

## 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	25/06/2018 16:11
Date Of Accident	19/08/2017 12:45
Exact Location Of Accident	BLK 439B FERNVALE WEST AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV7939Y
-----------------------------	---------

#### Insured/Policyholder

Name Of Registered Owner	CRYSTAL COOL AIRCONDITION SERVICES
Co Reg No	52954929L
Email Address	CHINYONG96@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91011231

#### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MCV17D00000201
Cover Note Number	

#### Driver

Name of Driver	SOH HONG HUAT
NRIC No	S0905721H
Date Of Birth	07/06/1944
Occupation	INDOOR
Date Of Driving Pass	07/08/1976
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86520223
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 439B FERVALE WEST AVENUE #20-309 SINGAPORE
Postcode	792439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : LIM CHUANG LAY GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

OLD VEHICLE NO IS GV 7939 Y REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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	SHA7113L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

#### 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 liability.
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.

**CRYSTAL COOL**  
AIR-CONDITION SERVICES  
B/R NO.: 52954929L  
10, ANSON RD #10-08  
S079903 HP: 9101 1231  
chongcrs@hotmail.com

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.:

## Sketch Plan #2

### SKETCH PLAN

	<p><b>Vehicle No</b></p> <p>A - QP88E (AV7939Y)</p> <p>B - SHA7113L</p>
<p>Sengkang West Ave</p>	<p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               Vehicle A         </div> <div style="text-align: center;">               Bike B         </div> </div>

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/7/2017, Around 12:45pm. I was going to go in to the carpark of Blk 439 Fernvale West Avenue. While my car turning left, that was a taxi (SHA7113L) going to turn right go out to the exit. As a result, ~~the~~ <sup>Both</sup> car rear portion collided. We came out from our cars and check, as it just a minor accident, we both agree not to claim insurance but we still exchange particular. On 20/7/2017, I went down to police station to lodge a police record. I do not that I need to file accident report to insurance until I got notification from them.

### DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

ALL INFORMATION SERVICES  
B/R NO.: 52954929L  
10, ANSON RD #10-06,  
SINGAPORE HP: 9101 1231  
Date & Time: chinyong96@hotmail.com

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

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

POLICE REPORT

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Soh Hong Huat

NRIC S0905721H, has reported to the Police a non-injury traffic accident

Which occurred along (439B Blk 398B Fernvale West Avenue)

On 19/07/2017 at 1245pm involving the following vehicles:

V1) GV7939Y (Grey Nissan Van)

V2) SHA7113L (Blue Taxi)

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Tan Wei Ren

Date: 20/08/2017 Time: 1307hrs

S/D Ref: 56

Police Post/Unit: Ang Mo Kio South NPC

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police



CONFIDENTIAL

Version as of 15 Jan 2002

TAXI Name TAN Yu Huat  
S1684863H





## 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**

MZ300E  
 COMPREHENSIVE  
 ORIGINAL

CERTIFICATE NO: **MCV17D00000201**

Chassis No: **JN1MG4E25Z0700691**

Agency Name: **Direct Client**

Engine No: **ZD30023188**

Agency Code: **D0000001**

1. Index Mark and Registration Number of Vehicle: **GP88E**

2. Name of Policyholder: **Crystal Cool Aircondition Services**

3. Period of Insurance (both dates inclusive): **09 November 2017 to 08 November 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 in connection with the Policyholder's Business.

b) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

c) Use for social, domestic and pleasure purposes.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial or speed-testing, 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

