

## 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	30/12/2017 12:26
Date Of Accident	25/12/2017 01:00
Exact Location Of Accident	238 PAVILION CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN126S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP KIM LEONG
NRIC No	S6863126B
Email Address	YAPKL126@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92477729
Alternative Phone No	OTHERS-92477729

### Vehicle Particulars

Manufacturer	BMW
Model	X5D 3.0 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17B00039202
Cover Note Number	

### Driver

Name of Driver	YAP CHEE KEN
NRIC No	S9673751C
Date Of Birth	26/11/1996
Occupation	INDOOR
Date Of Driving Pass	21/12/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93398765
Fax Number	
Contact Number	
Email Address	XIIAOKENN@HOTMAIL.COM

Address	238 PAVILION CIRCLE
Postcode	658253
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : MADAM GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to statement

#### Attachment(s)

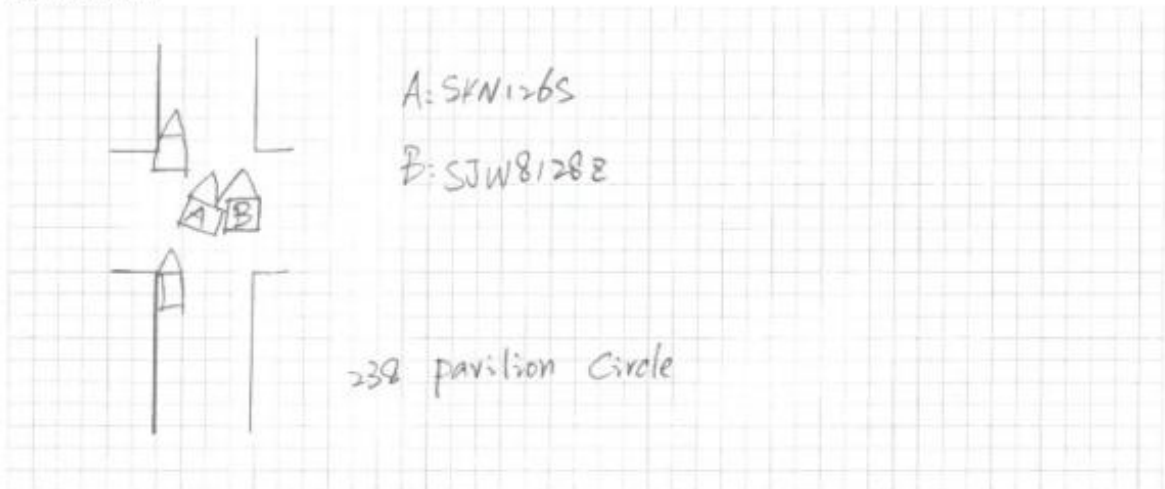
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW8128Z
Vehicle Make/Model/Colour	BMW X3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY BEE LENG
NRIC/Passport Number	S7305042A
Contact Number	9790 2982
Address	235 PAVILION CIRCLE
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25<sup>th</sup> December around 1 am I tried to reverse into my house as the lot we usually parked at is taken by another car, while reversing into the house I didn't realize that the front of the car swung out and hit the car SJW8128Z.

### DECLARATION

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

Policyholder's Signature

Date & Time:

30/12/17  
12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/12/17  
12pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 25/12/2017 Time: 01:00am Location of Accident: 238 Pavilion Circle

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKV1265  
Name of Policyholder: Yap Kim Leong  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S6863126B  
Address: 238 Pavilion Circle S16582532  
Contact Number: Tel: Hp: 9247 7721  
Occupation: outdoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: BMW X5D 3.0 A  
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:  
Exact Purpose for which vehicle was being used at the time of accident: private use  
Are you claiming under your own insurance policy?  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: Ergis  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: MPC17B00039202

### DRIVER

Name of Driver: Yap Chee Ken  
NRIC/ FIN/ Passport: S9673751C  
Date of Birth: 26-11-1976  
Occupation: indoor  
Driving Pass Date: 21-12-2017  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: Hp: 9329 8765  
Address: 238 Pavilion Circle S1658253  
Email Address:  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured:  
Vehicle Number of Driver's Own Vehicle (if applicable):  
Insurance of Driver's Own Vehicle (if applicable):

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): 2 car  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others:  
Road Surface: ☐ Wet ☒ Dry ☐ Others:  
Damage Area:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No.  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

xiaokenn@hotmail.com

yapkl126@gmail.com

# Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SKV126S

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SJWB1282

Vehicle Make/ Model/ Colour

BMW X3

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

Tan Bee Long

NRIC/ FIN/ Passport

S9305042A

Contact Number / Email Address

9790 2982

Address

235 pavilion circle

Name of Insurance Company

### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

## DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

## DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

## DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

## Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time 30/12/17 12 pm

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time 30/12/17 12 pm



## Individual Statement

### 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 lodgment 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.
- (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:

