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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	27/08/2019 09:24			
Date Of Accident	26/08/2019 17:30			
Exact Location Of Accident	CLAYMORE HILL TURN TO DRYCOTT DRIVE			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLV9370P			
Insured/Policyholder				
Name Of Registered Owner	PATRICK LOW CHUN LEONG			
NRIC No	S7619497A			
Email Address	WHATZUP.PATRICK@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-90117700			
Alternative Phone No	OFFICE-NOPHONE			
Vehicle Particulars				
Manufacturer	VOLKSWAGEN			
Model	CADDY-1.9 TDI (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	MPC19A00048300			
Cover Note Number				

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Name of Driver PATRICK LOW CHUN LEONG

NRIC No S7619497A

Date Of Birth 24/06/1976

Occupation INDOOR

Date Of Driving Pass 23/10/1998

Driving Experience 20 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90117700

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address WHATZUP.PATRICK@GMAIL.COM

Address BLK 650 SENJA LINK #07-04

Postcode 670650

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 26/08/2019 @ ABT 1730HRS. I WAS WAITING THE TRAFFIC CLEARANCE ALONG CLAYMORE HILL TO TURN LEFT TO DRYCOTT DRIVE. WHILE WAITING, SUDDENLY VEHICLE B CAME FROM BEHIND & KNOCKED ONTO MY VEHICLE AT REAR. NO ONE WAS INJURED. THAT'S ALL.

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 SJQ6446A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver FRANCIS ONG KENG HAI

NRIC/Passport Number

Contact Number 98551569

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 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.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN		
	Drycott Drive	
		- vehicle @: SLV 9370P
	NV 1	vehicle @= SJQ 6446A
A		New CR (12)2 > OK PHAPU
7		
	- Claymore	(44)
DESCRIBE CIRCUMSTANCES		
	1730hrs.	
()v 26(08) - 11 C	, 17071127	
Refer to circums	tances of accident.	
THE W (TENKS	TWICES ACCIONAL	
		☐ Claim own policy ☐ Claim third party
		☐ Claim OD / TP at other works hop
DECLARATION		Policy No. MPC 19 A OUD48300
	ticulars are true in every respect.	Insurer ECICS (C) Veh.No. SLV9370
		92
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARNIC Switch Bankorm_V3



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 Ruad Transport Act, 1987 (Malaysta) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

A\$23(8) COMPREHENSIVE ORIGINAL

Chassis No. WV2ZZZZKZJN054074 CERTIFICATE NO MPC19A00048300

SGDRIVERS PTE LTD Engine No CZC677749 Agency Name:

A0000069 Agency Code

1. Index Mark and Registration Number of Vehicle SLV9370P

2. Name of Policyholder PATRICK LOW CHUN LEONG

3 Period of Insurance (both dates inclusive) 20 January 2019 to 22 January 2020

4 Persons or Classes of Persons entitled to drive

a) The Policyholder and all Named Orivers 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

Junuaries with use the second 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

SGD 100.00 SGD 780.00 WINDSCREEN SECTION I - DWSCRED/NAMED DRIVER ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS: SECTION I - AGE <=25, AGE >70 OR DRIVING EXP <2 YEARS OLD SGD 3,969.00

7 Hire Purchase Company. HONG LEONG FINANCE LIMITED

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

Important Notice:

- 11 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
- 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).
- my. 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.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7619497A

Name

PATRICK LOW CHUN LEONG
(LIU JUNLONG)

対 促 定
Rece
CHINESE
Date of birth
Sex
24-De-1976 M
Country of birth
SINGAPORE































