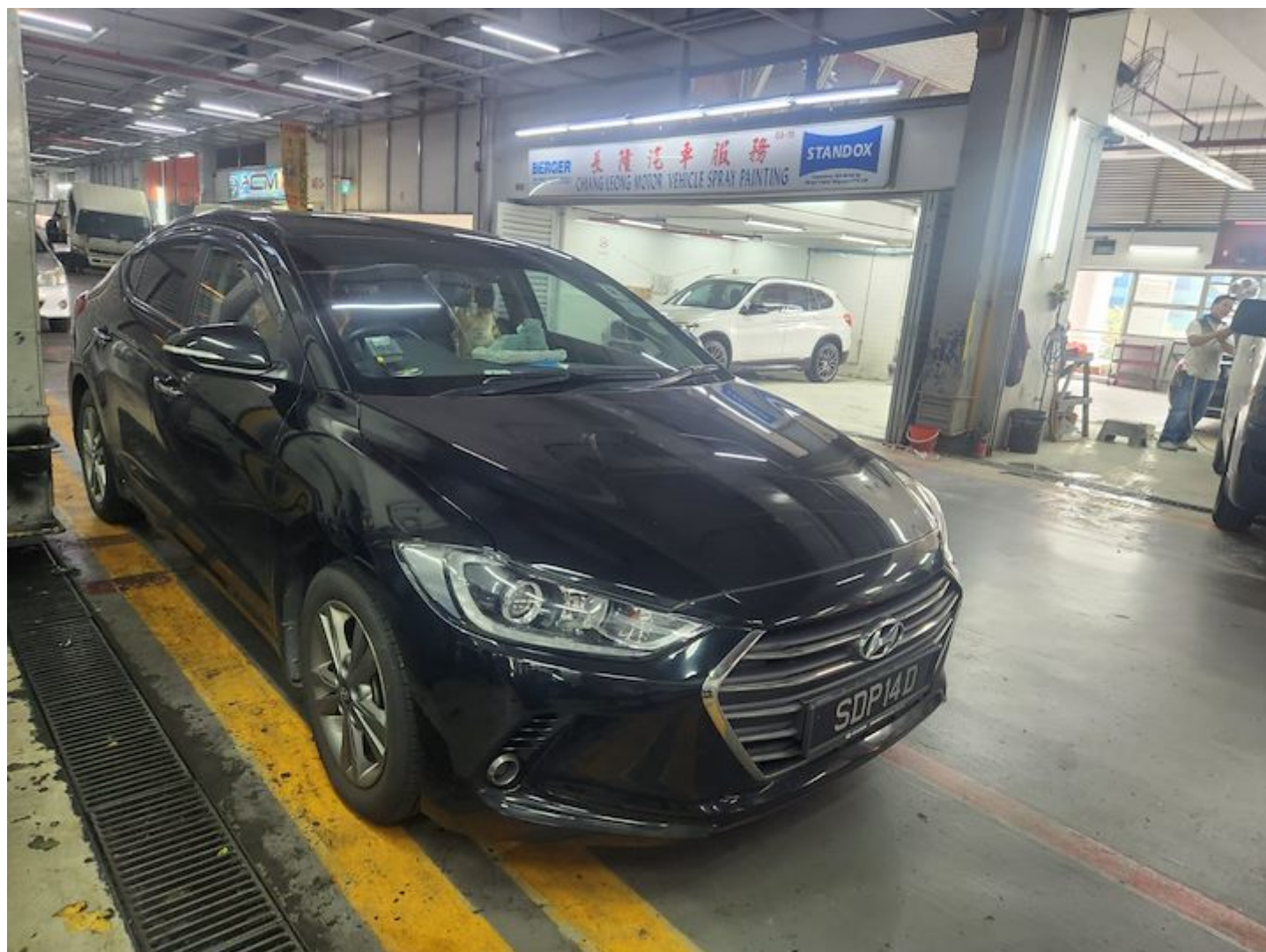
Vehicle Registration Number	SKA4319U
Vehicle Manufacturer	Toyota
Vehicle Model	ALTIS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	SIM TIAN WEI
NRIC No	TXXXX490D
Contact Number	(Phone) +65-98601280
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature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





























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: SA2624C60003 Vehicle Registration No: SDP14D

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:

Amendment Passenger Name

Amendment claiming own damage



 Policyholder / Driver's Signature
 Date: 11-12-24



 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
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: **MPC24A00323001**
 Agency Name: **INSURECARE AGENCY**
 Agency Code: **A0000169**

Chassis No: **KMHID841CMHU161219**
 Engine No: **G4FGGU169394**

1. 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 SGD 100.00

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

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:

- 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.