

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 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 ability.
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 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 Report	27/11/2017 18:40
Date Of Accident	26/11/2017 22:45
Exact Location Of Accident	JCT OF BEDOK RD X UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS948Y
Insured/Policyholder	
Name Of Registered Owner	HN ENTERPRISE
Co Reg No	53334387M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97503811
Alternative Phone No	OFFICE-97503811
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO-1.6 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	NG JING XUAN
NRIC No	S9404542H
Date Of Birth	07/02/1994
Occupation	INDOOR
Date Of Driving Pass	17/11/2014
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97503811
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 3

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

Police Station Address **ROAD:** 9 SIMEI STREET 2 , **POSTCODE:** 529914 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** - **FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9281E

Vehicle Make/Model/Colour CHEVROLET EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name NG JING XUAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJS948Y
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NG JING XUAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJS948Y
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name HOW YI SHAN,BEATRICE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJS948Y
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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6. The report will be forwarded by the insurers to the G.A 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 lodging 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, to knowledge, 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 claim (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 situated outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

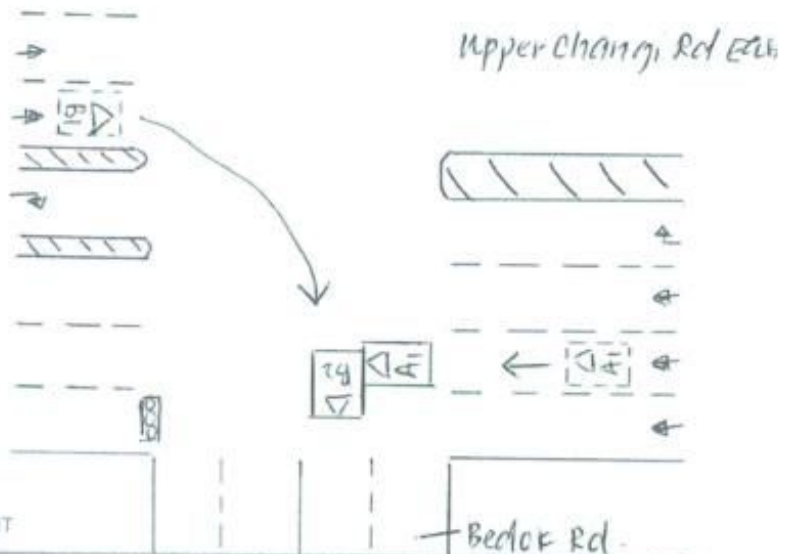

Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Shun
NRIC/FIN No.: 80403728

Sketch Plan #2

SKETCH PLAN

Vehicle A: SJS 9484
Vehicle B: SHD 9181E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: *S. Lian*

NRIC/FIN No.: *S904271A*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



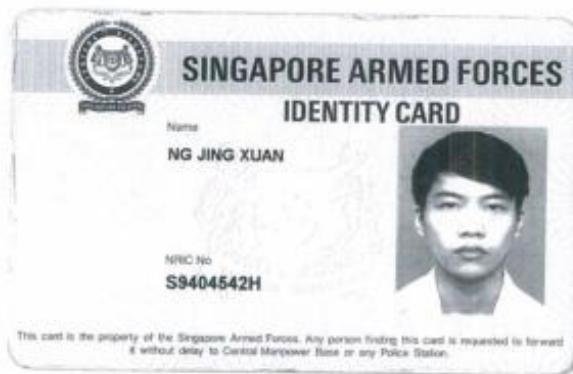
Accident Photo



Accident Photo



Driving License



Insurance policy



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)

