

# 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 ..... 05/04/2021 14:54 (SGT)  
Date of Accident ..... 02/04/2021 15:00 (SGT)  
Exact Location of Accident ..... 303 Jurong East Street 32, Block 303, Singapore 600303  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ2063J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM MOK CHUAN  
NRIC No ..... SXXXX512B  
Email Address ..... tanshilin0107@gmail.com  
Mobile Phone No ..... (Phone) +65-96559098  
Alternative Phone No ..... +65-96559098

### 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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC20P00137300  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM XUAN ZHEN  
NRIC No ..... SXXXX483F

Date Of Birth .....	15/11/1997
Occupation .....	Outdoor
Date Of Driving Pass .....	09/04/2018
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90713390
Alt. Phone Number .....	-
Email Address .....	xuanzhen97@gmail.com
Address .....	BLK 636C SENJA ROAD #12-341
Address complement .....	-
Postcode .....	673636
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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

ON THE STATED DATE AND TIME, I CAME TO A COMPLETE STOP TO ALLOW VEHICLE B TO PARK. VEHICLE B REVERSED INTO LOT A. INITIALLY, HE DECIDED TO PARK INTO LOT B. VEHICLE B REVERSED TOO FAST AND HIT ONTO MY CAR'S FRONT PORTION.

#### 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 .....	SMW2663Z
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS


### INJURED 1


Name of injured person .....	LIM XUAN ZHEN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJJ2063J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

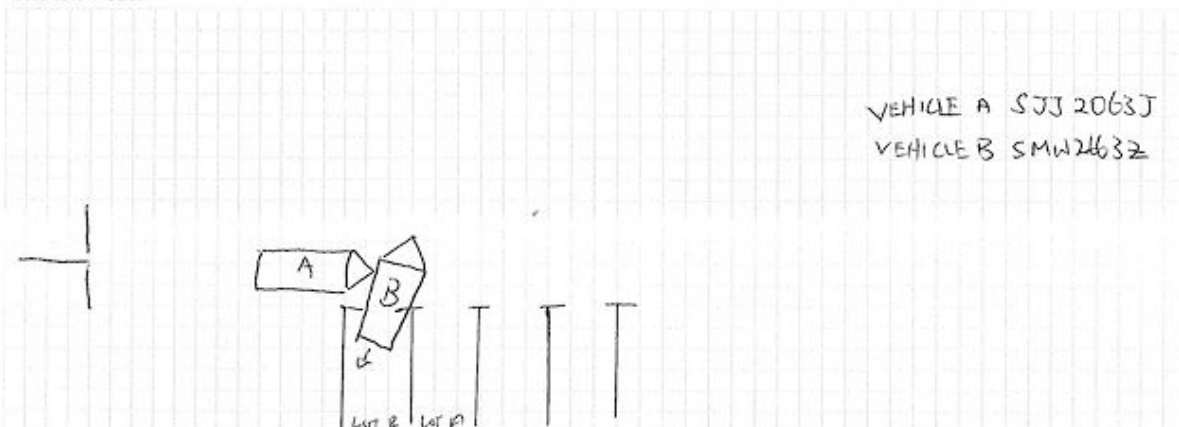
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 law yers/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



## Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I CAME TO A COMPLETE STOP.


TO ALLOW VEHICLE B TO PARK. VEHICLE B REVERSED INTO LOT A


INITIALLY THEN HE DECIDED TO PARK INTO LOT B. VEHICLE B REVERSED

TOO FAST AND HIT INTO MY CAR'S FRONT PORTION.

## 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































## 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)  
 Road Transport (Amendment) Act, 2019 (Malaysia)

**SGDRIVERS PROTECTOR  
PLAN**

MZ300  
 COMPREHENSIVE  
 ORIGINAL

<b>CERTIFICATE NO:</b> MPC20P00137300 <b>AGENCY NAME:</b> SGDrivers Pte Ltd <b>AGENCY CODE:</b> A0000069	<b>Chassis No.</b> RN61053071 <b>Engine No.</b> R18A1759450
<b>1. Index Mark and Registration Number of Vehicle:</b> SJJ2063J	
<b>2. Name of Policyholder:</b> Lim Mok Chuan	
<b>3. Period of Insurance (both dates inclusive):</b> 04-09-2020 to 03-09-2021	
<b>4. Persons or Classes of Persons entitled to drive</b> 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.	
<b>5. Limitations as to use:</b> 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.	
<b>6. EXCESS APPLICABLE</b>	
WINDSCREEN	SGD 100.00
SECTION I - INSURED/NAMED DRIVER	SGD 500.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00
<b>7. Hire Purchase:</b> Efizzig Credit 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.

A0000069 / jasmine.poh@sgdrivers.com.sg / MPC20P00137300 / 24-08-2020 11:35:37 AM