

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	31/03/2022 15:53 (SGT)
Date of Accident	30/03/2022 17:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ARAB STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5426B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD FAIZAL BIN YAHYA
NRIC No	SXXXX093B
Email Address	TROY_M_FAIZAL@YAHOO.COM
Mobile Phone No	(Phone) +65-98535321
Alternative Phone No	+65-98535321

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2360

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC21A00077700
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD FAIZAL BIN YAHYA
NRIC No	SXXXX093B

Date Of Birth	23/09/1976
Occupation	Indoor
Date Of Driving Pass	11/01/2002
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98535321
Alt. Phone Number	+65-98535321
Email Address	TROY_M_FAIZAL@YAHOO.COM
Address	BLK 360C ADMIRALTY DRIVE #01-46
Address complement	-
Postcode	753360
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FAUZIAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
'as 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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH7521H
Vehicle Manufacturer	Nissan
Vehicle Model	Note
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	EILEEN
Contact Number	(Phone) +65-96649723
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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

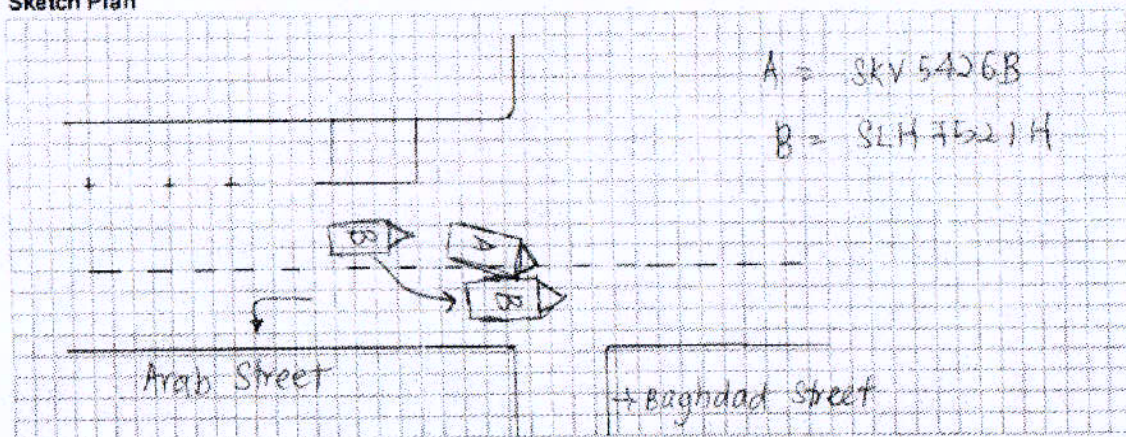
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



DN 30/03/22 @ 5:45pm AS I WERE TRAVELLING ON A 2 WAY STREET @ ARAIS ST, TOWARD TO BACHHOOD ST, A CAR, NISSAN NOTE WITH PLATE NUMBER SLH 7521H DECIDED TO OVERTAKE ME ON THE RIGHT HAND SIDE, AGAINST THE TRAFFIC FLOW. HER ACTIONS CAUSE AN ACCIDENT ON THE RIGHT HAND SIDE OF MY CAR.

We declare the foregoing particulars are true in every respect.

100

[Handwritten signature]

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)

**AUTHORISED
WORKSHOPS**

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: **MPC21A00077700**
Agency Name: **SGDRIVERS PTE LTD**
Agency Code: **A0000069**

Chassis No: **JMYXTGF3WGWZ001164**
Engine No: **4B12PY6723**

1. Index Mark and Registration Number of Vehicle: **SKV5426B**
2. Name of Policyholder: **MOHAMMAD FAIZAL BIN YAHYA**
3. Period of Insurance (both dates inclusive): **23 September 2021 to 22 September 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.

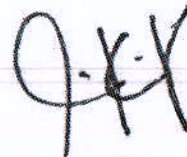
6. EXCESS APPLICABLE

WINDSCREEN SGD 100.00
SECTION I - INSURED/NAMED DRIVER SGD 750.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS SGD 500.00
SECTION I - AGE <25, AGE >65 OR DRIVING EXP <2 YEARS OLD SGD 3,000.00

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.

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.

SKV5426B

Make/ Model

MITSUBISHI/OUTLANDER 2.4 CVT AWD S/R FACELIFT

Vehicle Scheme

-

Current Propellant

Petrol

Chassis No.

JMYXTGF3WGZ001164

Vehicle Type

Passenger Station Wagon/Jeep/Land Rover

Owner's Details

Owner Name:

MOHAMMAD FAIZAL BIN YAHYA

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S7628093B

Registered Address:

APT BLK 360C ADMIRALTY DRIVE #01-46 SINGAPORE 753360

Mailing Address:

-

Birth Date: