

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 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	26/01/2018 11:47
Date Of Accident	25/01/2018 18:40
Exact Location Of Accident	YISHUN AVE 1 TOWARDS MANDAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN747M
Insured/Policyholder	
Name Of Registered Owner	HHH LEASING
Co Reg No	53336713A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96566771

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D 2.0 R-S AWD AT ABS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	XU ZIKANG
NRIC No	S8624118H
Date Of Birth	21/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96566771
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 406 YISHUN AVENUE 6 #04-1306
Postcode	
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

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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
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: : XU XI NING
	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

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	SKC1695S
Vehicle Make/Model/Colour	HYUNDAI ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGT3556E
Vehicle Make/Model/Colour	MITSUBISHI LANCER 1.6 M
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:

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

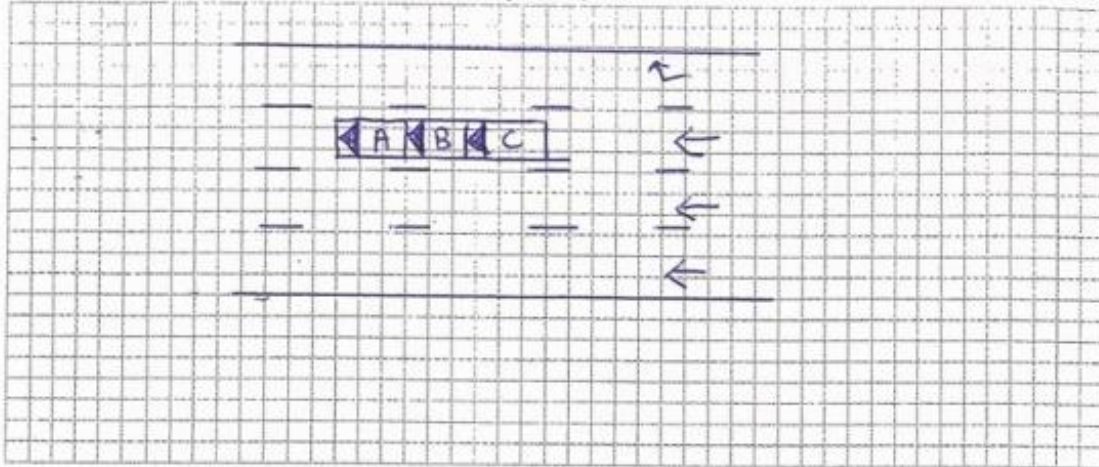
Reporting Centre Personnel's Signature
Name: Suhaimi
NRIC/FIN No. 980403741

Sketch Plan #2

Yishun Ave1
TOWARDS MANDAI

Vehicle A = SLN 747M
Vehicle B = SKC 1695S
Vehicle C = SGT 3556E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time at the stated venue,

I vehicle A (SLN 747M) was driving along the 2nd lane. The front vehicle stop and I follow suit.

After few seconds, I felt an impact on my vehicle.

I came down and ~~later~~ realised that I was involved in a 3 car collision, with vehicle B (SKC 1695S) and vehicle C (SGT 3556E).

