

## 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 .....	07/12/2024 09:27 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	29/11/2024 13:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE (BEFORE WOODLANDS AVE 12 (EXIT 9)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YN6032Z
-----------------------------------	---------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RENOLA MANUFACTURING PTE LTD
Company Reg No .....	2XXXXX908C
Email Address .....	abmntthiyagu@gmail.com
Mobile Phone No .....	(Phone) +65-90951344
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	CANTER FEB21ER4SDEB (CBU)
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2998
Vehicle Fuel .....	Diesel
First Registration Date .....	-
Chassis no .....	FEB21EA00818
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MCV24A00007700

#### DRIVER

Name of Driver .....	ANANDAPADMANABAN THIYAGARAJAN
Passport No/FIN .....	MXXXX672Q
Date Of Birth .....	22/05/1988
Occupation .....	Outdoor
Driving Pass Date .....	23/01/2024
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82800257
Alt. Phone Number .....	-
Email Address .....	ABMNTTHIYAGU@GMAIL.COM
Address .....	BLK undefined undefined undefined-undefined undefined undefined undefined
Address complement .....	-
Postcode .....	-
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 .....	Raining
Road Surface .....	Wet

#### 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 WITH ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE3897Z
-----------------------------------	---------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CAO SHUFENG
- .....	GXXXX136M
Contact Number .....	-
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 Form must be completed by the Policyholder and/or the Authorised 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. The 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.

## 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Handwritten notes on the sketch plan:

- A: YN6032Z
- B: XE3897Z
- Location: SLE
- (Before Woodlands Ave 12)
- Exit 9

## Describe Circumstances of the Accident

I was driving along SLE Before Woodlands Ave 12 (Exit 9) & I was driving straight at the most left lane. Front of the vehicle suddenly brake & I couldn't stop in time & hit into Vehicle B rear portion & caused damages to my vehicle.

## Declaration

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









































## 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

<b>CERTIFICATE NO:</b> MCV24A00007700 <b>Agency Name:</b> SKYLINK INSURANCE AGENCY PTE LTD <b>Agency Code:</b> A0000269	<b>Chassis No:</b> FEB21EA00818 <b>Engine No:</b> 4P10B28967								
<b>1. Index Mark and Registration Number of Vehicle:</b> YN6032Z									
<b>2. Name of Policyholder:</b> RENOLA MANUFACTURING PTE. LTD.									
<b>3. Period of Insurance (both dates inclusive):</b> 05 February 2024 to 05 February 2025									
<b>4. Persons or Classes of Persons entitled to drive</b> 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.									
<b>5. Limitations as to use</b> 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.									
<b>6. EXCESS APPLICABLE</b> <table style="width: 100%;"> <tr> <td style="width: 60%;">WINDSCREEN</td> <td style="width: 40%; text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - STANDARD EXCESS (AUTHORISED DRIVERS)</td> <td style="text-align: right;">SGD 600.00</td> </tr> <tr> <td colspan="2"><b>ADDITIONAL EXCESS:</b></td> </tr> <tr> <td>SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE &lt;27 OR HOLDS A VALID DRIVING LICENSE FOR &lt;2 YEARS)</td> <td style="text-align: right;">SGD 1,000.00</td> </tr> </table>		WINDSCREEN	SGD 100.00	SECTION I - STANDARD EXCESS (AUTHORISED DRIVERS)	SGD 600.00	<b>ADDITIONAL EXCESS:</b>		SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <27 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 1,000.00
WINDSCREEN	SGD 100.00								
SECTION I - STANDARD EXCESS (AUTHORISED DRIVERS)	SGD 600.00								
<b>ADDITIONAL EXCESS:</b>									
SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <27 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 1,000.00								
<b>7. Hire Purchase Company:</b> SKYLINK CREDIT PTE LTD									
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.

ECICS Road & Marine Insurance Pte Ltd (Singapore branch) TEL: 6374779 FAX: 63740267  
 COMPANY 20 GUNTERMAN ST. SINGAPORE 170001 WEBSITE: www.ecics.com.sg