

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	01/08/2018 16:18
Date Of Accident	28/07/2018 09:00
Exact Location Of Accident	MANDAI LAKE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1129L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIDWAN BIN MUSTAFA
NRIC No	S7737068D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92378049
Alternative Phone No	OTHERS-92378049

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18A00224700
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIDWAN BIN MUSTAFA
NRIC No	S7737068D
Date Of Birth	15/12/1977
Occupation	INDOOR
Date Of Driving Pass	07/09/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92378049
Fax Number	
Contact Number	OTHERS-92378049
EEmail Address	NOEMAIL

Address	BLK 274C JURONG WEST STREET 25 #04-33
Postcode	643274
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?	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)	4
Passenger 1	NAME: : NUR HALEENA GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER 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

REFER TO SKETCH PLAN.

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	SHC8140R
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)

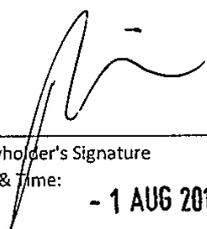
SKETCH PLAN

IMPORTANT NOTICE

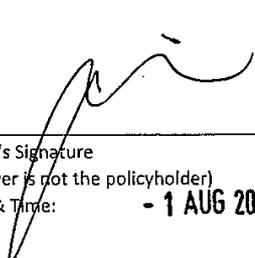
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: - 1 AUG 2018

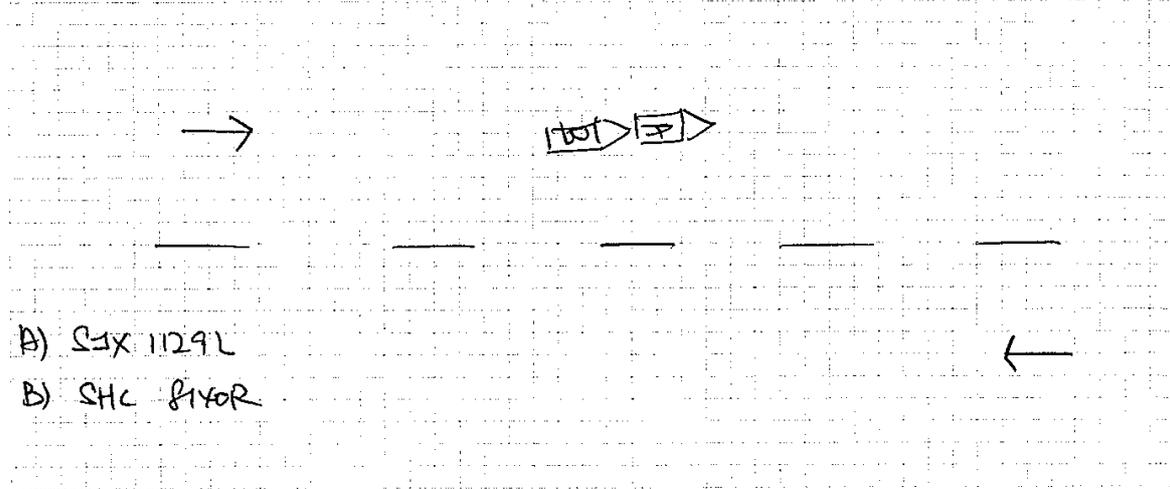


Driver's Signature
(If driver is not the policyholder)
Date & Time: - 1 AUG 2018



Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H

SKETCH PLAN



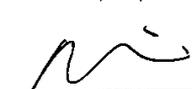
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, I was driving at slow speed as there were many vehicles ahead of me. Sudden vehicle hit onto rear portion of my vehicle. Total 4 of us in car. One more infant (male) Ahmad Danial.

DECLARATION

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


Policyholder's Signature
Date & Time: - 1 AUG 2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: - 1 AUG 2018


Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H

Driver's NRIC + Driving License Pg. 1

7/30/2018

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Driver's NRIC + Driving License Pg. 2

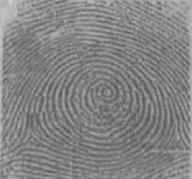
7/30/2018

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4228504



NRIC No. S7737068D



Date of Issue
04-06-2008

Address
APT BLK 274C JURONG WEST STREET 25
#04-33
SINGAPORE 643274

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	26 Mar 1997
Class 2A Motorcycles between 201 cc and 400 cc	18 Jun 1999
Class 2 Motorcycles exceeding 400 cc	21 Sep 2004
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	07 Sep 2002

S7737068D

S / No. 9000018208

NP 426A

Licence No: S7737068D



Certificate of Insurance Pg. 1

7/30/2018

67b2c2b2-9a9e-4a46-b3de-49a321cf769a (1123x1600)



CERTIFICATE OF INSURANCE

E-DRIVE AUTHORISED WORKSHOPS

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)

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC18A00224700 Agency Name: SGDRIVERS PTE LTD Agency Code: A0000069 Chassis No: ZNE100298281 Engine No: 1ZZ2526550
1. Index Mark and Registration Number of Vehicle: SJX1129L
2. Name of Policyholder: MUHAMMAD RIDWAN MUSTAFA
3. Period of Insurance (both dates inclusive): 01 July 2018 to 30 June 2019
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 as 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 samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.
6. EXCESS APPLICABLE
WINDSCREEN SGD 100.00
SECTION I - INSURED/NAMED DRIVER SGD 750.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:
SECTION I - AGE <=25, AGE >70 OR DRIVING EXP <2 YEARS OLD SGD 3,000.00
7. Hire Purchase Company: MAYBANK
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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number



TOYOTA MOTOR CORPORATION JAPAN

MODEL DBA-ZNE10G-HPPNK-E
ENGINE 1ZZ-FE 1794 mL

FRAME No ZNE10-0298281

COLOR TRIM PLANT OPTION

1E9 FE16 A41

TRANS /AXLE U341E -01A 784

Addendum Sheet Pg. 1



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: S66SS0020G / 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 : MLHM18099502 Vehicle Registration No: SJX 1129Z
Name(as shown in NRIC) : Muhammad Ridwan Bin Mustafa NRIC/FIN/Passport No : S7737068D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 274C Jurong West Street 25 #04-33 Singapore(643274)
Contact (Tel) : Mobile No. : 92378049
Email Address :
Date of Accident : 28/07/2018 Time of Accident : 09:00 hours
Place of Accident : Mandai Lake Road
Insurance Company: ECICS Insurance

(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:

The actual vehicle number should be SJX 1129L.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H
Date: 01/08/2018