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 witholding 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.

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 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 25/10/2021 10:21 (SGT) Date of Accident 22/10/2021 19:20 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SNC2341X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RANDALL LOKE HAN JUN NRIC No. S9333776Z Email Address RLHJ1993@HOTMAIL.COM Mobile Phone No (Phone) +65-91184038 Alternative Phone No +65-91184038

VEHICLE PARTICULARS

Manufacturer

Model Fit 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 1317

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Type of Coverage Comprehensive Fleet Policy Policy Number MPC21A00083200 Cover Note Number

DRIVER

Name of Driver RANDALL LOKE HAN JUN NRIC No. S9333776Z

Date Of Birth 11/09/1993 Occupation Outdoor Date Of Driving Pass 06/09/2012 Driving experience 9 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91184038 Alt. Phone Number +65-91184038 Email Address RLHJ1993@HOTMAIL.COM Address 711 TAMPINES ST 71 Address complement #09 - 124 Postcode 520711 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female PASSENGER 2 Name Gender Female PASSENGER 3 Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE TOO BIG

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4222J
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL633E
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)	_

SKETCH PLAN

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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.
- 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;
- (ii) 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 to be
- (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 & Driver's Signature (If driver is not the policyholder) / Date
Time 23 10 2021
Sketch Plan

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

A — SNC 2341 X
B — SIMG H222
C — SKL 633E

De	scribe Circumstances of the Accident
	(")n 22/10/2021 at arait lagative I was travelling
-	On 20/10/2021 of about 1920ths I was travelling
a	ing PIE Towards change. The vetticle infrant stopped
an a	DI SLOWED DOWN as well. However Felt an impact on my rear.
	entact with the reticue intront of me.
-	OF THE POPULATION OF THE POPUL
\vdash	AT THE point, accident, me x the veticus owner
e	xchanged farficular and there was no Damage to the
O	ther party vetice (my front car).
F	I also kealised That There was a Chain
(ollision of involving a cars x a motorcycle of the re
F	1 Hab 3 passengers of the foint of accuben
V	NU VEHICLE NUMBER: SNC 2341 X
-	I that backs walkers nines on and loss of Change
H	He other party retule number: SMG42227 (Front)
F	THERE are ecratches & minor parage on the rear of
М	y car.
F	THE YETHILLE OF MY rear 18 SKL633E.
-	
-	
_	

Declaration

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

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

JACK CARS ENTERPRISE PTE LTD

BLK 3007 UBI ROAD 1

#01-448 / 450 / 452

SINGAPORE 408701

TEL: 6748 8824 FAX: 6748 8834

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date &





















