

## 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	15/05/2018 16:53
Date Of Accident	14/05/2018 21:00
Exact Location Of Accident	ALONG YISHUN AVE 2 RIGHT TURN TWDS NGEE SOON CC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1433A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHYE KIM
NRIC No	S1416193G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81399729
Alternative Phone No	OFFICE-81399729

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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 CAR

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18A00071802
Cover Note Number	

### Driver

Name of Driver	CHIA XIAN JUN
NRIC No	S8405455J
Date Of Birth	28/02/1984
Occupation	INDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96545439
Fax Number	
Contact Number	OFFICE-96545439
Email Address	NOEMAIL

Address	BLK6 TOAPAYOH LORONG 7 #10-193
Postcode	310006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
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

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	SJN9394L
Vehicle Make/Model/Colour	
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)	

- TRAVELLING ALONG YISHUN AVE 2
- MADE A LEFT TURN TOWARDS YISHUN AVE 3 (NTEE Soon CC)
- = ~~MANAGED TO DONT~~
- MADE A RIGHT EXIT (DONT SAW ANY INCOMING VEHICLES)
- SUDDENLY HEAR A VERY LOUD ACCELERATED ENGINE WHICH KNOCKED TO MY CAR (~~DRIVE~~ FRONT-SIDE CAR)

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

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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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:

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

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

# Common Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 14 May 2018  
Time: 9 pm

Location of Accident: ALONG XISHUN RD (SEE RIGHT TURN TOWARDS NGEE SION CC) A/E 2

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLB 1433A  
Name of Policyholder: Lim Chye Kim  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1416193G  
Address:  
Contact Number: Hp 8139 9727  
Occupation:

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Saloon  
Type of Vehicle: MPV  
Exact Purpose for which vehicle was being used at the time of accident: Private used.  
Are you claiming under your own insurance policy? ☒ Yes ☐ No

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: ZCICS  
Type of Policy: Comprehensive  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: MPC18A00071802

### DRIVER

Name of Driver: Chin Xian Jun  
NRIC/ FIN/ Passport: S8405455J  
Date of Birth: 28/02/1984  
Occupation: Motor  
Driving Pass Date: 13/11/2002  
Gender: Male  
Contact Number: Hp 9654 5439  
Address:  
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):  
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?

JUN@PYTHEAS-TRAVEL

## Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

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

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 \_\_\_\_\_

SSN 9394L

#### 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.

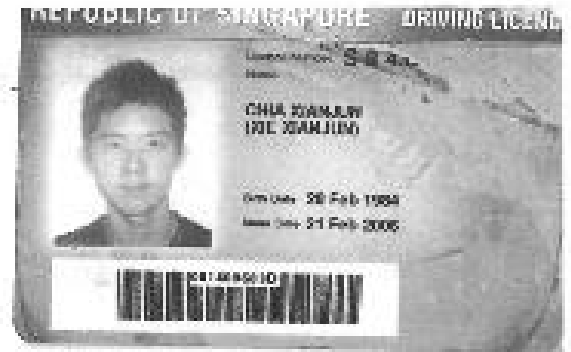
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time \_\_\_\_\_

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

Date & Time \_\_\_\_\_

## Driving License



# INSUARANCE



## CERTIFICATE OF INSURANCE

Motor Vehicle (Third Party Risk Compensation Act) Chapter 189  
Motor Vehicle (Third Party Risk and Compensation) Rules, 1961  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicle (Third Party Risk) Rules, 1994 (Malaysia)

**1-DRIVE PREMIER  
(ANY WORKSHOP)**

**MYCAR  
COMPREHENSIVE  
INSURANCE**

<b>CERTIFICATE NO:</b>	<b>MPCHAB001886</b>	<b>Chassis No:</b>	<b>BC2114786</b>
<b>Agency Name:</b>	<b>ALPINE INSURANCE AGENCY PTE LTD</b>	<b>Engine No:</b>	<b>LEB886488</b>
<b>Agency Code:</b>	<b>A000062</b>		

1. Index Mark and Registration Number of Vehicle: **SLD1433A**

2. Name of Policyholder: **12M CHYE KIM**

3. Period of Insurance (both dates included): **19 March 2015** to **28 March 2015**

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 their behalf from driving the Motor Vehicle.

