

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	06/08/2018 12:50
Date Of Accident	05/08/2018 09:00
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1570K
Insured/Policyholder	
Name Of Registered Owner	FRANK CHIN ZHAN SHENG
NRIC No	S8812402B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94798162
Alternative Phone No	OFFICE-94798162

Vehicle Particulars

Manufacturer	OPEL
Model	CROSSLAND 1.2
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	CN 17579

Driver

Name of Driver	FRANK CHIN ZHAN SHENG
NRIC No	S8812402B
Date Of Birth	13/04/1988
Occupation	INDOOR
Date Of Driving Pass	07/04/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94798162
Fax Number	
Contact Number	OFFICE-94798162
Email Address	NOEMAIL

Address	282A SENGKANG EAST
Postcode	541282
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	1

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 REPORT ATTACHED

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	SCZ8083K
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

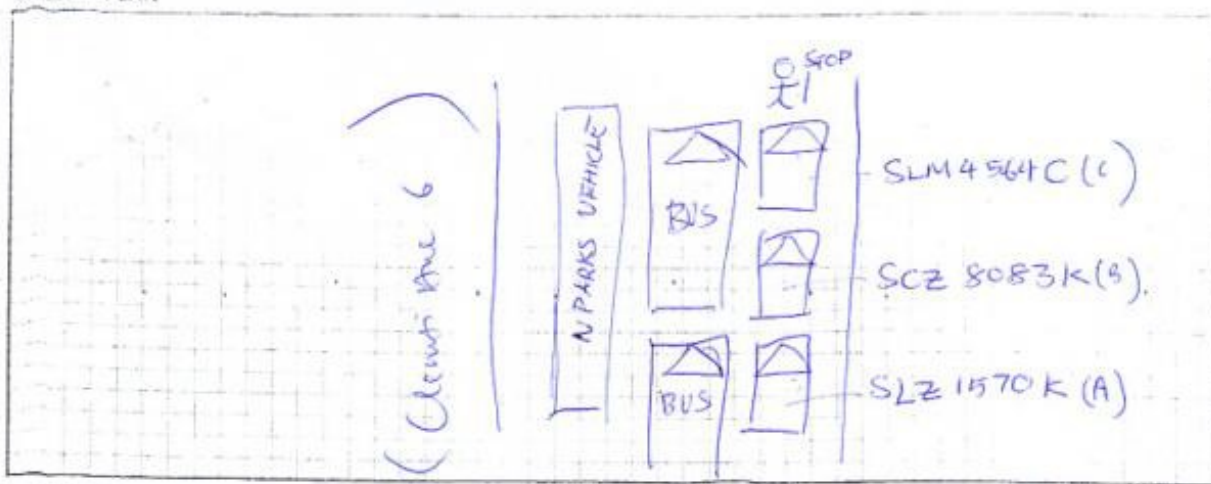
Vehicle Registration Number	SLM4564C
Vehicle Make/Model/Colour	MAZDA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

5 SKETCH PLAN



6 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling Clement Ave 6. Traffic is moderate there was a tree-cutting event on inner lane. Suddenly the car in front of me stop (SCZ 8083K) & I brake hard, but did not stop in time & cause the accident, my vehicle was damaged badly as the air-bag was deploying

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.:

Sketch Plan #2


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.:

