

## 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 .....	05/08/2024 14:16 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/08/2024 23:28 (SGT)
Exact Location of Accident .....	Selegie Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS755B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE SOO PENG
NRIC No .....	S6829772I
Email Address .....	PUGSLY_73@YAHOO.COM
Mobile Phone No .....	(Phone) +65-96780420
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
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? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1800
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPU24B00015300

#### DRIVER

Name of Driver .....	LEE SOO PENG
NRIC No .....	S6829772I
Date Of Birth .....	12/08/1968
Occupation .....	Indoor
Driving Pass Date .....	08/09/1993
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	30 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96780420
Alt. Phone Number .....	-
Email Address .....	PUGSLY_73@YAHOO.COM
Address .....	33 HUME AVE @10-02
Address complement .....	-
Postcode .....	598734
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 .....	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) .....	7
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 6

Name ..... UNKNOWN  
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

ON 3/8/24 AT ABOUT 23.28HRS, I WAS AT SELEGIE RD GOING TOWARDS JALAN BESEH.AFTER THE TRAFFIC LIGHT TURN GREEN I PROCEED STRAIGHT SUDDENLY VEH. B (SNP4847Y) CUT MY LANE AND BANG INTO MY CAR

#### 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 ..... SNP4847Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

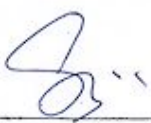
Describe Circumstances of the Accident

On 3/8/24 at about 2328H I was at  
 college Rd going towards Jalan Besar. After  
 the traffic light turned green I moved straight  
 suddenly, Vch B (SNP 48474) cut my  
 lane and bump into my car.

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



SKETCH PLAN

IMPORTANT NOTICE

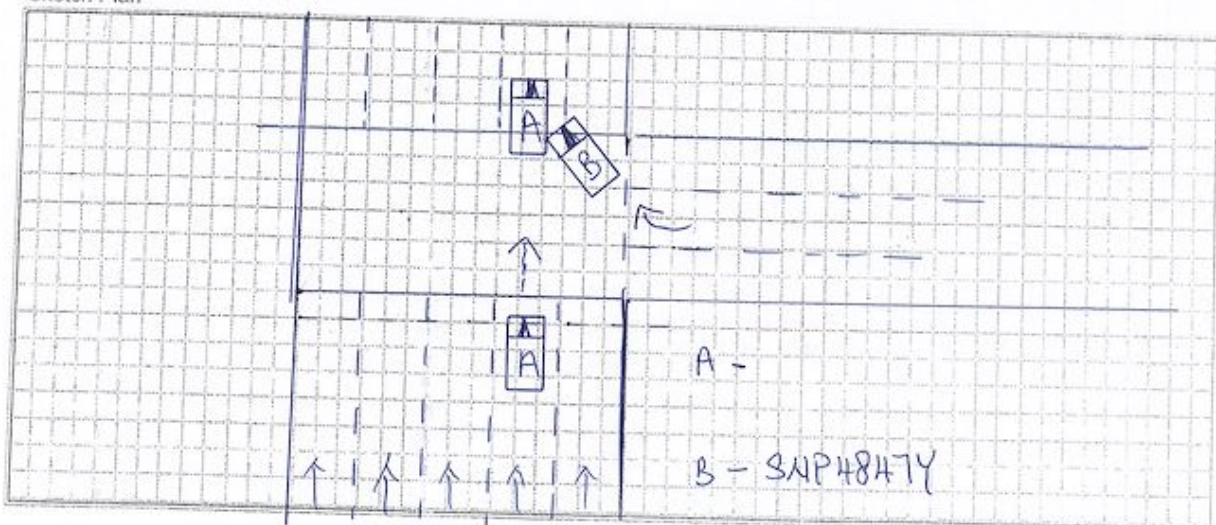
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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  
(Name as in NRIC/ID card)

Sketch Plan











































ECICS Limited  
10 Euros Road 8  
#09-04A Singapore Post Centre  
Singapore 408600  
Tel: (65) 6206 5588 Fax: (65) 6338 9267  
Email: enquiries@ecics.com.sg  
Website: https://www.ecics.com.sg  
Co. Reg. No. 195901301C

MOTOR PRIVATE HIRE SOLE PROPRIETOR  
(PQR)

ORIGINAL

THE SCHEDULE

Agency B0000888	Class of Policy	MOTOR POLICY - PRIVATE HIRE	Policy No.	MPU24800015300
Account B0000888	Issued on	25/06/2024		
Client I0031348	Acceptance Date	25/06/2024		
			Fund/Acct.No.Sfx	SIF/SD

Period of Insurance from 21/06/2024 to 20/06/2025, both dates inclusive

Insured's Name	LEE SOO PENG
Address	33 HUME AVENUE #10-02 SINGAPORE 598734

Premium	BASIC PREMIUM.....	SGD 2,624.00
	- NO CLAIM DISCOUNT.....50.00%	SGD 1,312.00
	Total Annual Premium	SGD 1,312.00
	Premium Due	SGD 1,312.01
	Premium GST	SGD 118.08
	Total Due	SGD 1,430.09

24/7 AUTO ACCIDENT ASSISTANCE HOTLINE

PLEASE CALL +65 6206 5588 AND PRESS '9' TO ACTIVATE THIS SERVICE.

Risk Group No. 01

Risk No. 00001 MOTOR PRIVATE HIRE SOLE PROPRIETOR (PQR)

Registration	SMS755B	Make/Model	TOYOTA NOAH (Hybrid) 1.8X CVT
Type of Cover	COMPREHENSIVE	No. of seats	7
Engine No.	2ZR2793258	Capacity CC	1797
Chassis No.	ZWR900166109	Yr of Manuf/Regn	2024/2024
Vehicle Usage	MOTOR VEHICLE - PRIVATE HIRE SOLE PROPRIETOR	NCD%	50.00
Hire Purchase	TAI HUAT CREDIT PTE LTD	Certificate Ref.	MX300J
Item 1.			

SUM INSURED: MARKET VALUE AT THE TIME OF LOSS

EXCESS APPLICABLE

WINDSCREEN	SGD 100.00
SECTION I - STANDARD EXCESS (INSURED/NAMED DRIVER)	SGD 2,000.00
SECTION II - STANDARD EXCESS (INSURED/NAMED DRIVER)	SGD 1,500.00

ADDITIONAL EXCESS FOR EACH SECTION IN ADDITION TO THE STANDARD EXCESS ABOVE:

UNNAMED DRIVERS	SGD 500.00
YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <26, >70 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 3,000.00

Subject to the following clauses/warranties/endorsements/memo attached hereto :-

NO CLAIM DISCOUNT PROTECTION  
(APPLICABLE TO POLICYHOLDER ONLY IF EXISTING NCD IS 10% OR MORE)

IT IS AGREED THAT THE NO CLAIM DISCOUNT (NCD) ENTITLEMENT IN THIS POLICY UPON RENEWAL IS PROTECTED AS FOLLOWS:

NO. OF CLAIMS MADE	WHERE EXISTING NCD	WHERE EXISTING NCD	WHERE EXISTING NCD
WHERE EXISTING NCD	WHERE EXISTING NCD	ENTITLEMENT IS 20%	ENTITLEMENT IS 30%
OR ARISEN DURING	ENTITLEMENT IS 10%		
ENTITLEMENT IS 40%	ENTITLEMENT IS 50%		
THE PERIOD OF INSURANCE			

HQ/ABA/1092/MN00072512/25-06-2024/11:15:25/ABA