

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 13/09/2021 14:12 (SGT)
Date of Accident 12/09/2021 06:00 (SGT)
Exact Location of Accident Near Seletar West Link, Singapore
Additional Location Information CTE(SLE) SLIP ROAD INTO SELETAR WEST LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF2353D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUSILA D/O VEERAPPAN
NRIC No S1518752B
Email Address PRAVIN.LUCAS92@GMAIL.COM
Mobile Phone No (Phone) +65-96703792
Alternative Phone No (Home) +65-96703792

VEHICLE PARTICULARS

Manufacturer Honda
Model Accord
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? Yes
Vehicle Category Private car
Transmission Manual
CC 1998

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00056100
Cover Note Number -

DRIVER

Name of Driver PRAVIN LUCAS DE LAURE
NRIC No S9244169E

Date Of Birth	26/11/1992
Occupation	Indoor
Date Of Driving Pass	14/09/2012
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-98516487
Alt. Phone Number	-
Email Address	PRAVIN.LUCAS92@GMAIL.COM
Address	BLK 259 ANG MO KIO AVE 2 #09-04
Address complement	-
Postcode	560259
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	Collided into Property
Weather Conditions	Clear
Road Surface	SLIPPERY

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	VICKNESH S/O MANIVANNAN
Gender	Male

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?	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	-
Vehicle Manufacturer	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VICKNESH S/O MANIVANNAN
Gender	-
Phone No	(Phone) +65-97655447
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGF2353D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

REFER TO POLICE REPORT.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

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.

Susila
Policyholder's Signature / Date &
Time

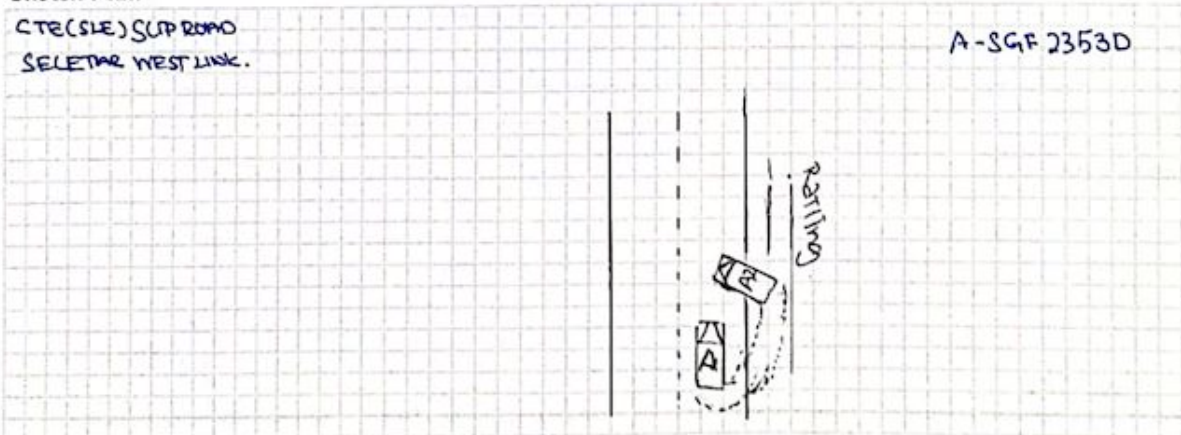
[Signature]
Driver's Signature (If driver is not the policyholder) / Date
& Time

