

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 15:32
Date Of Accident	23/06/2018 13:55
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1047K
Insured/Policyholder	
Name Of Registered Owner	KHAIRIL ANWAR BIN MAKKTOM
NRIC No	S8023551H
Email Address	XKHAIRIL.ANWARX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97436348
Alternative Phone No	OTHERS-97436348

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90
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	MPC18A00052200
Cover Note Number	

Driver

Name of Driver	KHAIRIL ANWAR BIN MAKKTOM
NRIC No	S8023551H
Date Of Birth	18/08/1980
Occupation	INDOOR
Date Of Driving Pass	21/03/2000
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97436348
Fax Number	
Contact Number	OTHERS-97436348
Email Address	XKHAIRIL.ANWARX@GMAIL.COM

Address	BLK 842F TAMPINES STREET 82 #08-110
Postcode	526842
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	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?	
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)	3
Passenger 1	NAME: : KUNAH BTE AHMAH GENDER: : FEMALE
Passenger 2	NAME: : MAKKTOM BIN MAHMOD GENDER: : MALE

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 SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2738G
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRIS SIA
NRIC/Passport Number	
Contact Number	96356793
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

25 JUN 2018

15:32 hrs

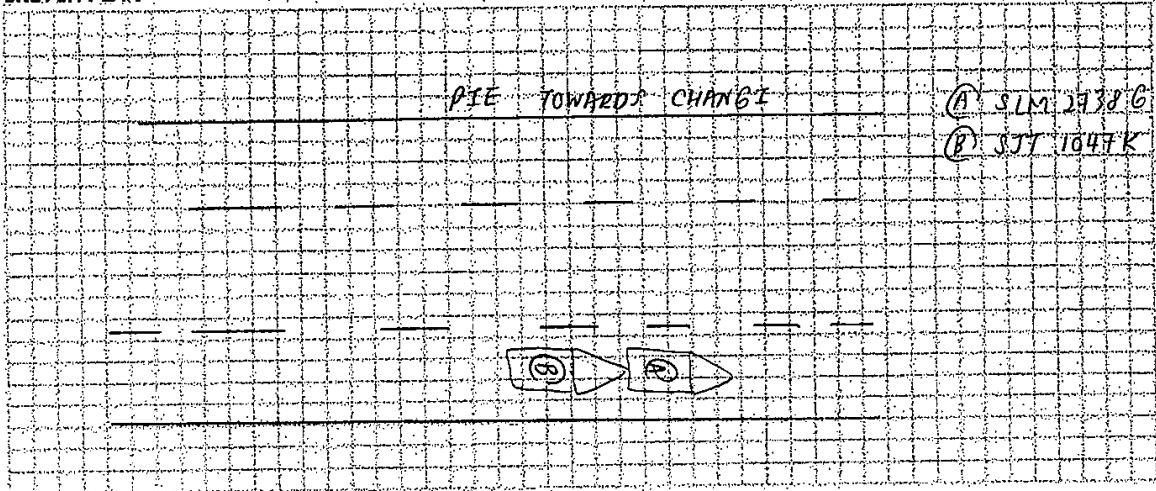
Sketch Plan Form V3

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: Poh Kwee Choo
S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/06/2018 AROUND 1355 HRS, I WAS DRIVING MY VEHICLE
(SJT 1047 K) ALONG PIE TOWARDS CHANGI TOWARDS A CONGESTED TRAFFIC.
WHEN I SUDDENLY KNOCKED ONTO VEHICLE SLM 2938 G REAR PORTION.
MINOR
NOBODY WAS INJURED. (MY MOTHER HAD ~~BY~~ ACHE, MIGHT GO VISIT DOCTOR.)
I WAS FULLY IN CONTROL OF MY VEHICLE.

DECLARATION

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

Policyholder's Signature

Date & Time: 25 JUN 2018 15:32hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

**E-DRIVE AUTHORISED
WORKSHOPS**

MZ300
COMPREHENSIVE
ORIGINAL

WINDSCREEN	SGD 100.00
SECTION I - INSURED/NAMED DRIVER	SGD 750.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
SECTION 1 - AGE <=25, AGE >70 OR DRIVING EXP <2 YEARS OLD	SGD 3,000.00


Finis

Chief Executive Officer

- 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'S NRIC & DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8023551H



Name
KHAIRIL ANWAR BIN
MAKKTOM
خير الانوار بن مكتوم

Race
MALAY

Date of birth
18-08-1980


Sex
M

Country of birth
SINGAPORE


HUI HUA CREDIT PTE LTD • TEL 6469 6611

JP
SK72960E

4713177



NRIC No. S8023551H



Date of issue
27-04-2011

Address
APT BLK 842F TAMPINES STREET 82
#08-110
SINGAPORE 526842

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8023551H

Name:
KHAIRIL ANWAR BIN
MAKKTOM

Birth Date: 18 Aug 1980
Issue Date: 12 Jun 2003




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE
21 Mar 2000

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S8023551H



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

