

Date of Accident : 26/10/21 Accident Time: 1010 HRS (24-HR-FORMAT)

Accident Place : SENNETT RD. X UPPER EAST GUEST RD.

Vehicle Reg. No (Car plate No.) : SMF 5876 X Vehicle Make/Model: BMW 528.

Insurance Company : ECICS Policy No. MPC20P00185700

Name of Registered Owner : Company / Individual LONG LUI LON (HOANG LUI LON).

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7732394E

: Co Contact No: _____ Owner's Contact No: 97967999.

DRIVER'S Name : _____ DRIVER'S NRIC No: _____

DRIVER'S Date of Birth : 15/11/77. DRIVER'S License Pass Date 16/02/1998

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: SELF.

DRIVER'S Address : 87 SENNETT AVE (C467095).

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : CITIZENPOWER 555 @ GMAIL. COM

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender; _____

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO.

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes (name of the injured person) DRIVER

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBR 5604 R.</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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. 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.
- (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.



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 WAS THE FIRST CAR WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. WHEN THE TRAFFIC LIGHT TURNED GREEN, I MOVED OFF TO TURN RIGHT TO UPPER EAST EAST RD.

OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM THE RIGHT. I WENT DOWN AND NOTICED THAT VEH R HAD RAN THE RED LIGHT AND ~~HAD~~ HIT ONTO MY VEHICLE.

I WISH TO STATE THAT THERE IS A WITNESS WHO WAS BEHIND ME DURING THE POINT OF ACCIDENT AND SUPPORT MY STATEMENT.

WITNESS DETAILS: NAME: CHENG
PHONE NUMBER: 9843 1474.

Declaration

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7732394E



Name

WONG WUI LOON
(HUANG WEILUN)

黄伟伦

Race

CHINESE

Date of birth

19-11-1977

Sex

M

S7732394E

Country of birth

SINGAPORE



4373881



NRIC No. S7732394E

Date of issue

23-03-2009

Address

APT BLK 846 SIMS AVENUE
#12-752
SINGAPORE 400846

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 7732394E**
Name:
WONG WUI LOON (HUANG WEILUN)

Birth Date: **19 Nov 1977**
Issue Date: **11 Feb 2003**

000190906E

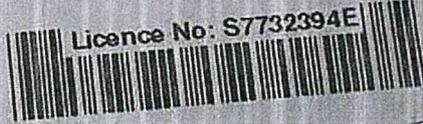


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE 16 Feb 1998
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NP 428A

Licence No: **S7732394E**



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: **MPC20P00185700**Chassis No. **WBA5A52040D285255**AGENCY NAME: **BCVRD Private Limited**Engine No. **A3220731N20B20A**AGENCY CODE: **A0000183**1. Index Mark and Registration Number of Vehicle: **SMF5876X**2. Name of Policyholder: **WONG WUI LOON**3. Period of Insurance (both dates inclusive): **17-12-2020 to 16-12-2021**

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 750.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
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 : TOKYO CENTURY LEASING (S) PTE LTD

Signed for and on behalf of ECICS Limited



AUTHORISED SIGNATORY

Important Notice:

- 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.
- 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).
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- 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.