SC0S22350001-01 / Convergence Automotive Pte Ltd
ENTRY DATE & TIME: 05/03/2022 15:22 (SGT)
SUBMITTED BY: Chia Pei Fen
VERSION: 2 (07/03/2022 14:20 (SGT))

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.
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	05/03/2022 15:22 (SGT)
Date of Accident	04/03/2022 16:35 (SGT)
Exact Location of Accident	Near Woodlands Ave 12, Singapore
Additional Location Information	WOODLANDS AVE 12 TOWARDS AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2526J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROGER YONG YOKE SHANG
NRIC No	SXXXX673E
Email Address	ROGERYONG63@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81234056
Alternative Phone No	(Home) +65-81234056

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	MPC21P00147700
Cover Note Number	-

DRIVER

Name of Driver	ROGER YONG YOKE SHANG
NRIC No	SXXXX673E

Date Of Birth	02/09/1963
Occupation	Indoor
Date Of Driving Pass	18/03/1981
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-81234056
Alt. Phone Number	(Home) +65-81234056
Email Address	ROGERYONG63@YAHOO.COM.SG
Address	410 WOODLANDS ST 41 #03-95
Address complement	-
Postcode	730410
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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

REFER TO SKETCH PLAN

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	XD3427C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB932U
Vehicle Manufacturer	Honda
Vehicle Model	Civic
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GZ5550B
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ROGER YONG YOKE SHANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU2526J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

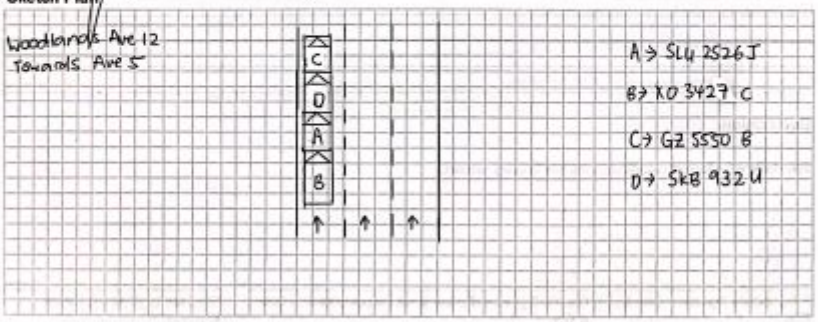
(collectively the "**Purposes**")

(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 time & date, I was stationary in my vehicle A, (SLU 2526J) waiting for the traffic light to turn green. Suddenly, I felt an impact from the rear. It caused my vehicle to surge forward and collided onto the vehicle (SKB 932 U). I alighted from my vehicle and realized that a trailer, (XD 3427 C) had collided onto my vehicle which caused my vehicle to hit on vehicle D, (SKB 932 U) and vehicle D to hit on to vehicle C, (GZ 5850 B).

We exchanged particulars & decided to proceed with insurance claims.