DECLARATION

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

NRH
LEASING

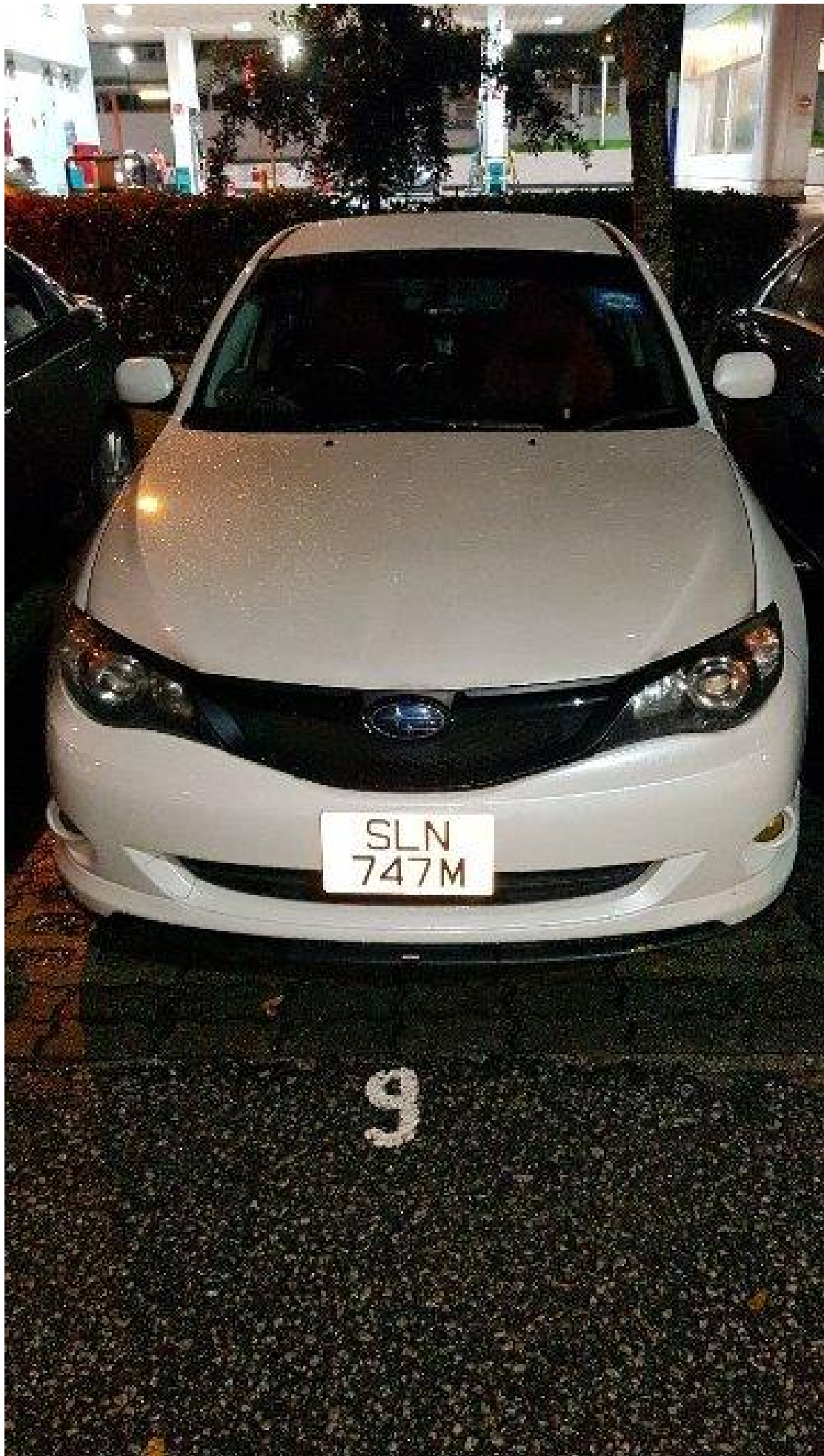
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Suhani
NRAC/FIN No: SGP103741

