

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	18/08/2018 16:06
Date Of Accident	17/08/2018 18:55
Exact Location Of Accident	RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6411M
Insured/Policyholder	
Name Of Registered Owner	TAY KEAN HOOI
NRIC No	S7779527H
Email Address	CALVINTKH@HOTMAIL.COM.CO.UK
Mobile Phone No	(LOCAL) +65-97523313
Alternative Phone No	OFFICE-97523313

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 AVANTGARDE (R17 LED) (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?	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	MPC17B0011200
Cover Note Number	

Driver

Name of Driver	TAY KEAN HOOI
NRIC No	S7779527H
Date Of Birth	06/04/1977
Occupation	INDOOR
Date Of Driving Pass	05/08/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97523313
Fax Number	
Contact Number	OFFICE-97523313
EEmail Address	CALVINTKH@HOTMAIL.COM.CO.UK

Address	150 MARIAM WAY #03-12
Postcode	507079
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)	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 STATEMENT

Attachment(s)

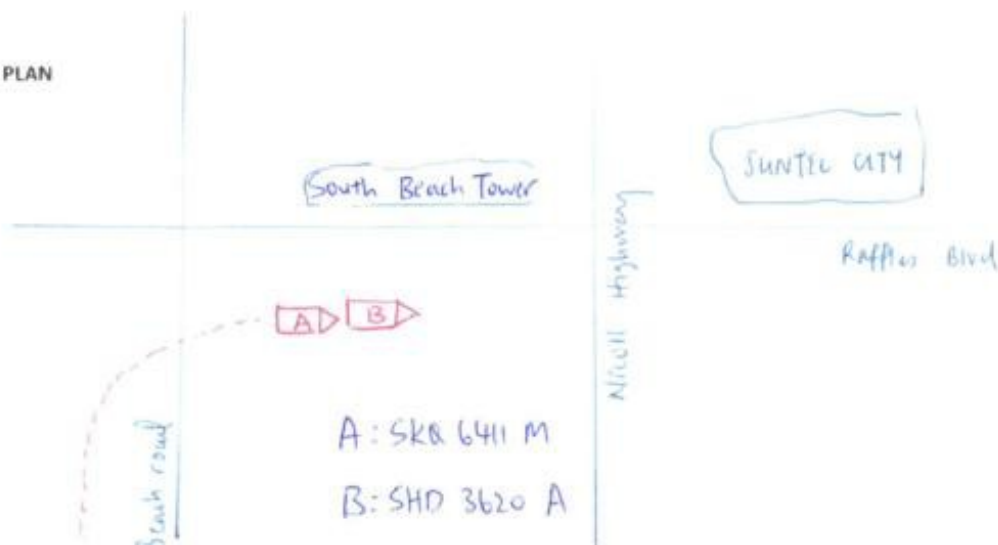
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3620A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG GHIM SOON
NRIC/Passport Number	S7743130F
Contact Number	98337755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am writing this letter to file a report for a car accident in which I was ~~temporarily~~ involved on the 17th of August 2018. I was driving my Mercedes C180, SKR 6411 M and was turning out from Beach Road into Raffles Blvd in front of Esplanade MRT when I ~~temporarily~~ hit a temporarily halted Toyota Prius Taxi, SHD 3620 A from behind, due to another car (can't see this car details from the video 20180817-181757 & video 20180817-181813) cutting into his lane. My car bonnet, right bumper and front light were totally smashed and damaged brutally. The Toyota Prius managed to escape from serious damage with just light damage from left back light and left bumper. I jam break my car when I saw the Toyota Prius was in stall position, hence most impact was on my car right front.

Kindly look into the matter as soon as possible and revert back to me with positive response.

DECLARATION

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

Chen
Policyholder's Signature

Date & Time: 18/8/2018, 11:40 AM

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



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

Common Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 17/08/2018 Time: 18:55pm Location of Accident: Raffles Blvd

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: S8641M
Name of Policyholder: Tan Kean Hooi
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 57779527H
Address: 130 Mariam Way #03-12 S(507079)
Contact Number: No 9752 3313
Occupation: indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mercedes Benz C180 Avantgarde
Type of Vehicle: Sedan MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
Exact Purpose for which vehicle was being used at the time of accident: private use
Are you claiming under your own insurance policy? ☒ Yes ☒ No
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: Ecis
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: MPC17B 00112 000

DRIVER

Name of Driver: ''
NRIC/ FIN/ Passport: ''
Date of Birth: 06-04-1977
Occupation: ''
Driving Pass Date: 05-08-2011
Gender: ☒ Male ☐ Female
Contact Number: ''
Address: ''
Email Address: ''
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: owner
Vehicle Number of Driver's Own Vehicle (if applicable): ''
Insurance of Driver's Own Vehicle (if applicable): ''
GENERAL INFORMATION OF THE ACCIDENT
Type of Collision (E.g. Chain Collision/ Head-On, etc.): 1px Head To Rear
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area: Front portion

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☐ No ☒ Yes

DETAILS OF POLICE ACTION

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

calvintkh@hotmail.co.uk

Common Statement

OWN VEHICLE REGISTRATION NUMBER

SKA 6411 M

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD 3620 A

Vehicle Make/ Model/ Colour

TOYOTA

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

Damage Area

Name of Driver

Ng Ahim Soon

NRIC/ FIN/ Passport

S7743130F

Contact Number / Email Address

9833 7755

Address

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.

Chun

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Common Statement

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: 18/8/2018, 11am

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


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

OWNER IC & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7779527H**

Name: **TAY KEAN HOOI**

Birth Date: **06 Apr 1977**


Issue Date: **05 Aug 2011**

00195562E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7779527H



Name: **TAY KEAN HOOI**

郑 健 徽

Race: **CHINESE**

Date of birth: **06-04-1977**

Country/Place of birth: **MALAYSIA**

Sex: **M**

S7779527H


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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg **05 Aug 2011**

NP 426A

Licence No: S7779527H



9430142



NRIC No: **S7779527H**



Nationality: **MALAYSIAN**

Date of issue: **06-01-2017**

Address: **150 MARIAM WAY
#03-12
SINGAPORE 507079**

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

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)

E-DRIVE AUTHORISED
WORKSHOPS

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC17B00112000
Agency Name: Pana Harrison (Asia) Pte Ltd
Agency Code: B00024

Chassis No: WDD2050402R021121
Engine No: 27491030267271

1. Index Mark and Registration Number of Vehicle: SKQ6411M
2. Name of Policyholder: TAY KEAN HOOI
3. Period of Insurance (both dates inclusive): 18 December 2017 to 17 December 2018

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 2,000.00
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: TOKYO CENTURY LEASING (S) PTE LTD

Signed for and on behalf of ECICS Limited

Chief Executive Officer

Important Notice:

- 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.
- 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).
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- 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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7743130F



Name
NG GHIM SOON
(HUANG JINSHUN)

Race
黄 锦 顺
CHINESE

Date of birth
01-11-1977

Sex
M

Country of birth
SINGAPORE

