

MVA120100071 / Vin's Motor Pte Ltd - Sin Ming
 ENTRY DATE & TIME: 12/11/2020 09:38
 SUBMITTED BY: Christina Tang Yik Fung

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 12/11/2020 09:38
 Date Of Accident 11/11/2020 10:50
 Exact Location Of Accident JUNCTION OF BUANGKOK GREEN AND BUANGKOK LINK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS909K
Insured/Policyholder
 Name Of Registered Owner LEE LIP LIN
 NRIC No SXXXX456E
 Email Address LEELL0909@HOTMAIL.COM
 Mobile Phone No (LOCAL) +65-96836333
 Alternative Phone No OTHERS-96836333

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model E250 SEDAN (R18)

Exact Purpose for which vehicle was being used at time of accident

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 MPC20A00019600
 Cover Note Number

Driver

Name of Driver LEE LIP LIN
 NRIC No SXXXX456E
 Date Of Birth 08/10/1970
 Occupation INDOOR
 Date Of Driving Pass 21/03/1988
 Driving Experience 32 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96836333
 Fax Number
 Contact Number OTHERS-96836333
 EMail Address LEELL0909@HOTMAIL.COM

Address 31 ST HELIER'S AVENUE
 Postcode 555836
 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
 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

Please refer to the sketch

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 SJH6984K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 Penang Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2020, at around 10:50AM, I was driving along Buangkok Green.

At the Junction of Buangkok Green around Buangkok Link, my vehicle was stationary as the traffic light was red. Suddenly I felt an impact from behind. Then I realised a vehicle SJH6984K hit onto my vehicle.

This vehicle will claim third party of King's Auto and please send the G/A report to King's Auto

[Signature]

DECLARATION

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

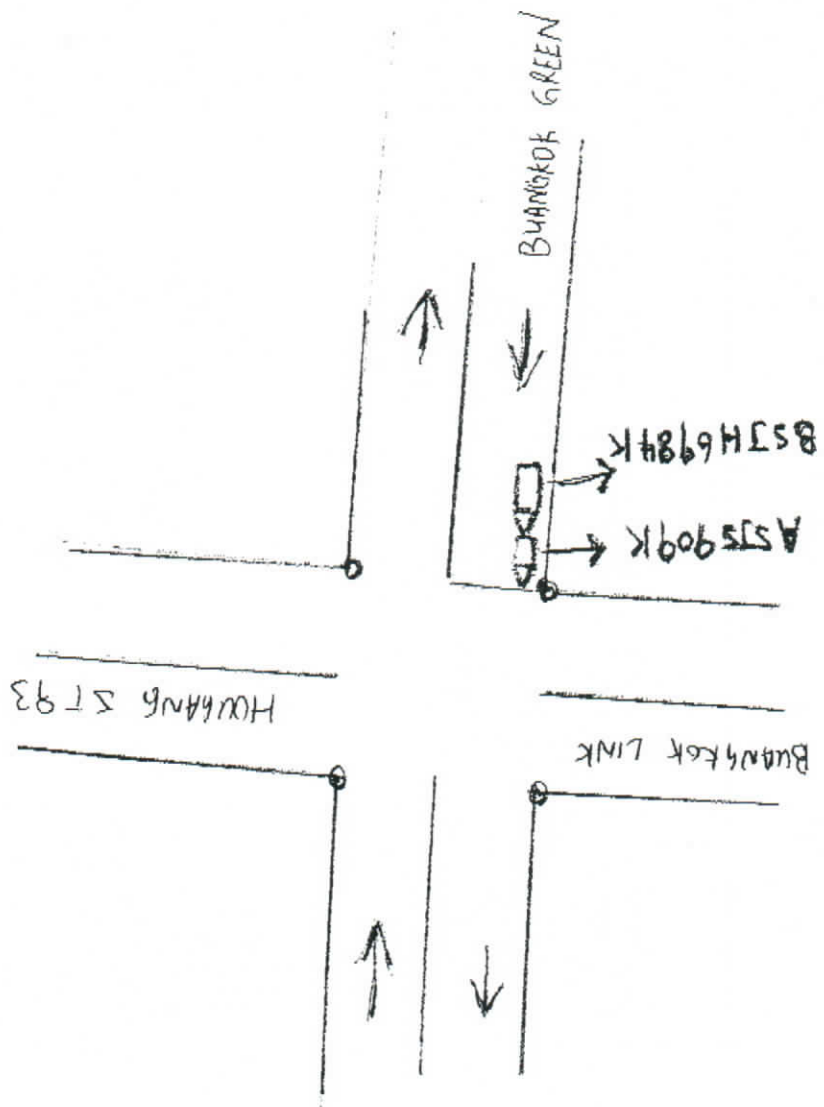
[Signature]
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 3



> Back to OneMotoring

Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Nov 2020 / 12:52:58

Receipt Date/Time : 12 Nov 2020 / 12:52:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201112-001612

Previous Receipt No. :

S/N Item Description/

Business Transaction Reference
No.

Result of Insurance Enquiry - SJH6984K

As at 11 Nov 2020/10:50:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SJH6984K

Enquiry Fee

20201112125058029535

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

496679XXXXXX5771

eNETS Credit Card

Total

7.45

Cash Change

7.45

Tendered Amount

0.00

Excess Refundable Amount

7.45

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.