SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	09/01/2018 13:26
Date Of Accident	03/01/2018 18:30
Exact Location Of Accident	PIE / JURONG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD9086D
Insured/Policyholder	
Name Of Registered Owner	1 ACE AUTO
Co Reg No	53358792A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90054236
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00103700
Cover Note Number	
Driver	
Name of Driver	WAHID BIN ALI
NRIC No	S1622964D
Date Of Birth	05/10/1963
Occupation	INDOOR
Date Of Driving Pass	22/03/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94473523
Fax Number	

NOEMAIL

BLK358 TAMPINES ST 33 Address

#04-656

Postcode 520358

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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?

NO

NO

3

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : AFIKAH

> GENDER: : FEMALE

Passenger 2 NAME: : MOHAMED SHAFIQ

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC2397J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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 :
 - 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.

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyho

SKETCH PLAN		
	(ADIBO A-S5090	1360
	B-SLC239	175

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wan'd Bin Ali NRIC S1600 9670 was driving the
Car CIN 90860 as PIE forwards Turane: The Car
in front of me SLC 2397J suddenly Stopped
thus I have to apply my emergency brake that
also my car couldn't stop in time thus hit it.
slightly the back of its car. I stopped when
in front of me SLC 3397J suddenly stopped thus I have to apply my emergency brake that also my car couldn't stop in time thus hit it. slightly the back of its car. I stopped when out to check and discover it is slightly dented
which I took picture. Thus I'm making fuis report to document this accident. I tok the particular of the other driver to.
report to document this accident I tok the
particular of the other driver to.

DECLARATION

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

Policyholder Briatore Date & Time 1 A

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 3

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WORKSHOPS

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189). Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysis) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ3000 COMPREHENSIVE ORIGINAL

CERTIFICATE NO: MPU17A00103700 Chassis Not. RN61057840 Engise No: R18A1764721 Assure (Singapore) Pte Ltd Agency Name:

Type: NEW (ZID/ZH/UBER/GRABCAR COVER) Agency Code: A0000110

1. Index Mark and Registration Number of Vehicle: SJD9086D

2. Name of Policyholder: LACE AUTO

3. Period of Issamme (both dates inclusive): 30 March 2017 to 87 April 2018

4 Persons or Classes of Persons entitled to drive

a) Any other passen who is drawing on the Policyholder's order or with his paraission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vahicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enautment or regulation in that behalf from driving the Motor Vehicle.

5. Limitations as to use

- s) Use for carriage of passengers or goods in connection with the Policyhoider's or hirer's husiness.
- b) Use for social, domestic and pleasure purposes and for the Policyholder's business purpose or of any person to whom the vehicle is bired.

The Policy does not cover:-

- at the for racing, pace-making, reliability trial or speed-testing b) Use whilet drawing a trailer except the towing (other than for reward) or any one disabled mechanically propelled vehicle.

6 EXCESS APPLICABLE

100.00 WINDSCREEN SECTION I - AUTHORISED DRIVERS (WITHIN SG) SECTION I - AUTHORISED DRIVERS (UUTSIDE SG) SECTION II - AUTHORISED DRIVERS (WITHIN SG) 360 1,500.00 3,000.00 1,500.00 SECTION 31 - AUTHORESID DRIVERS (OUTSIDE SG) 5,000.00

Sagned for and on behalf of ECICS Lamited

Chief Executive Offices

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 will 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 company. If the Certificate of Insurance has been host or destroyed, a Statutory Declaration to that effect must be made. Failure to comply will an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- fig. The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- (v) The Payment Hefore Cover Waeranty or Permittin Payment Warranty found in the Policy must be complied with otherwise there would be no Policy and Certificate of Insurance.

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Sketch Plan Pg. 4



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS[ES]

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Mar 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S1622964D