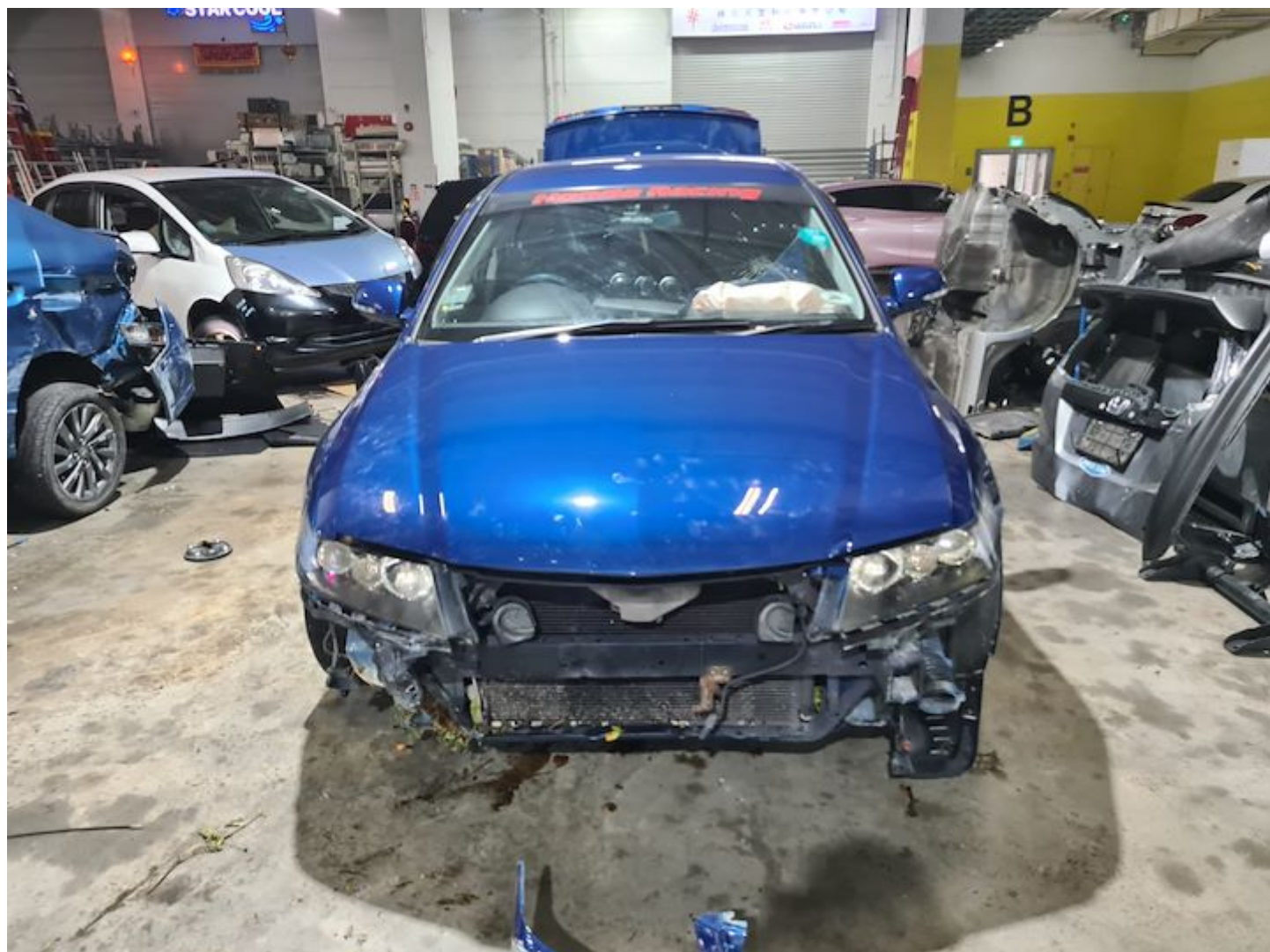
[Signature]
Witnessed by Reporting Centre
Personnel

Sketch Plan

CTE(SLE) SUP ROAD
SELETAR WEST LINK.

