

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	30/07/2018 07:57
Date Of Accident	26/07/2018 08:55
Exact Location Of Accident	SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV732M
Insured/Policyholder	
Name Of Registered Owner	CHONG KIM FA
NRIC No	S2586251A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96706926
Alternative Phone No	OFFICE-96706926

Vehicle Particulars

Manufacturer	OPEL
Model	OPEL ASTRA 1.0 SPORT TOURER
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17A00644100
Cover Note Number	

Driver

Name of Driver	CHONG KIM FA
NRIC No	S2586251A
Date Of Birth	29/08/1964
Occupation	INDOOR
Date Of Driving Pass	15/08/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96706926
Fax Number	
Contact Number	OFFICE-96706926
EMail Address	NOEMAIL

Address 130 BEDOK RESERVOIR ROAD
 Postcode 470130
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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: : CHONG QI HIANG
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name 10 UBI AVENUE 3
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE REPORT ATTACHED - POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK3042J
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

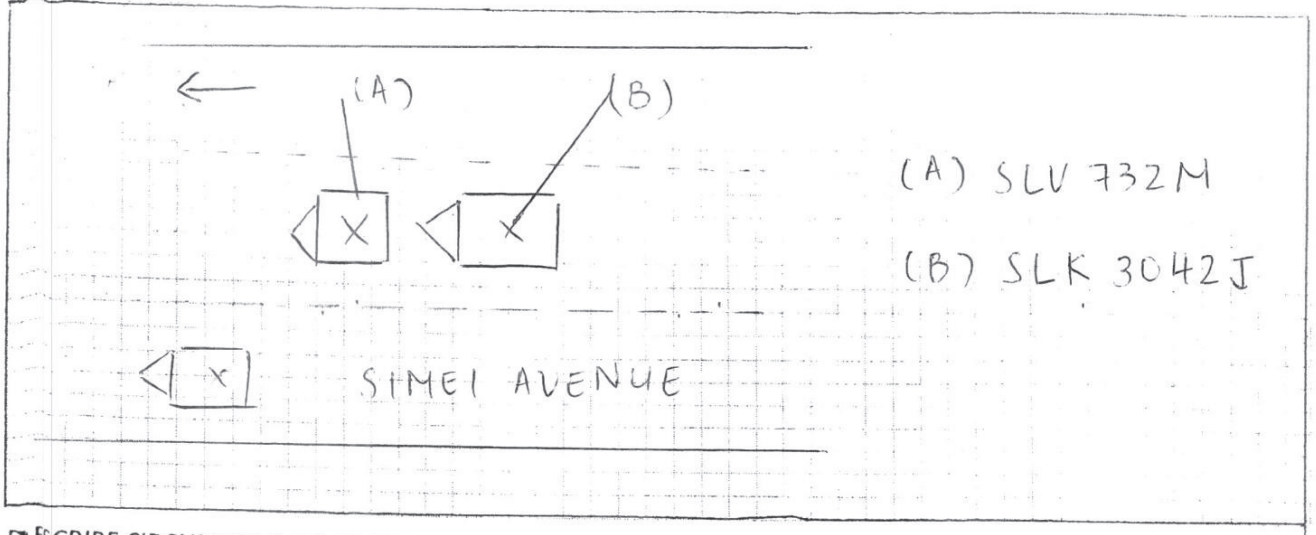
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

S KETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HAPPENED ON A DUAL CARRIAGE WAY ALONG SIMEI AVENUE, AFTER CHANGI GENERAL HOSPITAL BEFORE ITE COLLEGE EAST, BEFORE THE OVERHEAD BRIDGE AT 0853 HOURS.

I WAS DRIVING ON SIMEI AVENUE ON THE WAY TO SEND MY SON TO WORK. UPON STOPPING BEHIND A CAR ON A RED LIGHT, I REALISED THE CAR BEHIND, SLK 3042J WAS DRIVING TOWARDS MY CAR AT AN EXTREMELY FAST SPEED. I REALISED HE MIGHT NOT BE ABLE TO STOP IN TIME AND I RELEASED MY BRAKE TO INCH FORWARD AS A FORM OF DEFENSIVE DRIVING TO PREVENT COLLISION BY GIVING HIM MORE BRAKING DISTANCE.

I felt a jerk and heard my car rear collision warning sound off but I am not aware if the jolt was due to collision or because of the sudden brake after I inched forward. While I look at the rear mirror, the driver gave a sign and waved his hand signalling that there was no collision. As my son was rushing to office, and I am unsure if there was a collision, and the driver did not alright, thus I moved off. Upon reaching my destination, I've realised my rear bumper was slightly dented and paint was chipped off and scratched.