GIA/NAC SketchPlanForm_V3

Accident Photo



Accident Photo



Accident Photo



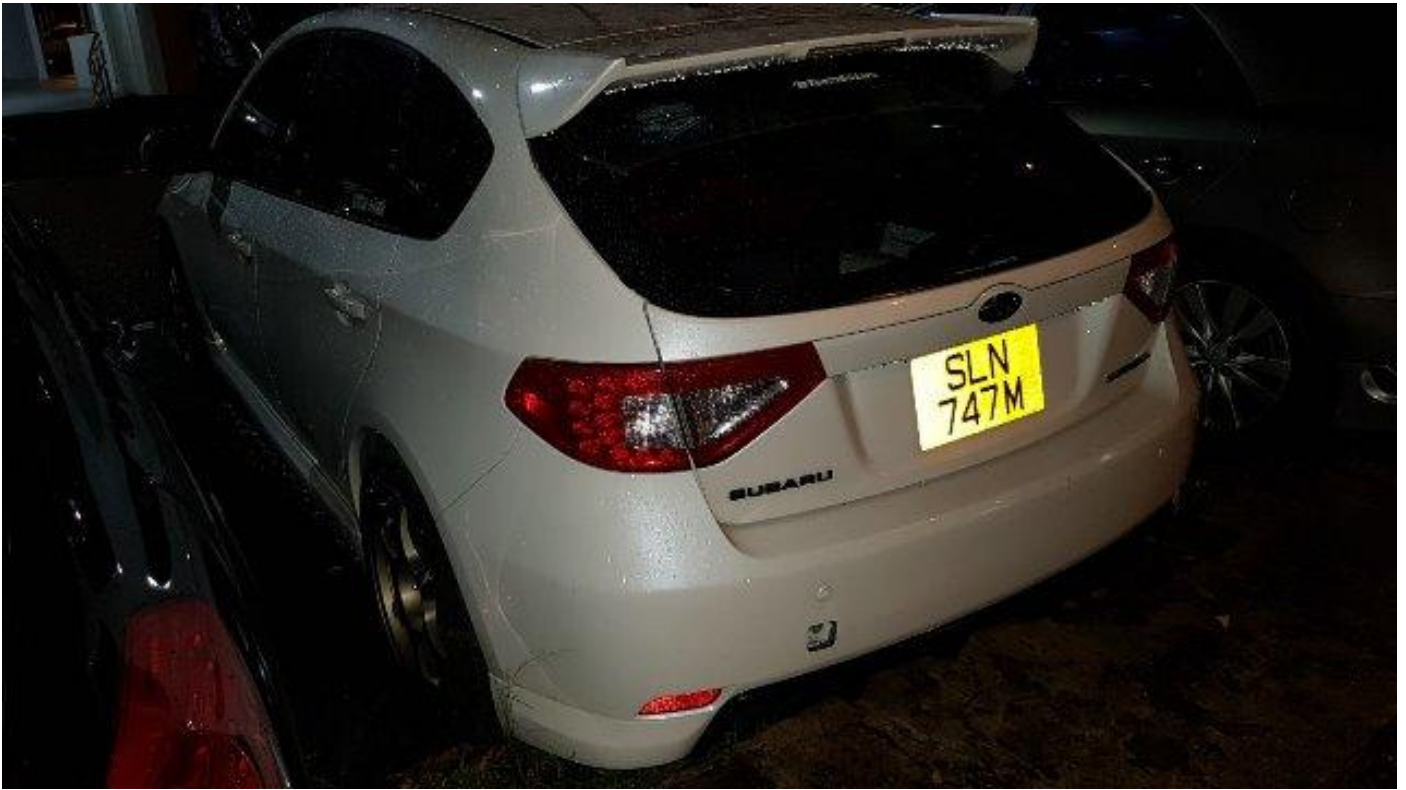
Accident Photo



Accident Photo



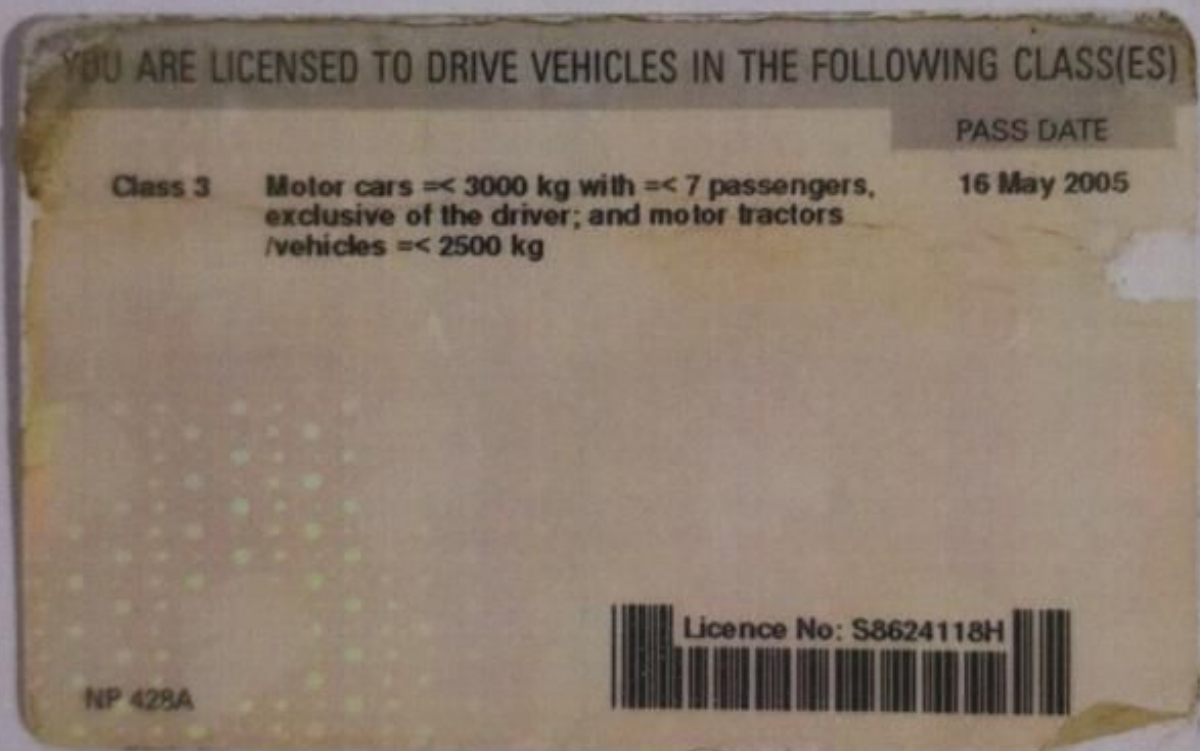
Accident Photo



Driving License



Driving License



Driving License



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

CERTIFICATE NO:	MPU17A00169600	Chassis No:	JF1GH7KS59G035404
Agency Name:	Assure (Singapore) Pte Ltd	Engine No:	EJ20D870004
Agency Code:	A0000110	Type:	NEW (Z10/Z11/UBER/GRABCAR COVER)

1. Index Mark and Registration Number of Vehicle: **SLN747M**

2. Name of Policyholder: **HHH LEASING**

3. Period of Insurance (both dates inclusive): **04 May 2017** to **03 May 2018**

4. Persons or Classes of Persons entitled to drive

a) 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

a) Use for carriage of passengers or goods in connection with the Policyholder's or hirer's business.

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.

The Policy does not cover:-

a) Use for racing, pace-making, reliability trial or speed-testing

b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

6. EXCESS APPLICABLE

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

7. Hire Purchase Company: **SKYWAY CREDIT & LEASING PTE LTD**

Signed for and on behalf of ECICS Limited



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 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.