A-SGF 2353D

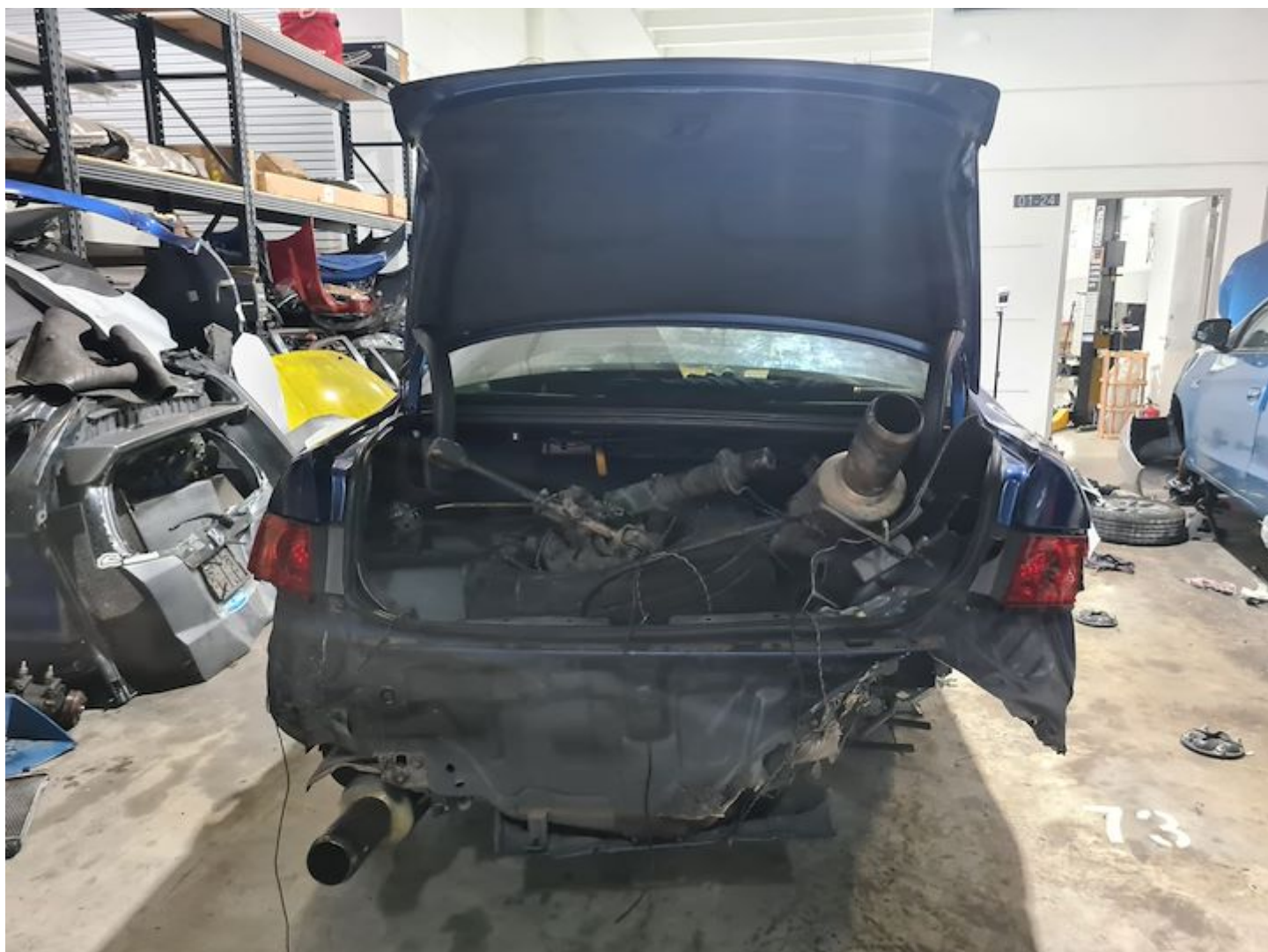


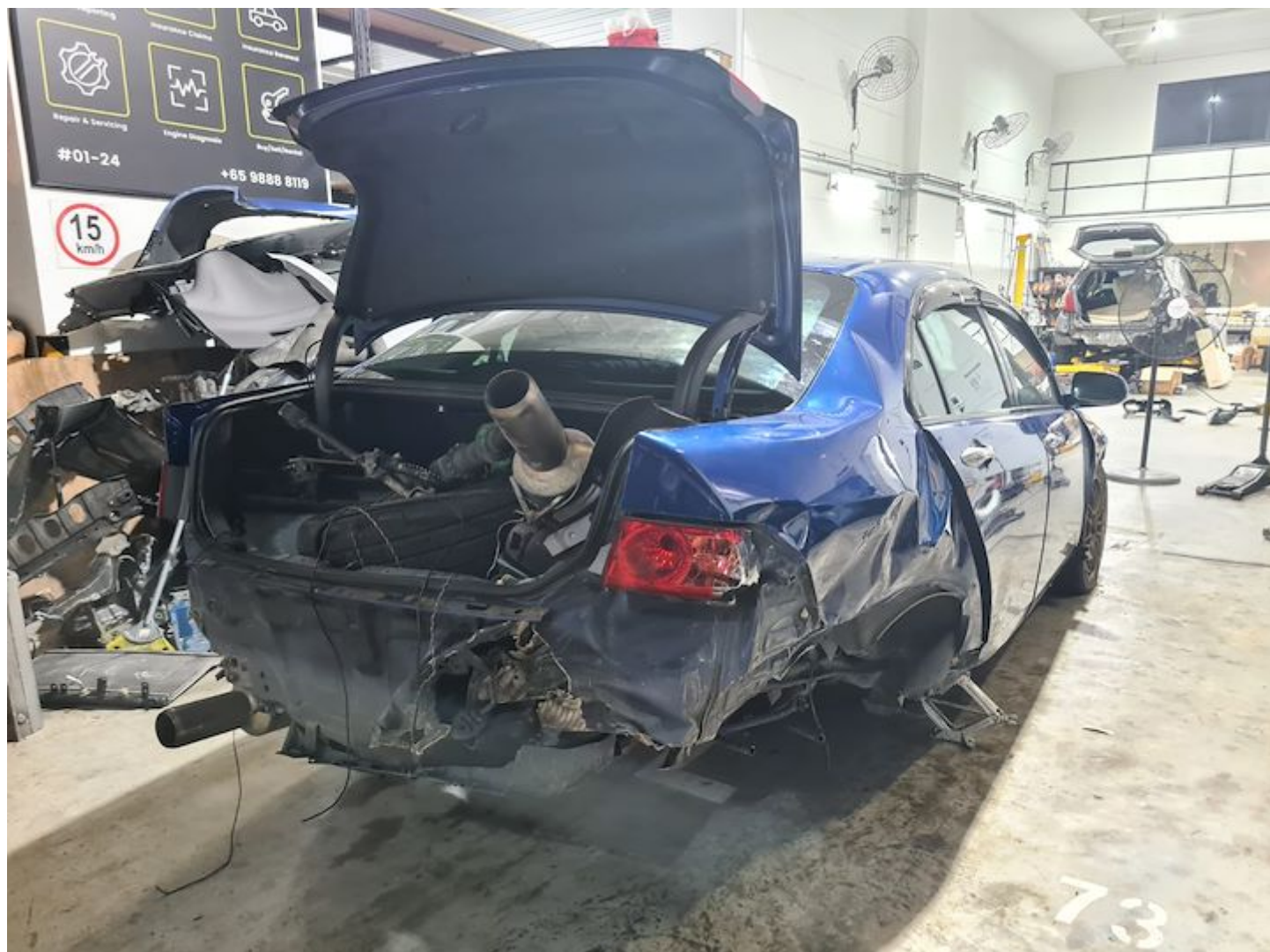


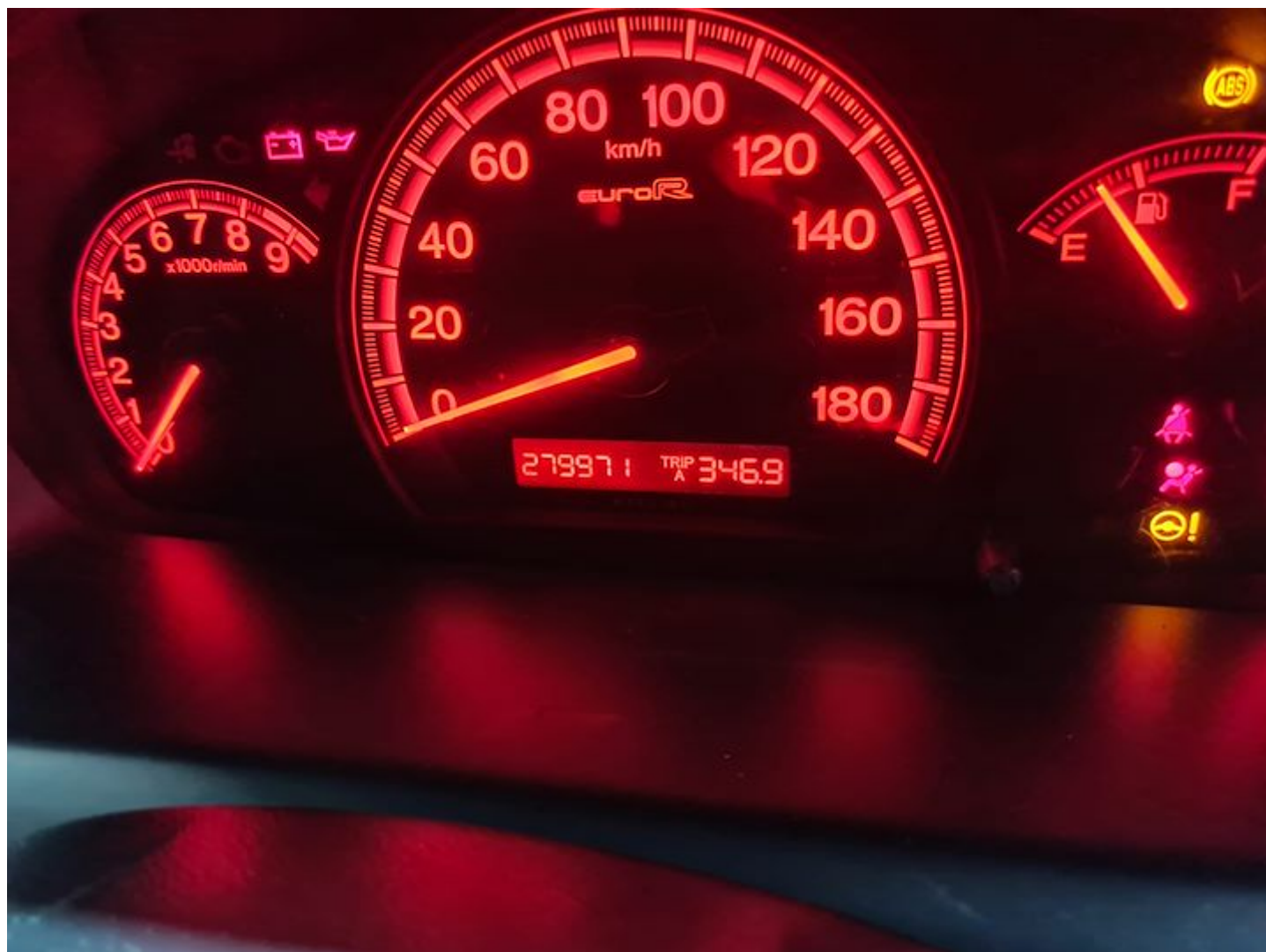




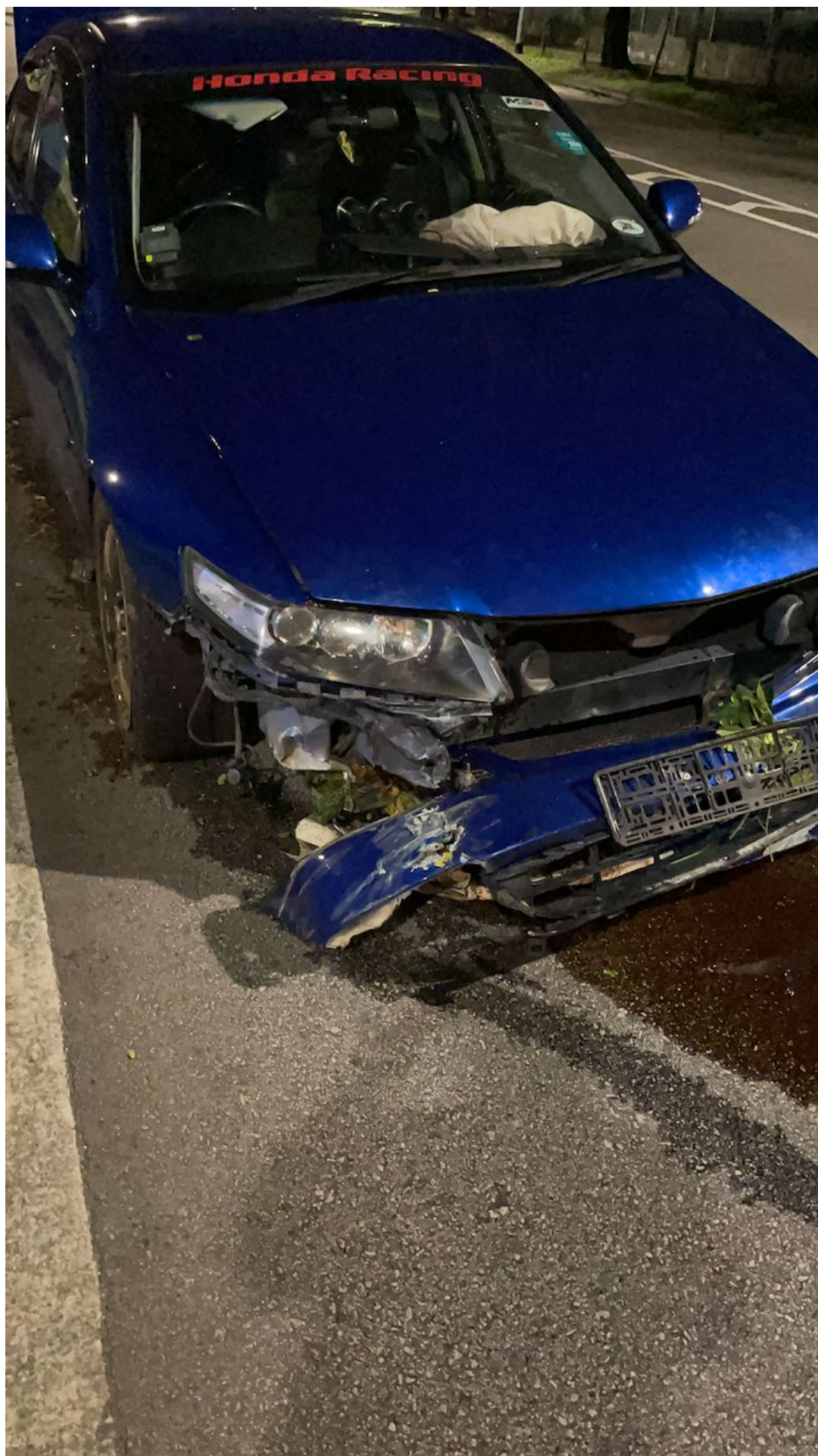


















**SINGAPORE
POLICE FORCE**



T/20210913/7016

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

1 of 3
Report No. T/20210913/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2021 12:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PRAVIN LUCAS DE LAURE			Address: 259 ANG MO KIO AVENUE 2 #09-04 SINGAPORE 560259		
ID Type / ID No.: NRIC NO / S9244169E			Contact No.: Home/Office: Mobile: 98516487		
Nationality: SINGAPORE CITIZEN			Email: PRAVIN.LUCAS92@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 26/11/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Information technology project manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2021 06:00	Type of Location: Bend
