

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	14/12/2017 13:43
Date Of Accident	13/12/2017 17:35
Exact Location Of Accident	ALONG RD 1 LOWER DELTA RD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7872Z
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Insured/Policyholder

Name Of Registered Owner	JAFNI DENNIS LIEW YONG QIANG
NRIC No	S9248057G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97884683
Alternative Phone No	OTHERS-97884683

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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 CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	JAFNI DENNIS LIEW YONG QIANG
NRIC No	S9248057G
Date Of Birth	24/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97884683
Fax Number	
Contact Number	OTHERS-97884683
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526
 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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD5237M
 Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS CLASSIC 1.6 CVT
 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	JAFNI DENNIS LIEW YONG QIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ7872Z
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 said Personal Information to all insurers (who have insured vehicle(s) involved in this accident (all insurers 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 (just as the police), for the purposes 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me in bringing 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 insurers 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.
- (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: Su Hui Jie
NIC/FIN No: 78240377A

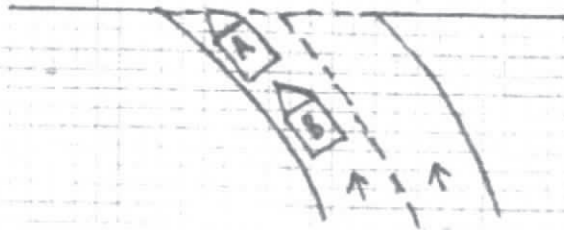
Sketch Plan #2

SKETCH PLAN

Along road / lower delta road toward CTE

Veh A - S32 7872Z

Veh B - SLD5237M





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT NO T/2014/213/2139

DECLARATION

I/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


Reporting Centre Personnel's Signature
Name: S. K. M.
NIC/FIN No: S. K. M. 1178

Police Report



**SINGAPORE
POLICE FORCE**



T/20171214/2100

1 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20171214/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 14:10	Vide Report No.: T/20171213/2134	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: JAFNI DENNIS LIEW YONG QIANG		Address: APT BLK 122 YISHUN STREET 11 #02-491 SINGAPORE 760122	
ID Type / ID No.: NRIC NO / S9248057G		Contact No.: Home/Office: Mobile: 97884683	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 24/11/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GIFT CONSULTANT		Driving Licence Information: Class: Date of Expiry:	

General information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2017 16:00	Type of Location:
Location: Along Road 1 LOWER DELTA ROAD Along Lower Delta Road towards CTE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ7872Z	Car	BMW	318i 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Black	Slightly Damaged	0
SLD5237M	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



T/20171214/2100

2 of 3

Report No. T/20171214/2100

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ7872Z	ECICS LIMITED	MPC17A00084700	26/01/2017	25/01/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JAFNI DENNIS LIEW YONG QIANG	ID No.	S9248057G	
Related Vehicle	SJZ7872Z (Car)	Contact No.	97884683	
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	
Driver				
Name	LOH PING YONG	ID No.	S1235140B	
Related Vehicle	SLD5237M (Car)	Contact No.	82121413	
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	

Brief Details.

On the 13/12/2017 at about 1600hrs, I was driving my vehicle bearing SJZ7872Z on Lower Delta road heading towards CTE. My vehicle was stationary as I was waiting for to filter into another lane. Suddenly, a vehicle bearing SLD5237M hit onto my vehicle in the rear. The impact caused my vehicle to inch forward a bit. The driver of SLD5237M came down and we exchange particulars to do a private settlement. However, when I called him after the accident with regards to the payment, he told me that he was not able to pay for the damages of my vehicle at the moment. No one was injured or convey by ambulance and police did not attend to our accident. No government property was damaged. There is slight damage to both my vehicle and the other vehicle. I wish to add that after the accident, I felt pain on my shoulder when I tried to move my arms.

Police Report



SINGAPORE
POLICE FORCE



T/20171214/2100

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3


Report No. T/20171214/2100

CONTINUATION OF REPORT

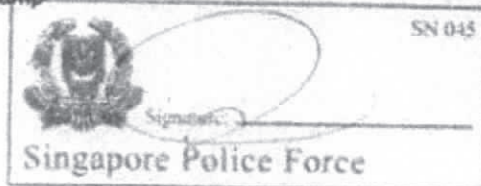
Sketch Plan

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: D / Cpl PHOON KOK WAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2017 14:10
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S46050026 / GST Reg. No.: M48001728

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : T/2017/213/2134 Vehicle Registration No: S278727
Name (as shown in NRIC) : JARNA DENNIS LIEW YONG KUNHAI NRIC/FIN/Passport No : S92480576
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1C 123 YISHUN STREET # 02-491 S(760122) Singapore ()
Contact (Tel) : 9984683 Mobile No. :
Email Address : DENNIS11234@gmail.com
Date of Accident : 12/12/2017 Time of Accident : 17:35
Place of Accident : Mary Road Lower Delta Road Towards CTE
Insurance Company : FICIS

(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:

PLEASE refer to police report no: T/2017/213/2134

Policyholder / Driver's Signature
Date: 14/12/2017

Reporting Centre Personnel's Signature
Name: Sukaini
NRIC/FIN No.: S9070377A
Date: 14/12/2017

Driving License



Insurance policy



CERTIFICATE OF INSURANCE

E-DRIVE AUTHORISED WORKSHOPS

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1968
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

MZ300
 COMPREHENSIVE
 Reprint

CERTIFICATE NO.	MPC17A00004700	Class No.	W BAPF72000A704265
Agency Name	AI TOSHIELD PTE LTD	Tagline No.	A7761860746B20BZ
Agency Code	A0000064		

1. Index Mark and Registration Number of Vehicle: SJZ7872Z

2. Name of Policyholder: JAFNI DENNIS LIEW YONG QIANG

3. Period of Insurance (both dates inclusive): 26 January 2017 to 25 January 2018

4. Person or Class(es) of Persons entitled to drive:

5. Exclusions:

6. EXCESS APPLICABLE

7. Hire Purchase Company: TOKYO CENTURY LEASING (SI) PTE LTD

Signed for and on behalf of ECICS Limited

[Signature]

Chief Executive Officer

Important Notice

- 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.
- 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).
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- The Payment Before Cover Warrant or Premium Payment Warrant issued in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.