DECLARATION

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

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.:



ORIGINAL

OPEL SCHEME
THE SCHEDULE

Agency A0000062	Class of Policy MOTOR POLICY - PRIVATE	Policy No.	MPC17A00644100
Account A0000062	Issued on 26/12/2017		
	SINGAPORE HEAD QUARTERS		
Client I0008708	Acceptance Date 26/12/2017	Replacing Cover Note	17497
		Fund/Acct.No.Sfx	SIF/SD

Period of Insurance from 21/12/2017 to 20/12/2018, both dates inclusive

Insured's Name	CHONG KIM FA
Address	BLK 130 BEDOK RESERVOIR ROAD #10-1343 SINGAPORE 470130

Business/Occupation OFFICER

Premium	OPEL SCHEME - BASIC PREMIUM	SGD 1,400.00
	Total Annual Premium	SGD 1,400.00
	Premium Due	SGD 1,400.00
	Premium GST	SGD 98.00
	Total Due	SGD 1,498.00

Risk Group No. 01

Risk No. 00001 OPEL SCHEME
DATE OF REGISTRATION : 12/2017

Registration SLV732M	Make/Model OPEL ASTRA ST 1.0 AT
Type of Cover COMPREHENSIVE	No. of seats 5
Engine No. B1170827HRXX0738	Body Type HATCHBACK
Chassis No. W0LB8EA3H8077287	Capacity CC 999
Vehicle Usage OPEL SCHEME	Yr of Manuf/Regn 2017/2017
	NCD% 00.00
	Certificate Ref. MZ300

Item 1.
SUM INSURED: MARKET VALUE AT THE TIME OF LOSS
EXCESS APPLICABLE

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

Subject to the following clauses/warranties/endorsements/memo attached hereto :-
NEW FOR OLD CLAUSE (APPLICABLE FOR NEW VEHICLE (1 YEAR))

- A) THIS NEW FOR OLD CLAUSE SHALL BE APPLICABLE ONLY IF:
- I. YOUR POLICY WITH RESPECT TO YOUR MOTORCAR IS ON A COMPREHENSIVE COVER BASIS; AND
 - II. YOUR MOTORCAR IS A 4- OR 5-DOOR VEHICLE; AND
 - III. YOUR MOTORCAR IS CLASSIFIED AS ONE OF THE FOLLOWING TYPES OF VEHICLES IN ACCORDANCE WITH ANY APPLICABLE GUIDELINES STIPULATED BY THE SINGAPORE LAND AUTHORITY ("LTA"), AS MAY BE REVISED FROM TIME TO TIME: STATION WAGON, JEEP, LAND ROVER, SALOON, MULTIPURPOSE VEHICLE OR SPORTS UTILITY VEHICLE.
- B) IN THE EVENT THAT YOUR MOTORCAR SUSTAINS A TOTAL LOSS WITHIN THE FIRST TWELVE (12) MONTH FOLLOWING THE DATE OF ITS FIRST REGISTRATION WITH THE LTA, AS A RESULT OF THE OCCURRENCE OF AN ACCIDENT OR INSURED PERIL FOR WHICH INDEMNITY IS PROVIDED UNDER COMPREHENSIVE COVER OF YOUR POLICY, WE SHALL, AT OUR SOLE OPTION AND DISCRETION, EITHER:
- I. PAY CASH; OR
 - II. REPLACE WITH A NEW VEHICLE OF THE SAME MAKE AND MODEL (OR SUCH NEAREST EQUIVALENT AS WE DETERMINE, SHOULD THE SAME MAKE AND MODEL BE UNAVAILABLE).

- C) THE FOREGOING SHALL BE SUBJECT TO ALL OF THE FOLLOWING CONDITIONS:
- I. WE SHALL DECIDE IF THE MOTORCAR IS A TOTAL LOSS AND SUCH DECISION SHALL

REPUBLIC OF SINGAPORE DRIVING LICENCE

S2586251A

KIM FA

29 Aug 1984

11 Jul 2013

002200614A

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	13 Aug 1983
Class 2A	Motorcycles between 201 cc and 400 cc	13 Aug 1983
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	15 Aug 1984
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	05 Apr 1990
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	06 Jun 1990

Licence No: S2586251A

NP 428A

IDENTITY CARD NO. S2586251A

CHONG KIM FA

张锦华

Place
CHINESE

Date of Birth
29-08-1964

Sex
M

Country of Birth
MALAYSIA

NPIC No: S2586251A

12-12-1997

APT. BLK 130 BEDOK RESERVOIR ROAD #10-1343

SINGAPORE 470130

NPIC No: S2586251A

Date: 17-11-2005 (R) No: 5263801