Accident Photo



Accident Photo



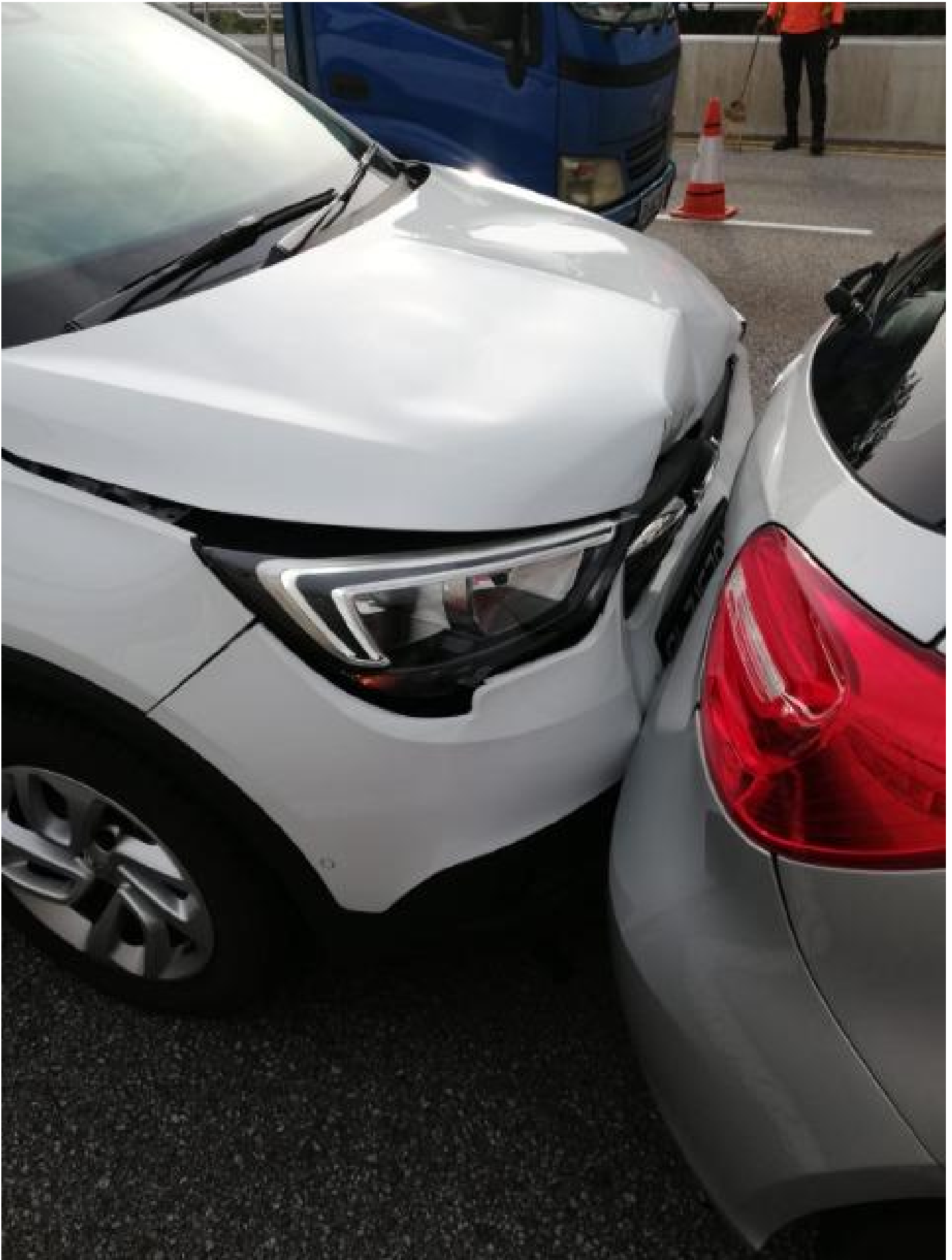
Accident Photo



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Accident Photo



INSURANCE CERT

ORIGINAL COPY



MOTOR COVER NOTE

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)
And any subsequent revisions to the above Acts and Agreement

The Insured mentioned in the Schedule having proposed for insurance in respect of the Motor Vehicle describe in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

TYPE	
COVER NOTE NO. :	17579
Agency Name :	Alpine Insurance Agency Pte Ltd
Agency Code :	A0000062
Hire Purchase :	MALAYAN BANKING BERHAD
Chassis No. :	W0V7D9ED7J4146294
Engine No. :	16XVA10924866
1. Index Mark and Registration Number of Vehicle :	SLZ1590K
2. Name of Policyholder :	Frank Chin Zhan Sheng
3. Effective Date of the Commencement of Insurance :	25 APRIL 2018
Date of Expiry of Insurance :	24 APRIL 2019
4. Details of Vehicle	
Make and Description of Vehicle :	OPEL CROSSLAND X 1.2
Year of Manufacture :	2018
Engine Capacity :	1199 cc
5. Cover Type :	COMPREHENSIVE
Excess :	1,000.00
6. Value (S\$) :	AS PER MARKET VALUE
7. Type of Plan :	OPEL WORKSHOPS



We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued By: Alpine Insurance Agency Pte Ltd on 24/04/2018 5:44 PM

Issued By:
Chief Executive Officer

NOTE : This Cover Note is only valid for 60 days from the date of issue, unless replaced by the Certificate of Insurance issued by EC/CS Limited.

If policy is cancelled after inception date, premium for time on risk will be charged subject to minimum of S\$80.25 (inclusive of GST).

An administrative fee of S\$26.75 (Inclusive of GST) will be charged for retaining old registration number for 3,000.

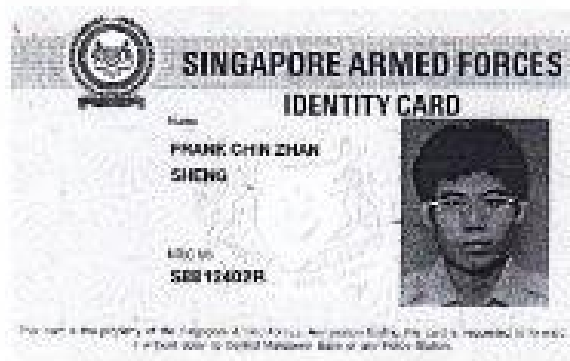


EC/CS Insurance Agency Pte Ltd, 10, Jalan Besar, Singapore 179011. Tel: 6733 3333. Fax: 6733 3334. Email: info@ecscs.com.sg

Driving License



Identification Card



Accident Photo



Accident Photo



Accident Photo

