

# 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 ..... 29/03/2021 12:35 (SGT)  
Date of Accident ..... 29/03/2021 08:40 (SGT)  
Exact Location of Accident ..... Near Buangkok Dr, Singapore  
Additional Location Information ..... BUANGKOK DRIVE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCK2282X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEW YIP CHUN  
NRIC No ..... SXXXX885B  
Email Address ..... WINDAMOTO@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91882343  
Alternative Phone No ..... (Home) +65-91882343

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1799

### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC20A00025000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEW YIP CHUN  
NRIC No ..... SXXXX885B

Date Of Birth .....	01/06/1990
Occupation .....	Indoor
Date Of Driving Pass .....	28/12/2012
Driving experience .....	8 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91882343
Alt. Phone Number .....	(Home) +65-91882343
Email Address .....	WINDAMOTO@GMAIL.COM
Address .....	BLK 456A SENGKANG WEST ROAD #09-314
Address complement .....	-
Postcode .....	791456
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FERLIN LOO LI PING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMQ4904Y
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	FERLIN LOO LI PIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCK2282X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


### INJURED 2


Name of injured person .....	CHEW YIP CHUN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCK2282X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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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 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.
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.  
 (b) collectively the "Purposes")  
 (c) 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  
 (d) 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.

  
Policyholder's Signature / Date & Time

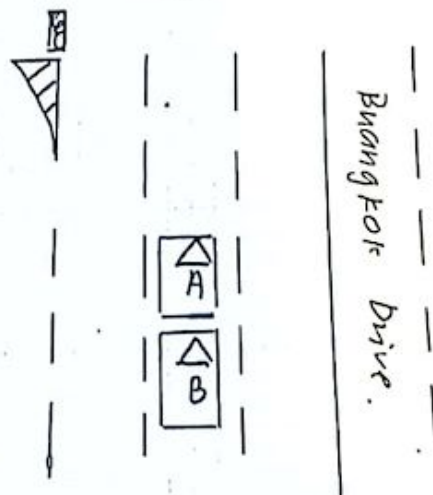
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: JCK 2282X

Vehicle B: SMR 4404Y





Describe Circumstances of the Accident


Handwritten text in the description area:


- Refer to Police Report -

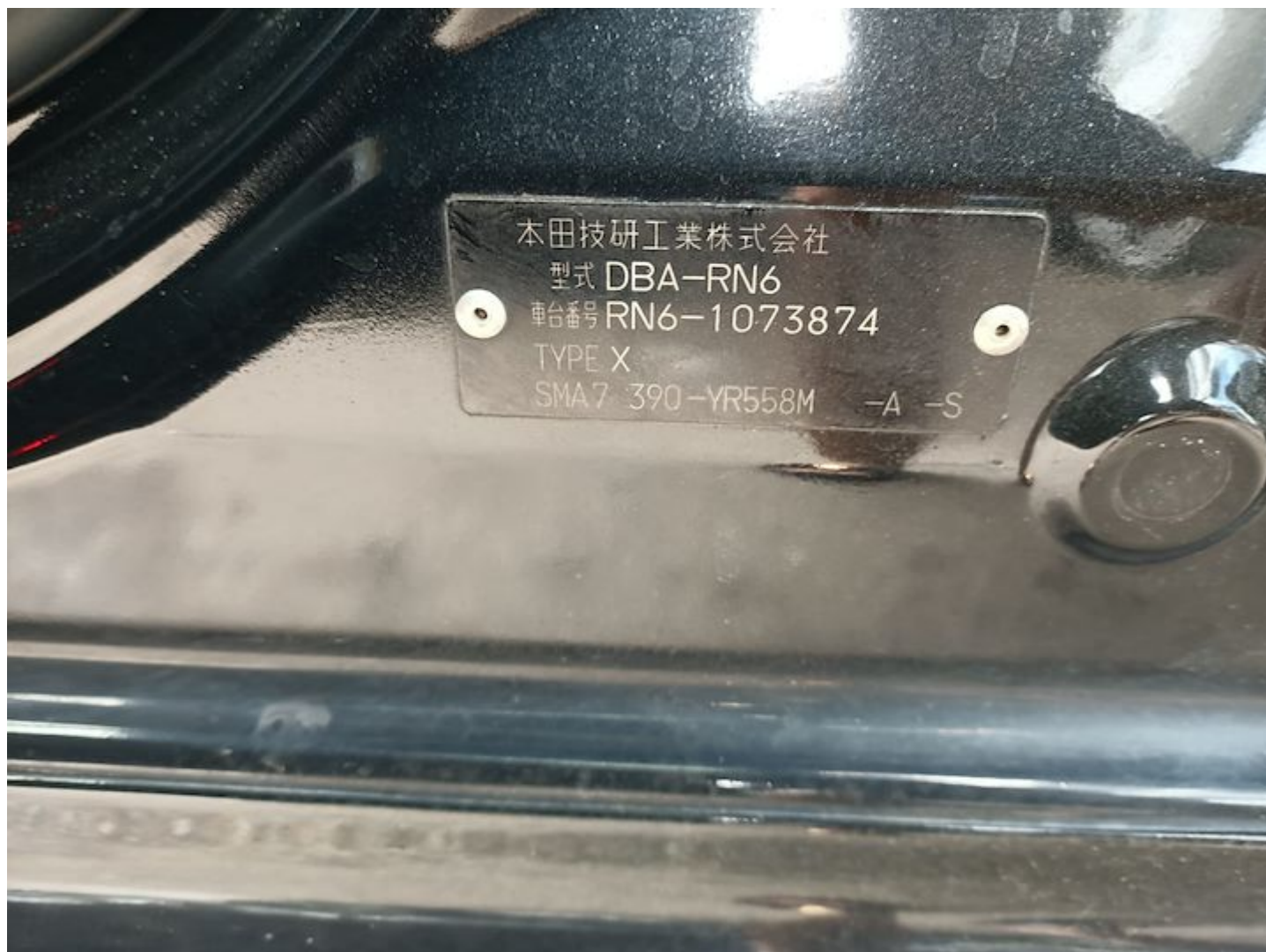
Declaration

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

  
Witnessed by Reporting Centre Personnel



















**SINGAPORE  
POLICE FORCE**



T/20210329/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20210329/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2021 10:25		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEW YIP CHUN			Address: 456A SENGKANG WEST ROAD #09-314 SINGAPORE 791456		
ID Type / ID No.: NRIC NO / S9018885B			Contact No.: Home/Office: Mobile: 91882343		
Nationality: SINGAPORE CITIZEN			Email: WINDAMOTO@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 01/06/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Car Dealer			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:40	Type of Location: Straight Road
Location:  BUANGKOK DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCK2282X	Car	HONDA	STREAM 1.8X A	Grey	Seriously Damaged	1
SMQ4904Y	Car	HONDA			Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210329/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20210329/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCK2282X	ECICS LIMITED	MPC20A00025000	22/09/2020	21/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	FERLIN LOO LI PING		ID No.	S8932221I
Related Vehicle	SCK2282X (Car)		Contact No.	98807002
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/03/2021		Date	29/03/2021
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	CHEW YIP CHUN		ID No.	S9018885B
Related Vehicle	SCK2282X (Car)		Contact No.	91882343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/03/2021		Date	29/03/2021
No. of Days granted Medical Leave		03	Degree of	Slight

**Brief Details.**

ON 29/03/2021 AT ABOUT 08:42HR, I WAS DRIVING MY VEHICLE - SCK2282X, ALONG BUANGKOK DRIVE WITH MY FRIEND IN MY CAR. MY VEHICLE WAS STATIONARY DUE TO RED LIGHT. WHEN THE TRAFFIC LIGHT TURNS GREEN, BEFORE I COULD PROCEED, VEHICLE NUMBER - SMQ4904Y, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY FRIEND AND I SEEK MEDICAL ATTENTION AT INTEMEDICAL CLINIC AT KOVAN, AND WERE BOTH GIVEN 3DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20210329/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210329/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
29/03/2021 10:25

Classification Of Case:



## 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: **MPC20A00025000**  
 Agency Name: **INSURE GENERAL PTE LTD**  
 Agency Code: **A0000172**

Chassis No: **RN61073874**  
 Engine No: **R18A1781593**

1. Index Mark and Registration Number of Vehicle: **SCK2282X**

2. Name of Policyholder: **CHEW YIP CHUN**

3. Period of Insurance (both dates inclusive): **22 September 2020 to 21 September 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 0.00
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: **NIL**

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.