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

IMAGES

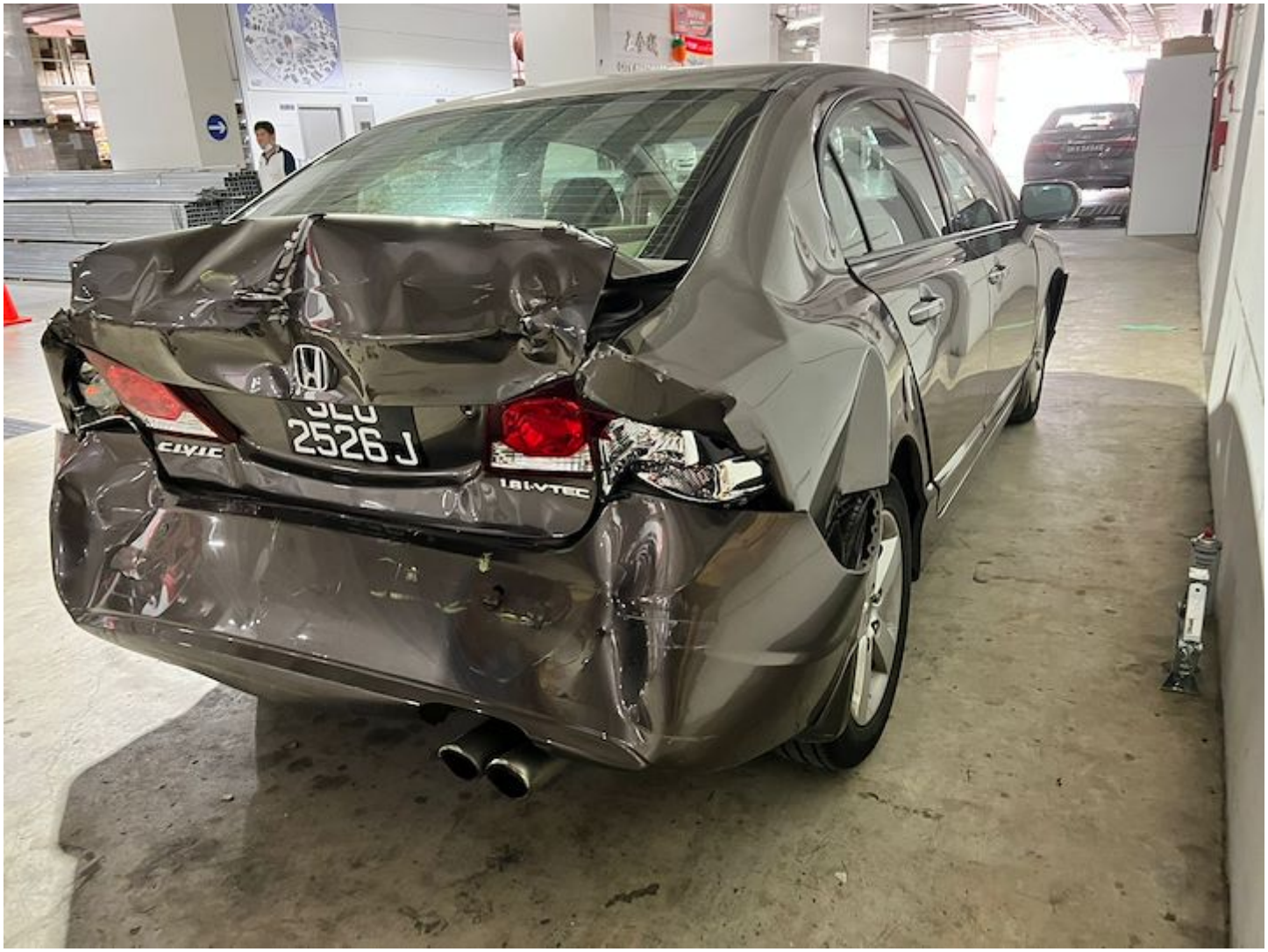
IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6



IMAGES #7


HONDA MOTOR CO., LTD. JAPAN
CHASSIS NO.
JHMFD16309S202587
FD1
SNB9 UH5-YR578M -L -S

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC0S22350001 Vehicle Registration No: SLU 2526J

Name(as shown in NRIC) : Roger Yong Yoke Shang NRIC/FIN/Passport No : S1602673E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 410 Woodlands Street 41 #03-95 Singapore(730410)

Contact (Tel) : - Mobile No. : 81234056

Email Address : rogeryong63@yahoo.com.sg

Date of Accident : 04/03/2022 Time of Accident : 16:35

Place of Accident : Woodlands Ave 13 Towards Ave 5

Insurance Company : ECICS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Will like to change "Manual" to "Auto"

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 7/3/2022

GIARMC addendumform_V3

ECICS Insurance

CERTIFICATE OF INSURANCE

SGDRIVERS PROTECTOR PLAN

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)

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: **MPC21P00147700**
Chassis No. **JHMFD16309S202587**

AGENCY NAME: **SGDrivers Pte Ltd**
Engine No. **R18A14014484**

AGENCY CODE: **A0000069**

1.Index Mark and Registration Number of Vehicle: **SLU2526J**

2.Name of Policyholder: **ROGER YONG YOKE SHANG**

3.Period of Insurance (both dates inclusive): **11-08-2021 to 10-08-2022**

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

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

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 / MPC21P00147700 / 19-07-2021 3:13:00 PM