

### 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	10/02/2018 11:21
Date Of Accident	08/01/2018 09:30
Exact Location Of Accident	UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5631Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE WEI LYNN
NRIC No	S7206918H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96864293
Alternative Phone No	OFFICE-96864293

#### Vehicle Particulars

Manufacturer	AUDI
Model	Q5-2.0 (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17B00021500
Cover Note Number	

#### Driver

Name of Driver	LEE WEI LYNN
NRIC No	S7206918H
Date Of Birth	24/02/1972
Occupation	INDOOR
Date Of Driving Pass	09/05/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96864293
Fax Number	
Contact Number	OFFICE-96864293
EMail Address	NOEMAIL

Address 37 JALAN LIMAU NIPIS  
Postcode 468290  
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 FLOOD  
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? NO  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 2  
Passenger 1 NAME: : WU XIAO BIN  
GENDER: : MALE

**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 ATTACHED 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

# Sketch Plan

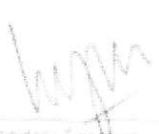
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident as covered in the sketch plan.
2. This form is to be completed by the Policyholder and/or the Authorized Driver.
3. The information provided must be as truthful and accurate as possible. Any willful under-valuation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The issue and acceptance of this form by insurance companies shall be admissible in public, including on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the G.A Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that a copy 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 as stated.
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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles 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 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 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 Insurers who have insured vehicles 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 claim 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

8 Feb 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time

  
Reporting Centre Personnel's Signature

Name

NAIC/FIS/SG

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upp Changi Road. It was raining heavily & the road was flooded. The traffic was moving very slowly (back to back) Traffic Police was directing the traffic.

I just drove on when the traffic police signal us to proceed through the flooded road.

About 2 weeks later, after my trip from Hong Kong, I felt the problem when I drove my car. The warning light appeared intermittently. I suspected that it could be due to the flood when I drove through that day. I am lodging this report for insurance purposes.

DECLARATION

We declare the foregoing particulars are true in every respect

  
 Policyholder's Signature  
 Date & Time 8 Feb 2012

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

  
 Reporting Centre Personnel's Signature  
 Name  
 TPC ID No.