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: SLIPPERY		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGF2353D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210913/7016

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

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Report No. T/20210913/7016

CONTINUATION OF REPORT

Passenger			
Name	VICKNESH S/O MANIVANNAN	ID No.	S9127810C
Related Vehicle	SGF2353D (Car)	Contact No.	97655447
Hospital/Clinic	PEACE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/09/2021	Date	13/09/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	PRAVIN LUCAS DE LAURE	ID No.	S9244169E
Related Vehicle	SGF2353D (Car)	Contact No.	98516487
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The accident occurred along CTE(SLE) slip road into Seletar West Link, as we were going through the bend into Seletar West Link. Our Speed was normal but the road surface felt slippery. I was on the outside lane next to the kerb and barrier, when the rear of the car suddenly skidded and hit the kerb and the barrier hard. The right rear wheel took most of the impact. This resulted in the accident. There were no injuries for me but my passenger felt aches and pains after the accident and went to visit the doctor and received 2 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20210913/7016

3 of 3

Report No. T/20210913/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2021 12:49
Officer In Charge Of Case: TP / TPHQ / HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:

NP168



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)

AUTHORISED WORKSHOPS

MZ300
 COMPREHENSIVE
 ORIGINAL

CERTIFICATE NO: MPC21P00056100 AGENCY NAME: BCVRD Private Limited AGENCY CODE: A0000183 1. Index Mark and Registration Number of Vehicle: SGF2353D 2. Name of Policyholder: SUSILA D/O VEERAPPAN 3. Period of Insurance (both dates inclusive): 04-04-2021 to 03-04-2022 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 <table style="width: 100%;"> <tr> <td style="width: 60%;">WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - INSURED/NAMED DRIVER</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td colspan="2">ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:</td> </tr> <tr> <td>SECTION I - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>	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	CHASSIS NO. CL71200302 ENGINE NO. K20A6530304 Signed for and on behalf of ECICS Limited <div style="text-align: center;">  <hr style="width: 100px; margin: 0 auto;"/> AUTHORISED SIGNATORY </div>
WINDSCREEN	SGD 100.00										
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SECTION I - UNNAMED DRIVERS	SGD 500.00										
SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00										

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.