

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 Submission 23/12/2020 09:52 (SGT)
Date of Accident 21/12/2020 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TOWNSHED ROAD BLK 26 MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ1701J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED MUZIFER HUSSAIN S/O FAZAL MOHAMED
NRIC No SXXXX967H
Email Address muzi@hotmail.sg
Mobile Phone No (Phone) +65-82229450
Alternative Phone No +65-82229450

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company ECICS
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC20A00045600
Cover Note Number -

DRIVER

Name of Driver MOHAMED MUZIFER HUSSAIN S/O FAZAL MOHAMED
NRIC No SXXXX967H
Date Of Birth 20/06/1993
Occupation Indoor

Date Of Driving Pass	03/08/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82229450
Alt. Phone Number	+65-82229450
Email Address	muzi@hotmail.sg
Address	BLK 632 PASIR RIS DRIVE 3 #05-398
Address complement	-
Postcode	510632
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I OVERSHOT THE RAMP. I REVERSED MY VEHICLE AND ACCIDENTALLY HIT ONTO THE PILLAR.

ATTACHMENT(S)

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

SKETCH PLAN**IMPORTANT NOTICE**

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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.

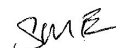


Policyholder's Signature
Date & Time:

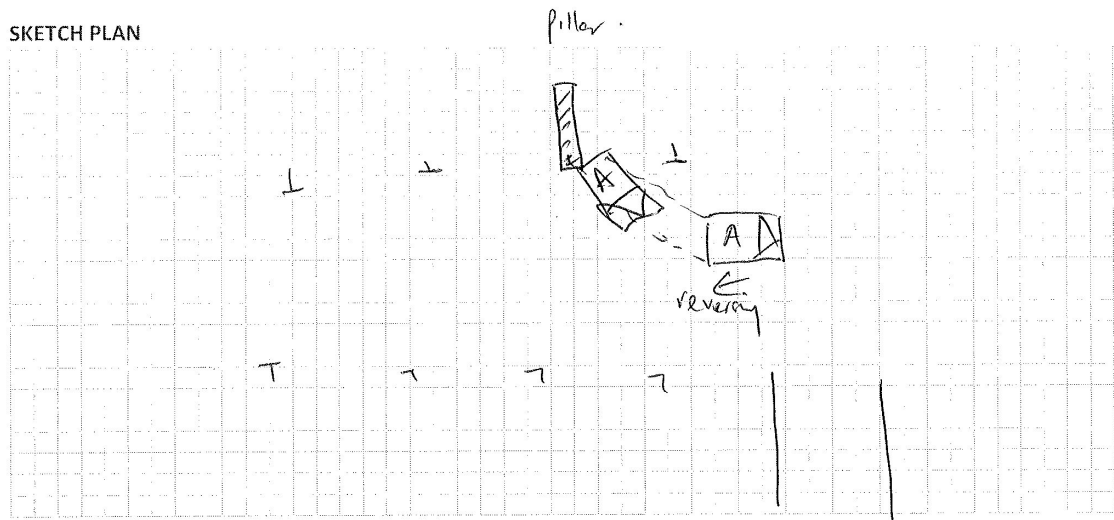
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I overshot the ramp, I reversed my vehicle and accidentally hit into the pillar.

DECLARATION

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

Glenn

Policyholder's Signature
Date & Time:

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

Date & Time:

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

NRIC/FIN No.:



























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: S665500206 / 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 : SS1Y20CN0001 Vehicle Registration No: SLJ1701J
Name (as shown in NRIC) : Mohamed Muzfar NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 21/12/2020 Time of Accident : 1630
Place of Accident : Townshed Rd Blk 26 nscp.
Insurance Company : _____

(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 wish to withdraw my own damage claim and file a
reporting purpose only

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____



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)

**AUTHORISED
WORKSHOPS**

MZ300
 COMPREHENSIVE
 ORIGINAL

CERTIFICATE NO: **MPC20A00045600**
 Agency Name: **INSURE GENERAL PTE LTD**
 Agency Code: **A0000172**

Chassis No: **WAUZZZ8V4E1027203**
 Engine No: **CXS075904**

1. Index Mark and Registration Number of Vehicle: **SLJ1701J**
 2. Name of Policyholder: **MOHAMED MUZIFER HUSSAIN S/O FAZAL MOHAMED**

3. Period of Insurance (both dates inclusive): **18 October 2020 to 17 October 2021**

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 600.00
ADDITIONAL EXCESS:	
SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - AGE <25, AGE >65 OR DRIVING EXP <2 YEARS OLD	SGD 3,000.00

7. Hire Purchase Company: **MONEYMAX LEASING PTE LTD**

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

Important Notice:

- i) 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.
- 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).
- iii) 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.