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 witholding 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.

alulesalu.						
	ACCIDENT STATEMENT					
Date Of Report	19/06/2018 18:49					
Date Of Accident	18/06/2018 11:30					
Exact Location Of Accident	ALONG HAVELOCK RD					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SGT2042C					
Insured/Policyholder						
Name Of Registered Owner	MUMTAJ BIVI D/O MOHAMED ANWAR					
NRIC No	S6909500C					
Email Address	NOEMAIL					
Mobile Phone No	(LOCAL) +65-91017062					
Alternative Phone No	OFFICE-91017062					
Vehicle Particulars						
Manufacturer	TOYOTA					
Model	COROLLA ALTIS-1.6 (A)					
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	REPORTING ONLY					
Vehicle Category	PRIVATE CAR					
Insurance Company						
Name of Insurance Company	ECICS LIMITED					
Type Of Coverage	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number	MPC18A00103701					
Cover Note Number						
Driver						

MUMTAJ BIVI D/O MOHAMED ANWAR Name of Driver

NRIC No S6909500C Date Of Birth 17/03/1969 Occupation **INDOOR** Date Of Driving Pass 17/10/2002

Driving Experience 15 YEARS AND 8 MONTHS

FEMALE Gender

Mobile Number (LOCAL) +65-91017062

Fax Number

Contact Number OFFICE-91017062

EMail Address NOEMAIL

BLK278 BISHAN ST24 #04-68 Address

570278 Postcode

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 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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

1

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 SHD3090D

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20



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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.:



Individual Statement

venne: pavelock road towards Raffles Place

7.ne: 1130 a.m

Marle : 18.06.2018

my relicle - 597 2042 C

on the mentioned time and dute, I was travelling straight on the 1 extreme right Lane. Surdenly I heard a load bang from my back, when I alighted, I realised it was

vehicle SUD30900 change lare without checking his blind spil when the form left to right coursing the downing to the new left hand portion of my vehicle 5672042C

Owner Storlement

Common Statement

				C) Owner
				O Driver
ACCIDENT STATEMENT				
Date of Accident	Time	Location of Acc	rcient	
18/06/2018	11.30 am	havelock		
INSURED/ POLICY HOLDE	R (VEHICLE A)			
Vehicle Registration Number			SGT202	UC .
Name of Policyholder		mamtas	BTILT DIAY	DALLINE TEMPHON
NRIC/ FIN/ Passport/ ROC (f Poscyholder is company)		SEGNOE	MOHAMED ANWAR.
Address			2010420	· 0C .
Contact Number		Tel	Hip	9101 7062.
Occupation				March formers
VEHICLE PARTICULARS (EHICLE A)			
Vehicle Make / Model Type of Vehicle				
Exact Purpose for which vehi	and a contract the action of the contract of	Saloth, MPV C	RV Van Lorry Bus M	loychi Others
at the time of accident	Cit was being used		private us	59
Are you claiming under your	own insurance policy?	O Yes	And the second second second	
Vehicle category		Private	n O Common	Remarks Repting only.
INSURANCE COMPANY (VE	HICLE A)		e Commerc	Motorcycle O
Name of Insurance Company			ECICS.	
Type of Folicy		Comprehe	ensive O TP Fire &	Those Co Thurst cours
Firet Policy		C Yes	/O No	The same party
Policy Number			MPC 18A001	03701.
DRIVER				2 10
Name of Driver			14.	
NR:C/F(N/Passport			(1	
Date of Birth			11	Office and the second of the s
Occupation			17/03	11969.
Driving Pass Date			0	n boor.
Gender		C Mare	-17/	10/2002.
Contact Number		Tel	- emale	
Address		163	t+p.	
Email Address			=	
Was driver an employee of the	Insured's Company?	O Yes	NO.	
If No irelationship of Diliver with	h the Insured		_	
Vehicle Number of Driver's Ov	in Vehicle (if applicable)		-	
insurance of Driver's Own Veh	cle (if app icable)		-	
GENERAL INFORMATION OF	THE ACCIDENT			
Type of Collision (E.g. Chain C	ollis on' Head On letc)	/		
Weather Conditions Hoad Surface		Clear	Raining	C) Others
Damage Area		C Wet	Dry	O Others
				1.0040-
OTHER INFORMATION				Ipoc.
Was there any foreign vehicles	s) involved?	Na	C Yes	
Was anybody injured in the acc	adent? (Including Witness	No No	O Ves	
Was any other vehicle(s) or pro Was there any camera video to	peny damaged?	110	Yes	
DETAILS OF POLICE ACTION	chage (in car)?	No.	O Yes	
Was the accident reported to the		-	65	
Yes, please state which police	E station & Rooms No.	No	O Yes	
Nas notice of intended Prosecu	stan given?	No.	63 Was	
Yes, against whom?	ACCOUNT OF THE PARTY OF THE PAR	-	O Yes	