30/12/17  
12 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/12/17  
12 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# IDENTITY CARD & DRIVING LICENCE (OWNER)



Owner



IDENTITY CARD (DRIVER)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9673751C



  
Name  
YAP CHEE KEN  
叶子健  
Race  
CHINESE  
Date of birth  
26-11-1996  
Country/Place of birth  
MALAYSIA

Sex  
M

S9673751C

5699856



NRIC No: S9673751C



Date of issue  
10-02-2017

238 PAVILION CIRCLE  
SINGAPORE 658253

NRIC No: S9673751C Date: 21/12/2017



## DRIVING LICENCE (DRIVER)



TRAFFIC POLICE DEPARTMENT  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865

### Private & Confidential

YAP CHEE KEN

BLK 3 BUKIT BATOK STREET 25 UNIT 04-03  
SINGAPORE 658881

You will receive your photocard licence by registered mail within 1 month from date of application unless you made a special request to collect at Traffic Police Department at time of application.

S9673751C  
(3/4)

C001316491

\$50/-

YOU CAN DRIVE WHILE AWAITING THE  
DELIVERY OF YOUR PHOTOCARD  
DRIVING LICENCE

21/12/2017

(Please do not detach)

### IMPORTANT NOTES

1. Your driving licence is now placed on one-year probation.
2. You should not accumulate more than 12 demerit points within 12 months from today, otherwise your driving licence will be revoked. When your licence is revoked, you will have to pass the test of competency to drive (theory and practical) before you can be issued a licence again.



### INSTRUCTIONS TO APPLICANTS

- 1 **Where to Submit Your Application Form :**
  - a) For **renewal** of driving licence, submit your application form at **Traffic Police in person** with the relevant documents\*. Application by proxy is not allowed.
  - b) For **new drivers or drivers obtaining a new class of licence**, please submit your application form at any **test centre** (Kampong Ubi Test Centre, Bukit Batok Test Centre, Ang Mo Kio Test Centre or Jurong Driving Test Centre). Your application form will not be accepted at the Post Office.
- 2 **\*Documents Required:**
  - a) One passport-size colour photograph. Write your FIN/NRIC number behind the photograph and paste it within the box provided on the application form.  
The photograph must be:
    - in colour;
    - passport-size (35mm wide by 45mm high without borders);
    - the facial image must be between 25mm and 35mm from chin to crown;
    - taken within the previous 3 months;
    - taken against a plain white background with a matt or semi-matt finish; and
    - taken full face without headgear, unless the applicant habitually wears a headgear in accordance with religious or racial custom. The headgear must not hide the applicant's facial features.
  - b) NRIC for Singaporeans and PRs. Passport and Work Permit/Entry Permit/Employment

### CLASSES OF VEHICLE

- |    |                                       |
|----|---------------------------------------|
| 2B | Motorcycle not exceeding 200 cc       |
| 2A | Motorcycle not exceeding 400 cc       |
| 2  | Motorcycle exceeding 400 cc           |
| 3A | Motor Car (Auto)                      |
| 3  | Motor Car                             |
| 4A | Omnibus                               |
| 4  | Heavy Motor Car and Motor Tractor     |
| 5  | Light Locomotive and Heavy Locomotive |

Please turn overleaf

## CERTIFICATE OF INSURANCE



### 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 PREMIER  
(ANY WORKSHOP)**

MZ300  
COMPREHENSIVE  
ORIGINAL

CERTIFICATE NO: **MPC17B00039202**

Agency Name: **PROMISELAND INDEPENDENT PTE LTD**

Agency Code: **B00026**

Chassis No: **WBAKS420700G61287**

Engine No: **31638645N57D30A**

1. Index Mark and Registration Number of Vehicle: **SKN126S**

2. Name of Policyholder: **YAP KIM LEONG**

3. Period of Insurance (both dates inclusive): **01 August 2017 to 31 July 2018**

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 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.

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 - INSURED/NAMED DRIVER	SGD 750.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
SECTION I - AGE >70 OR DRIVING EXP <2 YEARS OLD	SGD 3,000.00

7. Hire Purchase Company: **KENSO LEASING PTE LTD**

Signed for and on behalf of ECICS Limited

Chief Executive Officer

#### 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.

Identification Card TP



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Identification Card TP



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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