SGD 750.00

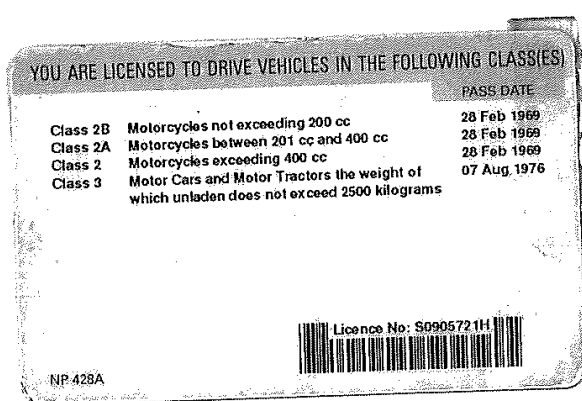
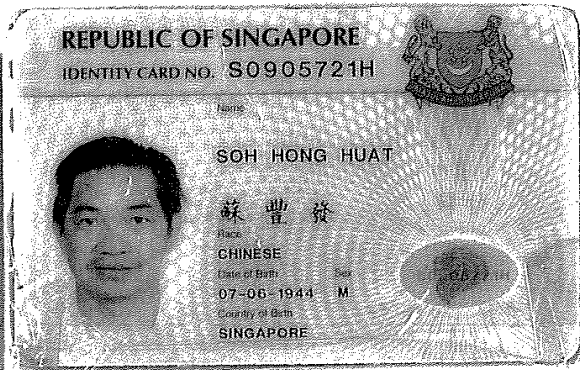
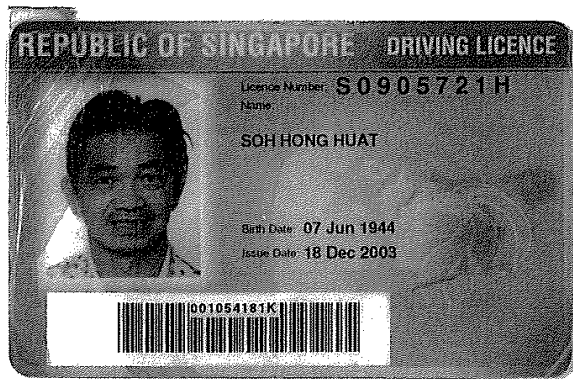
Signed for and on behalf of ECICS Limited

Chief Executive Officer

### 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 without a valid 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 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).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) 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.

# DRIVER NRIC & LICENSE Pg. 1







10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

07 Sep 2017

Our ref 0709170203N057007885

CRYSTAL COOL AIRCONDITION SVCS  
10 ANSON ROAD  
#10-06  
INTL PLAZA  
SINGAPORE 079903

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO.  
GV7939Y WITH VEHICLE REGISTRATION NO. GP88E**

You may be pleased to know that your application of 07 Sep 2017 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : GP88E (Previously GV7939Y)  
Vehicle Make : NISSAN  
Vehicle Model : URVAN  
Chassis No. : JN1MG4E25Z0700691  
Engine No./ Motor No. : ZD30023188 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : JN1MG4E25Z0700691, Engine No./ Motor No. : ZD30023188 / -) to display the new/ replacement registration number, GP88E by 10 Sep 2017. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20170907133236855231 or the vehicle registration number when making your enquiry.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 218081774. Vehicle Registration No: GP 88 E

Name (as shown in NRIC) : SOH HONG HUAT NRIC/FIN/Passport No :

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : Blk 439B Fernvale West Ave #21-309 Singapore 1792439

Contact (Tel) : 910 11231 Mobile No.: 86520223

Email Address : Chinyong 96 @ hotmail . com

Date of Accident : 19/7/2017 Time of Accident : 12:45

Place of Accident : Blk 439 B Fernvale West Avenue.

Insurance Company: ELICS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle number change to GV 7939Y.

---

\_\_\_\_\_

---

---

---

---

\_\_\_\_\_

*[Signature]* *[Signature]*

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 18081774 Vehicle Registration No: GV 7939Y  
Name (as shown in NRIC) : Soh Hong Hui NRIC/FIN/Passport No : S0905721H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 439B Fernvale West Avenue #20-309 Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 19/8/2018 Time of Accident : 1215  
Place of Accident : Blk 439B Fernvale West Avenue  
Insurance Company : ECZCS

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Date of Accident → 19/8/2018

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
Policyholder / Driver's Signature  
Date: 28/6/18

[Signature]  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: petmen  
Date: \_\_\_\_\_