mimiproperty 3@gmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER			
DETAILS OF OTHER VEHICLES OR PROPERTY D	DAMAGED		
Other Vehicle or Property 1 (VEHICLE B)			
Vehicle Registration Number		SHD 309	20
Vehicle Make/ Model/ Colour		- B 34	CO.
Details of Properties (If Other Party is not a Vehicle)			
Damage Avea			
Name of Driver			
NRIC/ FIN/ Passport			
Contact Number / Emint Address			
Address			
Name of Insurance Company			
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			
NRICI-FINI Pesspon			
DETAILS OF INJURED PERSON 1			
Name			
NRIC/ FIN/ Passport			
Adcress			
Approximate Ager			
Injuries Sustained			
If Vehicle Occupants, state in which vehicle?	P 1000	O No	
Were Seat Belts Worn?	O Yes		
Was Injured conveyed to hospital by ambulance?	○ Yes	O No	
DETAILS OF INJURED PERSON 2			
Name			
NRIC/FIN/ Passport			
Address			
Approximate Age			
Injuries Systained			
If Vehicle Occupants, state in which wirtigle?			
Were Seat Betts Worm?	C Yes		
Was Injured conveyed to riceptal by An bulance?	O Ves	O No	
\cap			
Declaration			
I/We declare that the above particulars & information provi	ded above are mue in a	rvery andect	
M II			
· White			
Date & Tim	· C		
Signature of Policy Holder			
(Company Chop if applicable)			
Application and the second and the s			
Date & Terr	10		
Signature of Driver / Date & Time			
All Driver is not the Follow Holders			

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CERTIFICATE OF INSURANCE

E-DRIVE ADDITIONISED WORKSHOPS.

Motor (with later) Third State Risks Companyage (Carp. Carp. of 199). State Visionis Chest-Sury Retained Conservation Report 1990 Read Transport Act, 1997 (Kindowski) Motor Vibioles (Third Party Riscos Bales, 1992) Malayand

DODARD FURTING ME. OROGENAL

CERTIFICATE NO. - NINCINADO OLIVO Auctor Name

Ricardo Cres Pos Car-

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London Music and degree area Stumber of Vineda Scientific -

2. Newcol Petrophicus - MEMENT BIVE IND MOREOVED ANWARE

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ORDER STORY OF

7. The Purchase Community — RECORDED CARS DEFETED

Signed for automite behalf of DCK'S It include

Chair Towart a Officer

Important Notice:

- 1) Policyfolder he wordy wanted the right for aniso fill for any power to see a harve or provide as other proper is one or negative or what a well-all a world. transport posterated was
- FO Or form our materials in Policy in the control of the angular experience of the design of the control of the contents. The Conference Fundamental baselones is determined for presented the principles of particles and content to the principles of the Conference of th
- (ii) The Confidence of the Anthropis of the South the Anthropis of the Anthrop

