

## 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              | 19/03/2022 15:12 (SGT)                               |
| Date of Accident                | 18/03/2022 13:58 (SGT)                               |
| Exact Location of Accident      | Near 144 Moulmein Rd, Singapore 308089               |
| Additional Location Information | MOULMEIN ROAD TOWARDS CTE (BEFORE JLN TAN TOCK SENG) |
| Country/State of Loss           | Singapore  |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SKS9800T |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | CHONG POH LEONG      |
| NRIC No                  | S6822567A            |
| Email Address            | IRVINGYEO@GMAIL.COM  |
| Mobile Phone No          | (Phone) +65-98201870 |
| Alternative Phone No     | +65-98201870         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Lexus                     |
| Model  | Es250                     |
| 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   | 2500                      |

#### INSURANCE COMPANY

|                           |                |
|---------------------------|----------------|
| Name of Insurance Company | ECICS Limited  |
| Type of Coverage          | Comprehensive  |
| Fleet Policy              | No             |
| Policy Number             | MPC21P00234600 |
| Cover Note Number         | -              |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | YEO CHUN YONG |
|----------------|---------------|

|  |                           |
|--|---------------------------|
| NRIC No  | S9014085Z                 |
| Date Of Birth  | 18/04/1990                |
| Occupation   | Outdoor                   |
| Date Of Driving Pass   | 11/05/2011                |
| Driving experience   | 10 YEARS AND 10 MONTHS    |
| Gender   | Male                      |
| Mobile Number  | (Phone) +65-92280708      |
| Alt. Phone Number  | -                         |
| Email Address  | IRVINGYEO@GMAIL.COM       |
| Address  | BLK 11 LORONG 8 TOA PAYOH |
| Address complement   | #07-300                   |
| Postcode   | 310011                    |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Employee                  |
| 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   | 3   |
| 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 THE SKETCH PLAN

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SHD9611L             |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Taxi                 |
| Name of Driver              | TAN MUJ KUAN         |
| Contact Number              | (Phone) +65-86000824 |
| 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             | SNB8316K             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | KAREN TAN            |
| Contact Number                          | (Phone) +65-91828488 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |

#### INJURED PERSONS DETAILS

##### INJURED 1

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

**SKETCH PLAN**

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**B. 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 firms/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 firms/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 firms/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



VEH A: SKS9800T  
VEH B: SHD9611L  
VEH C: SNB8316K

MOULMEINRD TOWARDS CTE (BEFORE JLN TAN TEOK SENG)


**Describe Circumstances of the Accident**


On 18th March 2022 at about 1.58 pm, I was driving my vehicle A (S16598007) along Monmore Road towards C16 before Tula Tan Park Seng exit, I came to a complete stop. ~~instantly~~ As there was a car in front. Suddenly a Taxi at the back of my car did not stop or slow down and hit my car. Taxi, vehicle B SHD 96114 hit my car with a very strong impact. Result in my car hitting the car in front of me. vehicle C (SVB8114)

I had taken pictures not video for submission. My rear camera was split and did not record the incident.

**Declaration**

We declare the foregoing particulars are true in every respect

 18/3/2022  
1930  
Policyholder's Signature / Date & Time

 18/3/2022  
5.20 pm.  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel


**Describe Circumstances of the Accident**


On 18th March 2022 at about 1.58 pm, I was driving my vehicle A (S16598057) along Maulmein Road towards CTE before Jalan Tanjong Segar exit. I came to a complete stop. ~~instead~~ At that time there was a car in front. Suddenly a Taxi at the back of my car did not stop or slow down and hit my car. Taxi, vehicle B (S1119611) hit my car with a very strong impact. Resulting in my car hitting the car in front of me, vehicle C (S1119611).

I have taken pictures and video for submission. My rear camera was split and did not record the incident.

**Declaration**

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

 18/3/2022  
14.30  
Policyholder's Signature / Date & Time

 18/3/2022  
5.20 pm.  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel



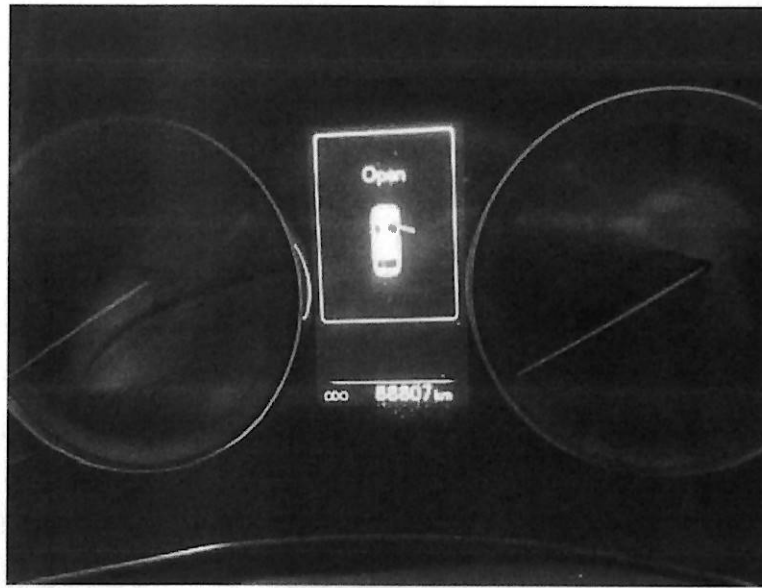


















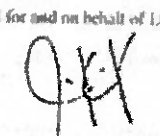


## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)  
Road Transport (Amendment) Act, 2019 (Malaysia)

**SGDRIVERS PROTECTOR  
PLAN**

MZ100  
COMPREHENSIVE  
ORIGINAL

|  |   |
|--|---|
| <b>CERTIFICATE NO:</b> MPC21P00234600<br><b>AGENCY NAME:</b> SGDrivers Pte Ltd<br><b>AGENCY CODE:</b> A0000069   | <b>Chassis No:</b> JTHBJGG702892516<br><b>Engine No:</b> 2ARF203728 |
| <b>1 Index Mark and Registration Number of Vehicle:</b> SKS9840T   |   |
| <b>2 Name of Policyholder:</b> CHONG POH LEONG   |   |
| <b>3 Period of Insurance (both dates inclusive):</b> 01-12-2021 to 30-11-2022  |   |
| <b>4 Persons or Classes of Persons entitled to drive</b><br>a) The Policyholder and all Named Drivers declared under the policy<br>b) Any other person who is driving on the Policyholder's order or with his permission.<br>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><br>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 Train.   |   |
| <b>6 EXCESS APPLICABLE</b>   |   |
| WINDSCREEN   | SGD 100.00  |
| SECTION I - INSURED/Named DRIVER   | SGD 300.00  |
| 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 LATCS Limited<br><br>_____<br>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 Pecuniary Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

A0000069 / jermine.poh@sgdrivers.com.sg / MPC21P00234600 / 05-11-2021 4:50:37 PM