

## 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	07/06/2018 14:48
Date Of Accident	05/06/2018 18:50
Exact Location Of Accident	TAMPINES ST 31 OUTSIDE MELVILLE PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR6363H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK SWEE KIAW
NRIC No	S1585938E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81823754
Alternative Phone No	OFFICE-81823754

### Vehicle Particulars

Manufacturer	OPEL
Model	OPEL ATSRA TOURER 1.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17A00643600
Cover Note Number	

### Driver

Name of Driver	HSU KUA ZU
NRIC No	S2185520J
Date Of Birth	02/11/1957
Occupation	INDOOR
Date Of Driving Pass	21/07/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81823754
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	139 TAMPINES ST 11
Postcode	521139
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 TO REAR
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?	NO
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

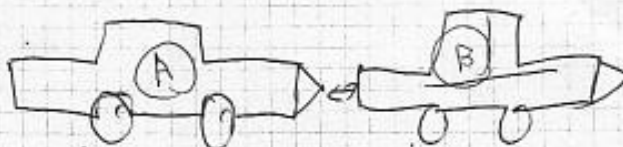
SEE REPORT ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

A=SCR 6363H

B = 5Hp4048R



Tampere St. 31

On 5/6/18 at about 6.50pm. I was travelling along Tampine St. 31. The front vehicle stopped and I stopped. My bumper (front) (A) touch the rear bumper of vehicle B.

At scene there was no person injured and no police was activated.

The was no damage to my front bumper - and there was no damage to the vehicle bumper (B)

We exchange particulars and took photo of each other vehicle

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

## Sketch Plan #2

### 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:

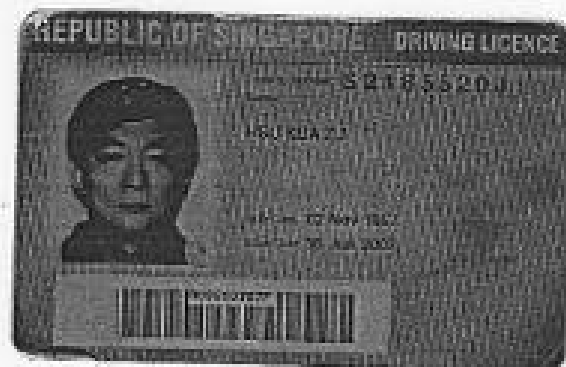
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature  
Date & Time:

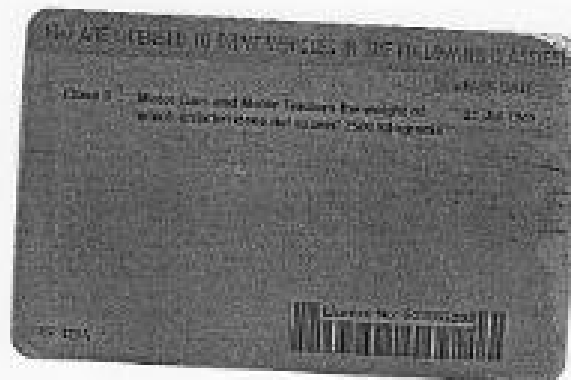
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Driving License



Identification Card





7 Ubi Close  
4th Floor Alpine Centre  
Singapore 408604  
Tel: 6511 3025 Fax: 6511 3046

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risk Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risk and Compensation) Rules, 1988  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risk) Rules, 1959 (Malaysia)

OPEL WORKSHOPS

M2100  
COMPREHENSIVE  
ORIGINAL

CERTIFICATE NO: MFCIT40006000

Agency Name: ALPINE INSURANCE AGENCY PTE LTD

Agency Code: A000000

Class No: WHV000000000000

Engine No: R11720000000000

1. Index Mark and Registration Number of Vehicle: SCR63001

2. Name of Policyholder: QUEK SHUE KIAN

3. Period of Insurance (both dates inclusive): 14 December 2017 to 13 December 2018

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 that behalf from driving the Motor Vehicle.

5. Limitations to 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, pace-making, reliability trial, speed-testing, the carriage of goods other than comply in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. EXCESS APPLICABLE

WINDSCREEN

SECTION 1 - INSURED/NAMED DRIVER

000 100.00

ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:

000 1,000.00

SECTION 1 - AGE <25, AGE >70 OR DRIVING EXP <2 YEARS OLD

000 3,000.00

7. The Finance Company: MAYBANK

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 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 Refuse Cover Warranty or Provision Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

