

## 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	04/08/2018 18:37
Date Of Accident	04/08/2018 08:10
Exact Location Of Accident	UPP SERANGOON RD FILTER LANE TO HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9105Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO NAI HOO
NRIC No	S0037609D
Email Address	YNH7878@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98300524
Alternative Phone No	OFFICE-98300524

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	MPC18A00117301
Cover Note Number	

### Driver

Name of Driver	YEO NAI HOO
NRIC No	S0037609D
Date Of Birth	09/08/1952
Occupation	INDOOR
Date Of Driving Pass	30/05/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98300524
Fax Number	
Contact Number	OFFICE-98300524
Email Address	YNH7878@SINGNET.COM.SG

Address	12 HOUGANG STREET 92 #07-02
Postcode	538688
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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

When filtering a car hit from behind.

#### Attachment(s)

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

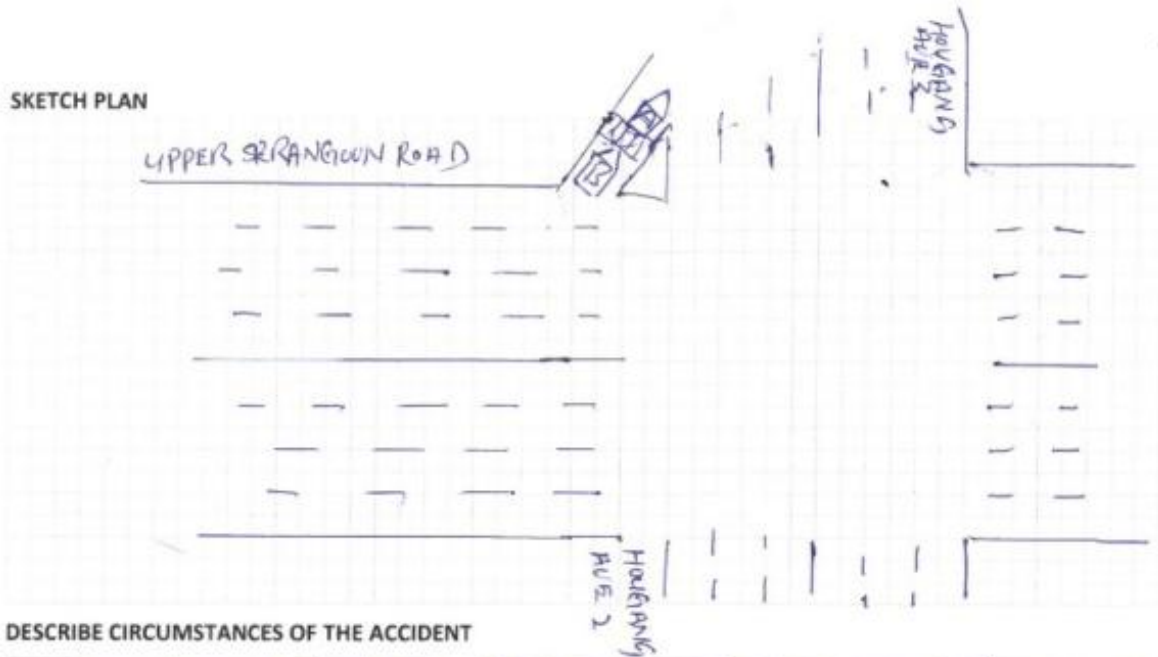
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EY3321M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VHAN FONG SHENG
NRIC/Passport Number	S8132721A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN

(A)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the day 4/05/18 at 8-10 am, while travelling along up srangan rd turning left to Hongkong Ave 3 in the filter lane. I make stopped at the junction while waiting to move forward suddenly a car-EY 3321 M bang into my rear bumper & boot that were damaged.

## 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.:

# Individual Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 04-08-2018 Time: 8:10 am Location of Accident: UPPER SERANGOON ROAD Filter LAKE TO MOUNTAIN AVE 3

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number:  
Name of Policyholder:  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company):  
Address:  
Contact Number:  
Occupation:

YEO NAI HOV  
S0037609D  
12 HOUANG STREET 92 #07-02 (6538688)  
Tel: Hp 98300524  
INDOOR

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:  
Type of Vehicle:  
Exact Purpose for which vehicle was being used at the time of accident:  
Are you claiming under your own insurance policy?

