

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	12/03/2018 15:50
Date Of Accident	10/03/2018 17:50
Exact Location Of Accident	YISHUN INDUSTRIAL ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6344X
Insured/Policyholder	
Name Of Registered Owner	ALVIS LIMO
Co Reg No	53322881J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84688028

Vehicle Particulars

Manufacturer	VOLVO
Model	S60
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	MPU17A00164701
Cover Note Number	

Driver

Name of Driver	ALVIS AWYONG KE WANG
NRIC No	S8732078B
Date Of Birth	05/10/1987
Occupation	INDOOR
Date Of Driving Pass	12/06/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84688028
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 296 TAMPINES ST 22 #07-520
Postcode	520296
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS CHANGING LANE TO MY RIGHT. I DID NOT NOTICE VEHICLE B FROM MY RIGHT. END UP, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

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	SLE559L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1

SKETCH PLAN

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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.



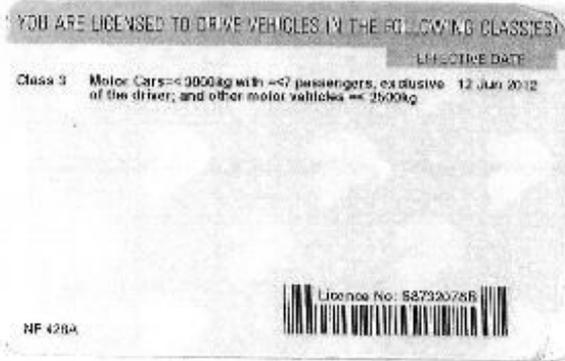
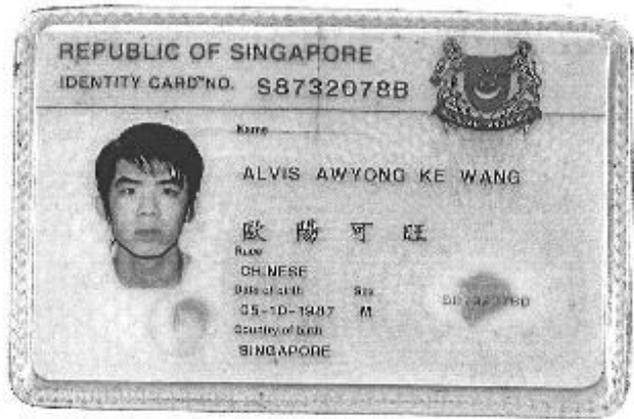
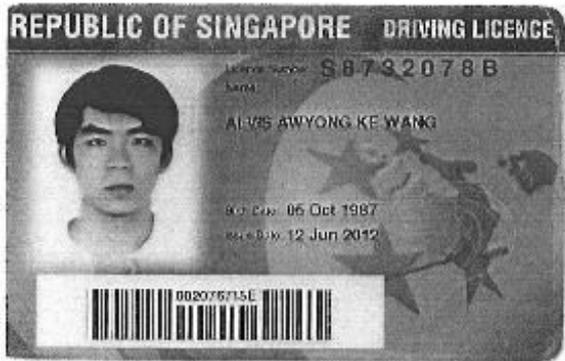
 Policyholder's Signature
 Date & Time:

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

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

sure

Driving License



INSURANCE



ECICS Limited
 7 Tampines Industrial Estate Avenue, Suite One
 Singapore 508617
 Tel: (65) 63347778 Fax: (65) 63347207
 Email: enquiry@ecics.com.sg
 Website: http://www.ecics.com.sg
 Co. Reg. No. 196901301C

ORIGINAL MOTOR PRIVATE HIRE SOLE PROPRIETOR
 THE SCHEDULE

Agency 40000064	Class of Policy MOTOR POLICY - PRIVATE HIRE	Policy No.	NPUL7A00164700
Account 40000064	Issued on 25/07/2017	Replacing Policy No.	NPUL6A00029300
Client 10003191	Acceptance Date 01/05/2017	Fund/Anct.No.Sfx	SIT/50

Period of Insurance from 27/07/2017 to 26/07/2018, both dates inclusive

Insured's Name	ALVIN LIMC
Address	296 TAMPIRES STREET 22 #07-222 SINGAPORE 520296
Business/Occupation	LIMOUSINE SERVICES
Premium	BASIC PREMIUM..... SGD 1,167.48
	Total Annual Premium SGD 1,167.48
	Premium Due SGD 1,167.48
	Premium GST SGD 81.72
	Total Due SGD 1,249.20

Risk Group No. 01

Risk No. 00001	MOTOR PRIVATE HIRE SOLE PROPRIETOR DATE OF REGISTRATION : 07/2011
Registration SLA6324X	Make/Model VOLVO S60 1.8 T4
Type of Cover COMPREHENSIVE	No. of seats 5
Engine No. B4164H1011983	Capacity CC 1596
Chassis No. YV1F8465832035476	Yr of Manuf/Regn 2011/2011
Vehicle Usage MOTOR VEHICLE - PRIVATE HIRE SOLE PROPRIETOR	NCD% 00.00
Hire Purchase WSJ CREDIT PTE LTD	Certificate Ref. MK3000
Item 1. SUK INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS APPLICABLE	
WITHSCREEN	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

Subject to the following clauses/warranties/endorsements/memo attached hereto :-

PERSONAL DATA PROTECTION

IN RELATION TO THE PERSONAL DATA COLLECTED FOR THIS INSURANCE POLICY, THE INSURED AGREE AND ACKNOWLEDGE THAT:

- A) THE COMPANY MAY COLLECT, USE AND DISCLOSE THE PERSONAL DATA FOR THE PURPOSES STATED IN ITS PRIVACY POLICY, WHICH INCLUDE UNDERWRITING AND ADMINISTERING THE INSURANCE POLICY (INCLUDING REINSURANCE/UNDERWRITING, CLAIMS PROCESSING, INVESTIGATION, PAYMENT AND OTHER RELATED PURPOSES);
- B) THE COMPANY WILL NOT USE, DISCLOSE OR PROCESS THE PERSONAL DATA FOR PURPOSES WHICH ARE NOT STATED IN THE PRIVACY POLICY OR FOR WHICH THE INSURED'S CONSENT HAVE NOT BEEN OBTAINED. IF THE COMPANY WISH TO USE, DISCLOSE OR PROCESS THE PERSONAL DATA FOR ANOTHER PURPOSE THE COMPANY WILL SEEK THE INSURED'S PRIOR WRITTEN CONSENT.
- C) THE COMPANY MAY DISCLOSE THE PERSONAL DATA FOR THE PURPOSES TO A RELATED CORPORATION; SUBSIDIARIES, HOLDING COMPANIES, ASSOCIATED COMPANIES, OR AFFILIATES OF, ANY CREDIT BUREAU; ANY OTHER PERSON TO WHOM DISCLOSURE IS PERMITTED OR REQUIRED BY ANY LAW; AND THE COMPANY'S THIRD PARTY SERVICE PROVIDERS AND AGENTS (ACTING ON THE COMPANY'S BEHALF). THESE RECIPIENTS MAY

HQ/PYK/38/MK00019047/25-07-2017/10:53:54/CTX

Accident Photo



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