Driving License



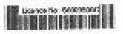


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

DIRECTIVE DATE

Highly driver; and office motor vehicles on 2000ag

HP 428.6





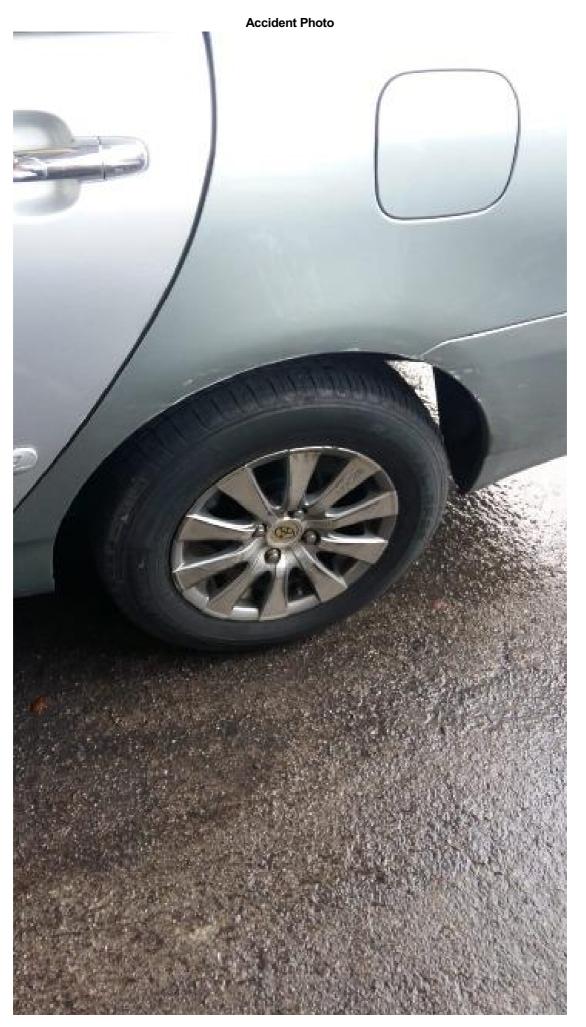


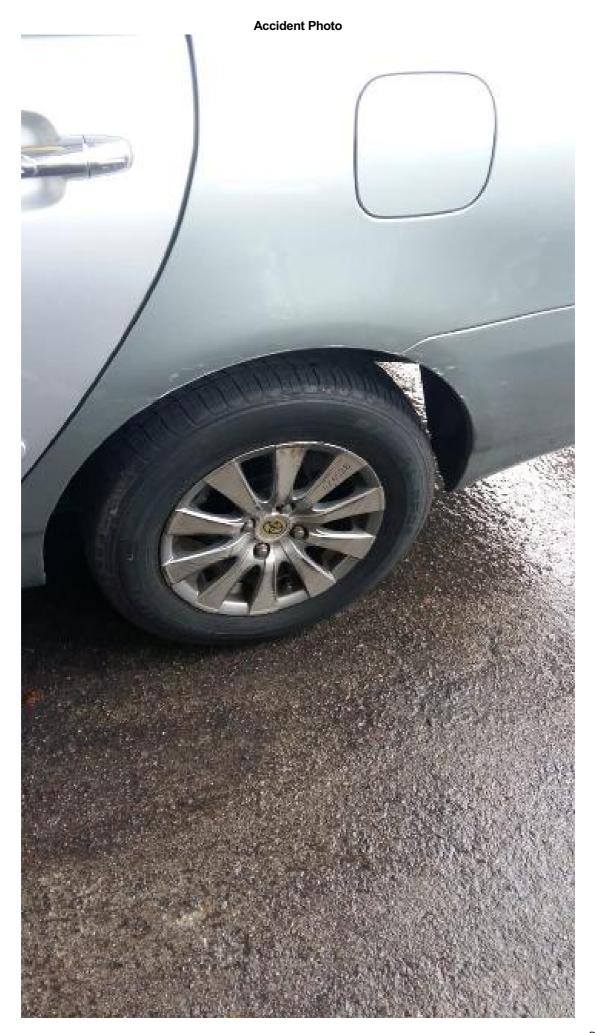


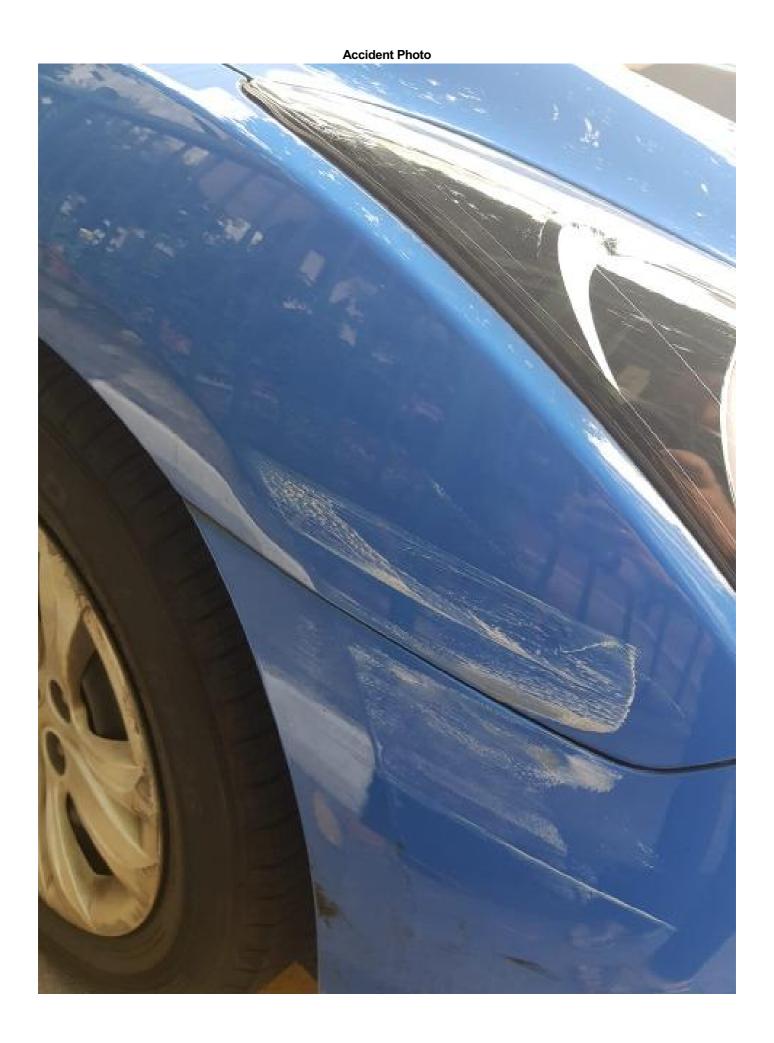


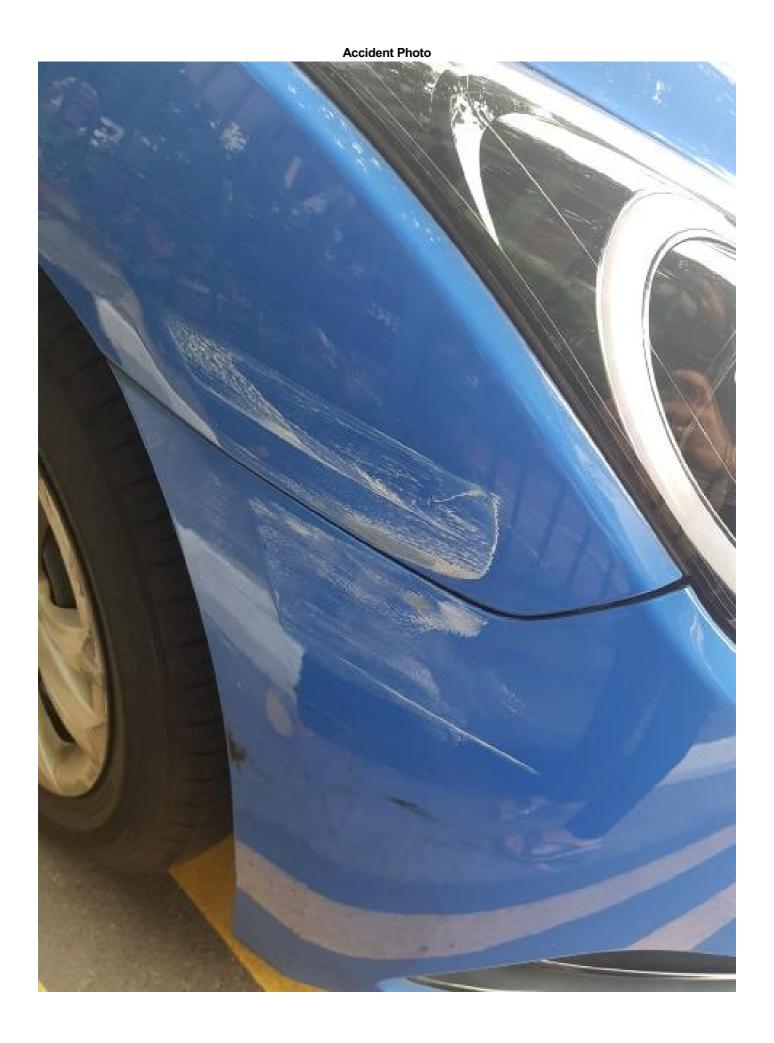












Addendum Sheet



(B)

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: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MBHA18079221-01 Vehicle Registration No: SGT2042C Name(as shown in NRIC): MUMTAJ BIVI D/O MOHAMED ANWAR NRIC/FIN/Passport No: S6909500C (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address	• —	HIL		singapore(
Contact (Tel)	:	NIL	Mobile No.:	+65-91017062
Email Address	:	NIL		
Date of Accident	:	18/06/2018	Time of Accident :	11:30
Place of Accident	:_	ALONG HAVELOCK RD		
Insurance Company	/ :	ECICS Limited		
ADDITIONALINFOR	RMA	TION / AMENDMENTS:		
I have made a repor	rt on	the above mentioned accide	nt and would like to inc	lude additional information or
make the following	ame	ndments:		
AMEN	ND CA	AR PLATE NUMBER,		

JACELYN LOH

Name: NRIC/FIN No.: Date:

Reporting Centre Personnel's Signature

GIARMC addendumform V3

Date:

Policyholder / Driver's Signature