Saab/MPV/CRV/ Van/ Lorry/ Bus/ Motorcycle/ Others:  
PRIVATE USE  
☐ Yes ☒ No Remarks: THIRD PARTY  
☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:  
Type of Policy:  
Fleet Policy:  
Policy Number:

ECIS  
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
MPC18A00117301

### DRIVER

Name of Driver:  
NRIC/ FIN/ Passport:  
Date of Birth:  
Occupation:  
Driving Pass Date:  
Gender:  
Contact Number:  
Address:  
Email Address:  
Was driver an employee of the Insured's Company?  
If No, relationship of Driver with the Insured:  
Vehicle Number of Driver's Own Vehicle (if applicable):  
Insurance of Driver's Own Vehicle (if applicable):

09-08-1952  
INDOOR  
30-05-1979  
Male ☒ Female ☐  
Tel: Hp 98300524  
12 HOUANG STREET 92 #07-02 (6538688)  
☐ Yes ☒ No  
OWNER

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):  
Weather Conditions:  
Road Surface:  
Damage Area:

TP 417 INSURED  
☒ Clear ☐ Raining ☐ Others  
☐ Wet ☒ Dry ☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?  
Was anybody injured in the accident? (Including Witness):  
Was any other vehicle(s) or property damaged?  
Was there any camera video footage (in car)?

02 wife  
☒ No ☐ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?  
If Yes, please state which police station & Report No.  
Was notice of intended Prosecution given?  
If Yes, against whom?

☒ No ☐ Yes  
☒ No ☐ Yes

ynh7878@Singnet.com.sg  
ynh7878@singnet.com.sg

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

EY 3321 M

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

CHAN FONG SHENG

NRIC/ FIN/ Passport

S 81 32721 A

Contact Number / Email Address

Address

BLK 622 HOULI GANG AVE 8 A03 - 228 (S 530622)

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

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by Ambulance?

☐

Yes

☐

No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect



Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## Individual Statement

### 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:

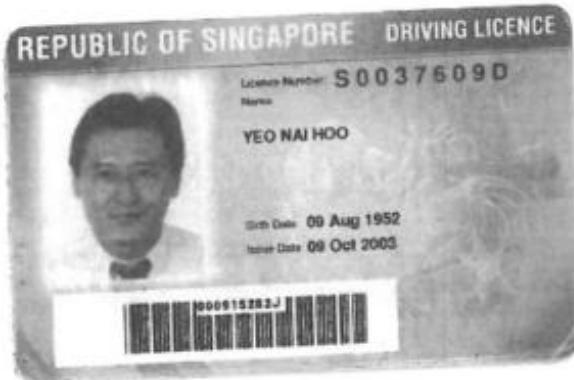
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

# OWNER NRIC AND LICENSE





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



chassis number






Identification Card T/P





insurance cert



**ECICS**  
 insurance

ECICS Limited  
 7 Temasek Boulevard #15-01 Suntec Tower One  
 Singapore 038987  
 Tel: 65 6336 1111 Fax: 65 6336 1117  
 Email: [info@ecics.com.sg](mailto:info@ecics.com.sg)  
 Website: <http://www.ecics.com.sg>  
 Co. Reg. No. 198001301C

ORIGINAL

PRIVATE CAR  
THE SCHEDULE

Agency 4000042	Class of Policy MOTOR POLICY - PRIVATE	Policy No.	MYC1AAG0127301
Account 4000042	Issued on 27/04/2018	Replacing Policy No.	MYC1AAG0000000
Client 3000161	Acceptance Date 14/05/2018	Fund/Account No.	000000

Period of Insurance from 06/05/2018 to 05/05/2019, both dates inclusive

Insured's Name	THO HAI SON
Address	12 BISHOP RD #17-02 SINGAPORE 048118
Business/Occupation	HOUSE WORK

Premium	BASIC PREMIUM.....	S\$ 1,875.00
	2-DRIVE AUTOMATED WORKSHOP DISCOUNT.....	S\$ 527.22
	LOYALTY DISCOUNT.....	S\$ 62.40
	NO CLAIM DISCOUNT.....	S\$ 401.30
	TOTAL Annual Premium	S\$ 524.50
	EXCESS DEDUCTIBLE	S\$ 524.50
	EXCESS DEDUCTIBLE	S\$ 25.00
	TOTAL DEDUCTIBLE	S\$ 549.50

Risk Group No. 01

Risk No. 00002 PRIVATE CAR  
DATE OF REGISTRATION 11/2014

Registration	0701002	Make/Model	DAEWOO SPORTE 1.6 N
Type of Cover	COMPREHENSIVE	No. of seats	5
		Body Type	SEDAN

5:14 PM

06-Aug-18