

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 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.

ACCIDENT STATEMENT

Date Of Report	05/08/2020 14:32
Date Of Accident	29/07/2020 07:30
Exact Location Of Accident	BKE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9865T
Insured/Policyholder	
Name Of Registered Owner	TAN SEE PENG EDWIN
NRIC No	S1743628G
Email Address	TAN.EDWIN@PHOLENGEVENTS.COM
Mobile Phone No	(LOCAL) +65-96656315
Alternative Phone No	OFFICE-96656315

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING WIFE TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC20P00030800
Cover Note Number	

Driver

Name of Driver	ENRICO ENZO TAN MING HON
NRIC No	S9823508F
Date Of Birth	22/07/1998
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2020
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91270943
Fax Number	
Contact Number	OFFICE-96656315
Email Address	ENZOLORENZO98@GMAIL.COM

Address	BLK 53 PIPIT ROAD #14-120
Postcode	370053
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KEITH WONG ZHENG XIAN GENDER: : MALE

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

I HAVE RECEIVED A LETTER FROM MY INSURANCE COMPANY IN REGARDS TO AN ACCIDENT WITH SKE9660D ALONG BKE(SLE) ON 29/07/2020. I REMEMBERED THERE WAS A RED V/W IN FRONT OF ME, THE ROAD SURFACE WAS WET AND HE DID A SUDDEN BRAKE. HE DID NOT SHOW PRIOR INTENTION OF SLOWING DOWN. HENCE THIS LEAD ME TO DOING A SUDDEN BRAKE AS WELL. HOWEVER, I DID NOT COLLIDE ONTO HIS REAR. I DID NOT FEEL ANY IMPACT AT THAT POINT OF TIME. NOBODY HORNED, WAVED NOR SIGNED ME TO ALERT ME. I REMEMBERED SKE9660D DID NOT STOP AND MOVED OFF. AS SUCH, I CONTINUED WITH MY JOURNEY AS WELL. AS REQUESTED BY MY INSURANCE COMPANY, I CAME TO MAKE THIS REPORT FOR RECORD PURPOSES. WHEN IT COMES TO ACCIDENTS, I KNOW THAT I HAVE TO IMMEDIATELY GO TO THE SIDE TO RESOLVE THIS ISSUE WITH THE OTHER PART. HOWEVER, IN THIS CASE, IN MY PERSPECTIVE, THERE WASN'T AN ACCIDENT TO BEGIN WITH. AND THUS, I CARRIED ON WITH MY JOURNEY.

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	SKE9660D
Vehicle Make/Model/Colour	
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

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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.

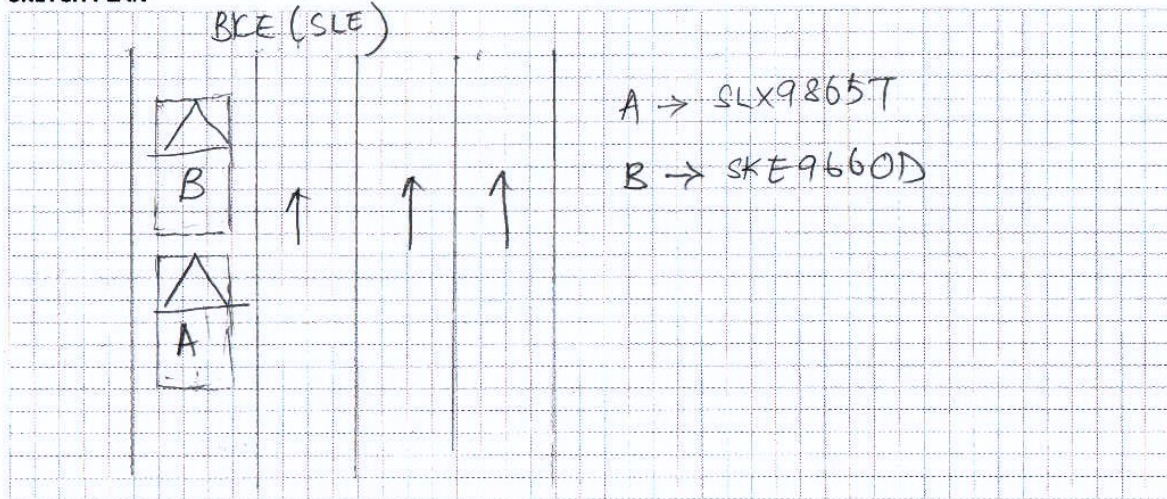
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Khong Chih Jie
NRIC/FIN No.: S8922346F



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I've received a letter from my insurance company in regards to an accident with SKE9660D along BKE/SLE on 29.07.20.
ared
I remembered there was V/W in front of me, the road surface was wet and he did sudden brake. He did not show prior intention of slowing down. Hence this lead me to doing a sudden brake as well.
However, I did not collide onto his rear. I did not feel any impact at that point of time. Nobody horned, waved nor signal me to alert me. I remembered SKE9660D did not stop and moved off. As such I continued with my journey as well.
As requested by my insurance company, I came to make this report for record purposes.
When it comes to accidents, I know that I have to immediately go to the side to resolve the issue with the other party. However, in this case, in my perspective there wasn't an accident to begin with. And thus, I carried on with my journey.

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: Along Shi Die
NRIC/FIN No.: 88923346F

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 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
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 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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- (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
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- (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:

5/8/2020
3 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: S8922346F

NRIC/FIN No.: Khong Shijie



LETTER



Our ref : DMPC2000121H/CT

DATE : 4/8/20

TAN SEE PENG EDWIN
BLK 28 JALAN BAHAGIA
#03-330
SINGAPORE 320028

Dear Sir,

POLICY NUMBER: MPC20P00030800
Accident involving SLX9865T & SKE9660D along BKE(SLE) on 29/07/2020

We have received notification that you were involved in an accident with the above vehicle.

We would like to bring to your attention that under the policy, a claim must be reported **within 24 hours or the next working day** from the date of accident.

Kindly note that failure to report all accidents within 24hours or by the next working day may result in the loss of your No Claim Discount (NCD) upon renewal of your policy and/or denial of your claim in respect of that particular incident as per the guidelines under the Motor Claims Framework (MCF) introduced by the General Insurance Association of Singapore.

Attached is a list of our accident reporting centres.

You must bring your/the driver's NRIC or other identification documents, driving licence and the original Vehicle Insurance Certificate.

Yours Sincerely,
ECICS Limited

A handwritten signature in black ink, appearing to be 'Crystabelle Tan', written in a cursive style.

Crystabelle Tan
Claims Department
DID : 6303 0190

cc. SGDRIVERS PTE LTD

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAUA20066090 Vehicle Registration No: SLX98657
Name (as shown in NRIC) : ENRICO ENZO TAN MING HON NRIC/FIN/Passport No : S9803508F
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 53 PIPIT ROAD #14-120 Singapore (370053)
Contact (Tel) : _____ Mobile No. : 91270943
Email Address : enzo.orenzo98@gmail.com
Date of Accident : 29.07.2020 Time of Accident : 1730hrs
Place of Accident : BKE (SLE)
Insurance Company : EQ Insurance Company Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

i've made amendments to the accident report as follows :

1. Driver's name to Enrico Enzo Tan Ming Hon

2. Passenger's name to Keith Wong Zheng Xian

3. Reattach sketch plan and description of the accident.

4. Updated weather condition to clear and road surface to wet.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Khong Sui Hie