**E-DRIVE AUTHORISED
WORKSHOPS**

MZ300C
COMPREHENSIVE
ORIGINAL

<p>CERTIFICATE NO: MPUI7A0048200</p> <p>Agency Name: AUTOSHIELD PTE LTD</p> <p>Agency Code: A0000064</p>	<p>Classis No: KNAFU411MA5101614</p> <p>Engine No: G4FC3H276073</p> <p>Type: NEW (Z10/Z11/UBER/GRABCAR COVER)</p>										
<p>1. Index Mark and Registration Number of Vehicle: SJS948Y</p>											
<p>2. Name of Policyholder: HIN ENTERPRISE</p>											
<p>3. Period of Insurance (both dates inclusive): 29 January 2017 to 28 January 2018</p>											
<p>4. Persons or Classes of Persons entitled to drive</p> <p>a) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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 Vehicle.</p>											
<p>5. Limitations as to use</p> <p>a) Use for carriage of passengers or goods in connection with the Policyholder's or hirer's business.</p> <p>b) Use for social, domestic and pleasure purposes and for the Policyholder's business purpose or of any person to whom the vehicle is hired.</p> <p>The Policy does not cover:-</p> <p>a) Use for racing, pace-making, reliability trial or speed-testing</p> <p>b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>											
<p>6. EXCESS APPLICABLE</p> <table style="width: 100%;"> <tr> <td>WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - AUTHORISED DRIVERS (WITHIN SG)</td> <td style="text-align: right;">SGD 1,500.00</td> </tr> <tr> <td>SECTION I - AUTHORISED DRIVERS (OUTSIDE SG)</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> <tr> <td>SECTION II - AUTHORISED DRIVERS (WITHIN SG)</td> <td style="text-align: right;">SGD 1,500.00</td> </tr> <tr> <td>SECTION II - AUTHORISED DRIVERS (OUTSIDE SG)</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>		WINDSCREEN	SGD 100.00	SECTION I - AUTHORISED DRIVERS (WITHIN SG)	SGD 1,500.00	SECTION I - AUTHORISED DRIVERS (OUTSIDE SG)	SGD 3,000.00	SECTION II - AUTHORISED DRIVERS (WITHIN SG)	SGD 1,500.00	SECTION II - AUTHORISED DRIVERS (OUTSIDE SG)	SGD 3,000.00
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SECTION II - AUTHORISED DRIVERS (OUTSIDE SG)	SGD 3,000.00										
<p>7. Hire Purchase Company: THINK ONE CREDIT PTE LTD</p>											
<p>Signed for and on behalf of ECICS Limited</p> <p>Chief Executive Officer</p>											

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.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171127/2003

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20171127/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 02:05		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: NG JING XUAN			Address: APT BLK 135 SIMEI STREET 1 #03-52 SINGAPORE 520135		
ID Type / ID No.: NRIC NO / S9404542H			Contact No.: Home/Office: Mobile: 92317273		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 07/02/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MILITARY PERSONNEL			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/11/2017 23:30	Type of Location: X-Junction
Location: Along Road 1 UPPER CHANGI ROAD EAST				
Junction of Bedok Road and Upper Changi Road East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHD9281E	Car					1
SJS948Y	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20171127/2003

2 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171127/2003

CONTINUATION OF REPORT

Driver			
Name	Effendi Mustafa	ID No.	S2621827F
Related Vehicle	SHD9281E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Ting Jia Yan	ID No.	S9444704F
Related Vehicle	SJS948Y (Car)	Contact No.	97121794
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2017	Date Discharge	27/11/2017
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	NG JING XUAN	ID No.	S9404542H
Related Vehicle	SJS948Y (Car)	Contact No.	92317273
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2017	Date Discharge	27/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	How Yi Shan, Beatrice	ID No.	S9415106F
Related Vehicle	SJS948Y (Car)	Contact No.	90607800
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2017	Date Discharge	27/11/2017
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/20171127/2003

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Tel No: 1800-5872999

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Report No. T/20171127/2003

CONTINUATION OF REPORT

Brief Details.

On 26/11/2017 at 2330hrs, I was driving along Upper Changi Road East and I was at the junction of Bedok Road when the accident happened. While the traffic light was green, I continued driving forward. Suddenly the taxi SHD9281E came from my right and was turning to the right to my direction. He had beaten the red light and this cause my front to collide with the taxi's left side rear door.

After the accident happened, I made a check and took photos of the incident before calling for police's assistance. I took photo of the taxi driver's IC after. Ambulance came first and followed by police shortly after. I pass my 11B to the police before being conveyed by the ambulance. My 2 other passengers were also conveyed together with me.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171127/2003

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Report No. T/20171127/2003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt NUR MUHAMMAD ISKANDAR BIN
REINDIO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2017 02:05

Officer In Charge Of Case:
JP / GIT /
Insp NORHIDAWATI BINTE AHMAD
Contact No.: 65476310 SN 160

Classification Of Case:

Authentication Stamp

NP188

Singapore Police Force