5. Limitation of 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, racing, speedway, liability trial, speedway, 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

NET EXCESS	SGD 100.00
SECTION 1 - INSURED/DRIVER DRIVER	SGD 500.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
SECTION 1 - AGE 17-19 OR DRIVING AGE 12 YEARS OLD	SGD 1,000.00

7. The Insured Company: **MAHABANK**

Signed for and on behalf of EICS Limited



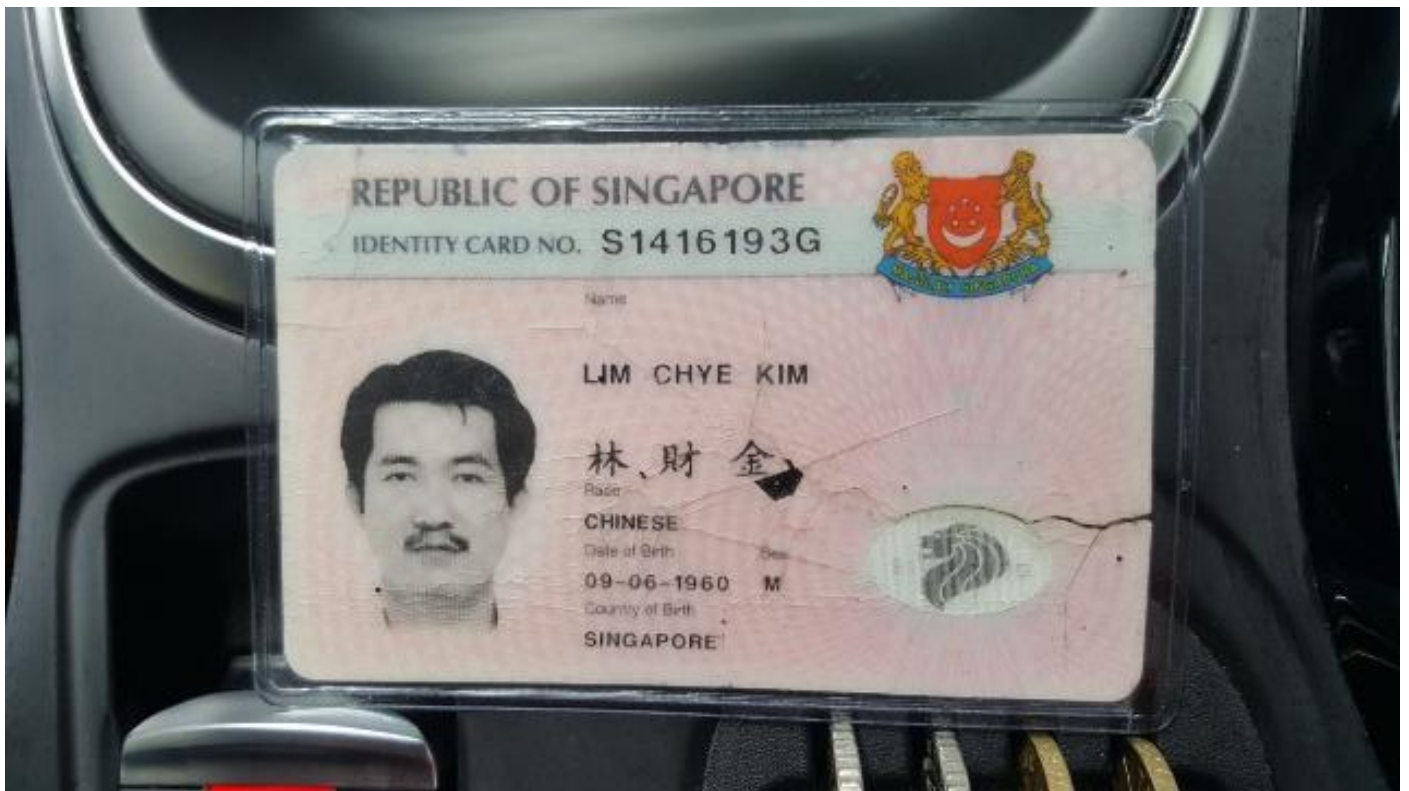
Chief Executive Officer

### 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 transfer all insurance cover to the insured 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 Vehicle (Third Party Risk 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 Pre-loss Payment Warranty (if any) in the Policy must be completed with information that would be a liability under the Policy and Certificate of Insurance.



