

## 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 .....	15/07/2024 12:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/07/2024 21:38 (SGT)
Exact Location of Accident .....	Simei, Singapore
Additional Location Information .....	SIMEI STREET 1 TOWARDS SIMEI RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV6229Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TANG YONG JIN JAMES
NRIC No .....	SXXXX339D
Email Address .....	YJTANG71@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-96961611
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	S90
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1969

#### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC23B00129400

#### DRIVER

Name of Driver .....	TANG JIE XIAN GLENN
NRIC No .....	SXXXX220E
Date Of Birth .....	29/04/1999
Occupation .....	Indoor

Driving Pass Date .....	09/12/2021
Driving experience .....	2 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86862904
Alt. Phone Number .....	-
Email Address .....	JXTANG99@GMAIL.COM
Address .....	436 TAMPINES STREET 43
Address complement .....	-
Postcode .....	520436
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Side Swipe
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 .....	PASSENGER 1
Gender .....	Female

#### 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

#### 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 .....	SHA2511D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAN CHEE KIANG
NRIC No .....	SXXXX973G
Contact Number .....	(Phone) +65-85716959
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**

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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")

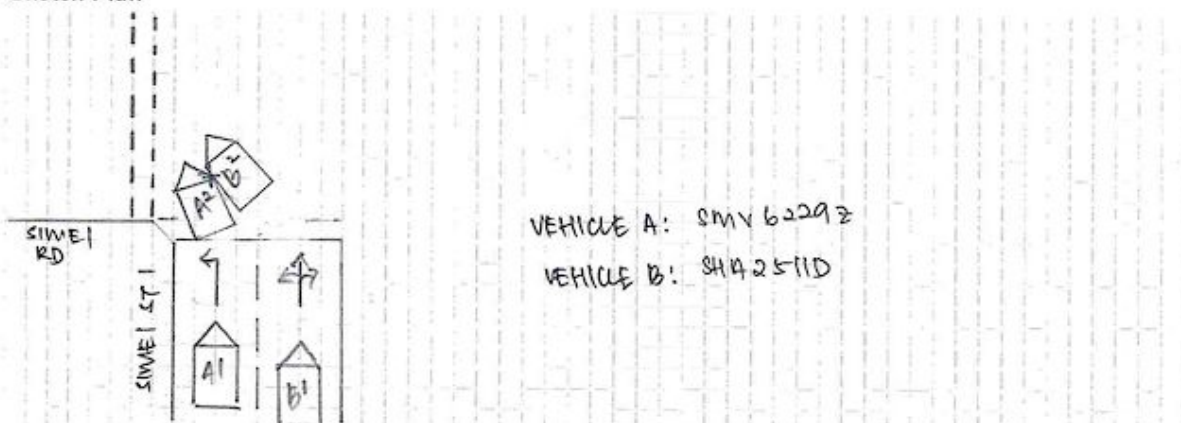
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

*1057 hrs.*  
*15/7/24*  
Policyholder's Signature / Date & Time

*1057 hrs.*  
*15/7/24*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*Witnessed by Reporting Centre Personnel*

**Sketch Plan**

On the 15<sup>th</sup> of July 2024, at around 21:38 hours, Mr Tan Chee Kiang driving vehicle number SHA2511D turned into my lane as I was turning left. He was to my right during the turn and he very clearly <sup>on the right front side</sup> turned straight into my lane and collided with my vehicle. I was already making the left turn but he came straight into me. The accident took place on Simei Street 1 turning onto Simei Road towards Tampines Avenue 2.

We declare the foregoing particulars are true in every respect.

1037 km.  
15/7/2024  
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**

MZ300  
COMPREHENSIVE  
ORIGINAL

CERTIFICATE NO: **MPC23B00129400**

Chassis No: **YV1PS10BDH1009826**

Agency Name: **mitsui BUSSAN PANA HARRISON PTE. LTD**

Engine No: **B4204T231847940**

Agency Code: **B00024**

1. Index Mark and Registration Number of Vehicle: **SMV6229Z**

2. Name of Policyholder: **TANG YONG JIN JAMES**

3. Period of Insurance (both dates inclusive): **29 December 2023 to 28 December 2024**

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 (INSURED/NAMED DRIVER)	SGD 1,500.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <26, >65 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 3,000.00

7. Hire Purchase Company: **THINK ONE 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.