Identification Card



# Police Report



2266272



NRIC No. S1416193G



Group Date of issue  
C 12-08-1994

Address

APT BLK 168 WOODLANDS STREET 11  
#10-131  
SINGAPORE 2573

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



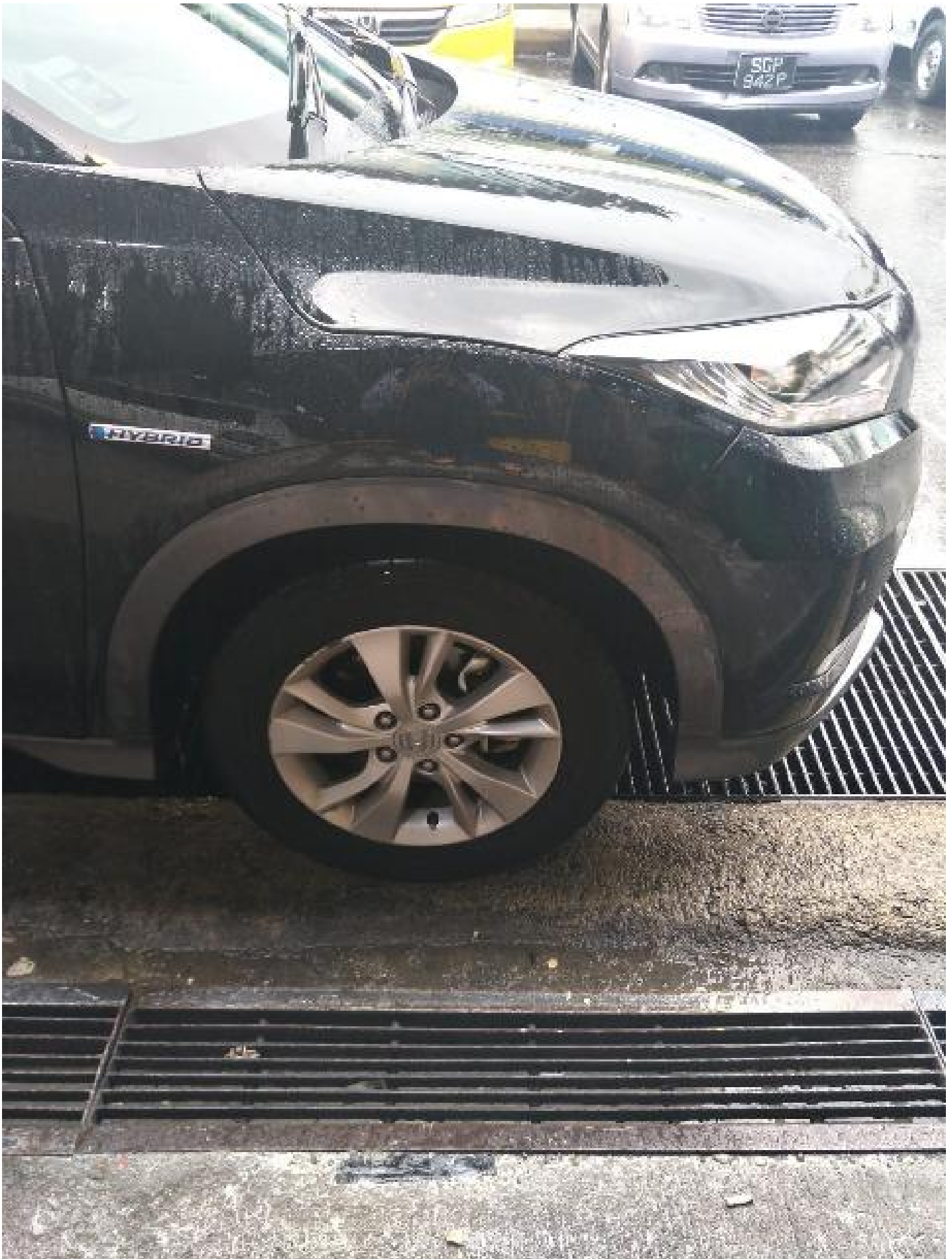


Accident Photo





Accident Photo



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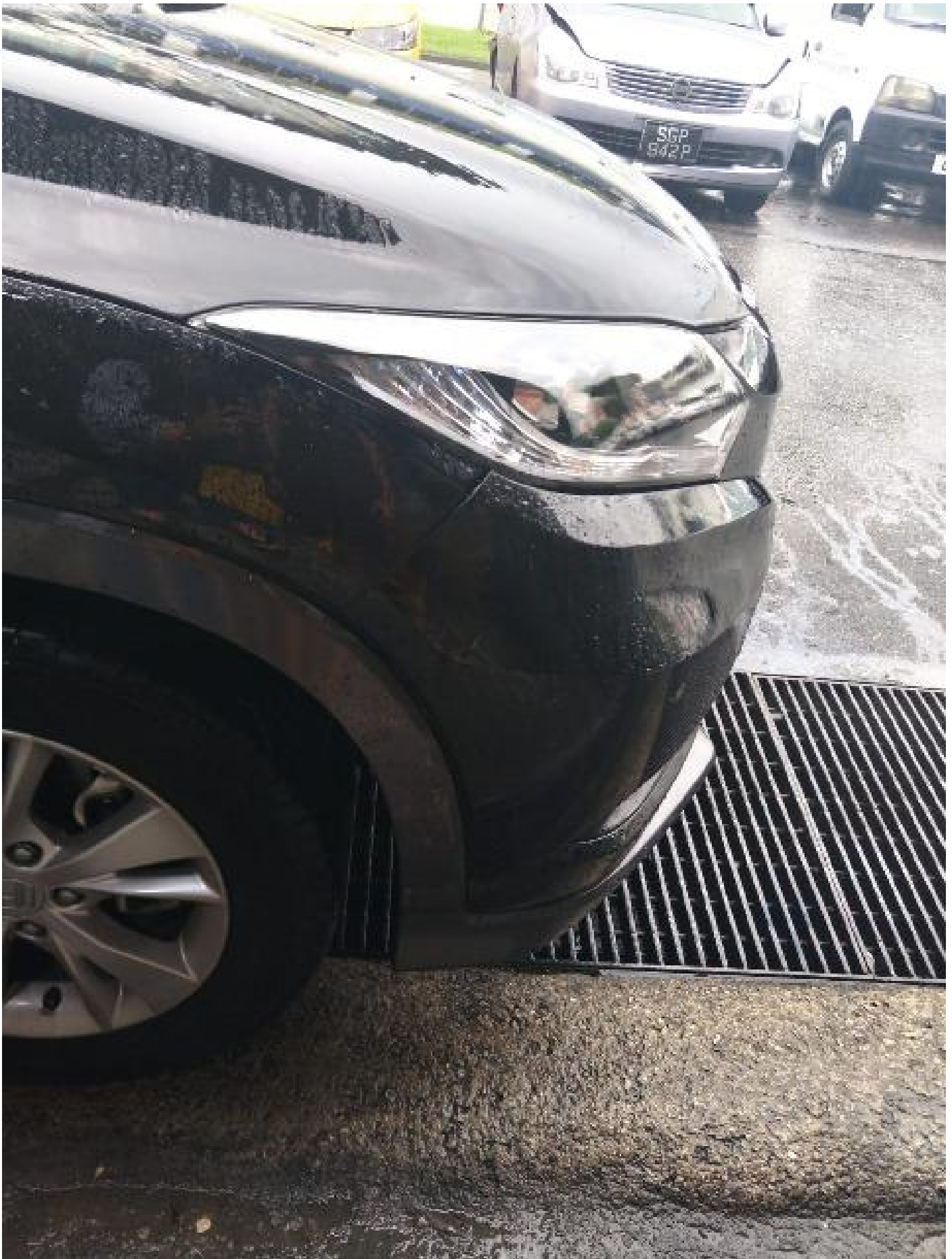


Accident Photo





Accident Photo



Accident Photo

