

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 14/03/2022 15:40 (SGT)
Date of Accident 11/03/2022 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 14 JLN BUKIT MERAH OSCP LOT325
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH458S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ARIVALHAHAN S/O CHINNAN
NRIC No SXXXX961D
Email Address raj@primeroracing.com
Mobile Phone No (Phone) +65-91016577
Alternative Phone No +65-91016577

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 1796

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21A00010900
Cover Note Number -

DRIVER

Name of Driver A RAJ KUMAR
NRIC No SXXXX812I

Date Of Birth	16/11/1990
Occupation	Indoor
Date Of Driving Pass	23/09/2010
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81611427
Alt. Phone Number	-
Email Address	raj@primeroracing.com
Address	BLK 14 JALAN BUKIT MERAH #19-5030
Address complement	-
Postcode	150014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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)	0
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

PLEASE REFER TO THE ACCIDENT PHOTOS

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	XB6298Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	CHUA YONG BIN
Contact Number	(Phone) +65-89330676
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

Veh A: SMH 4585
Veh B: YM 60105

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.

"I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS."

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 14 Jalan Bukit Merah
Open Space (Car Park (Lot 325))

Lot 325



Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel









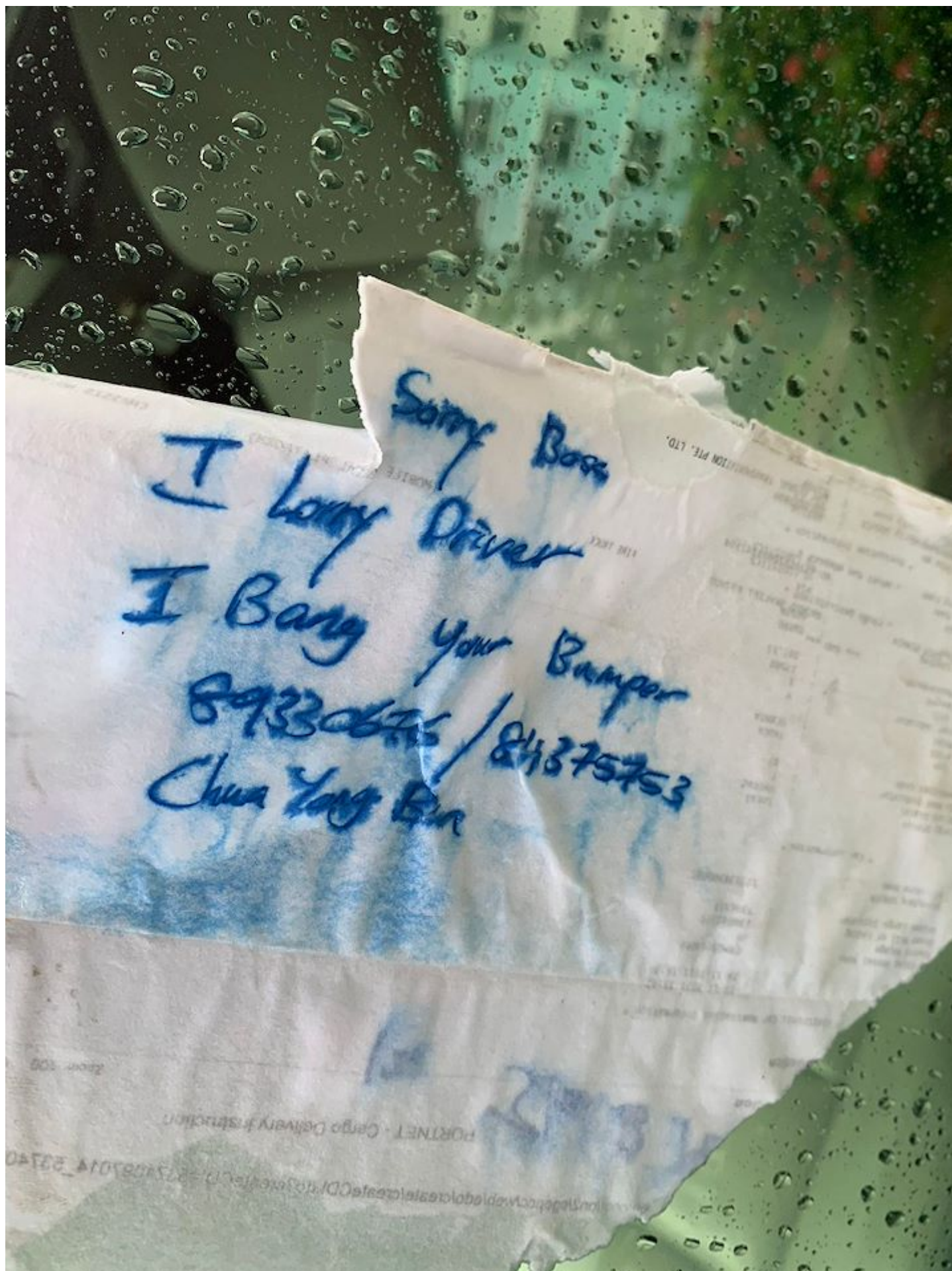


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1K223E0001 Vehicle Registration No: SMH 4585
 Name (as shown in NRIC): A Raj Kumar NRIC/FIN/Passport No: SxxxY 812 I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: B1K 14 Jalan Bukit Merah #19-5030 Singapore (150014)
 Contact (Tel): _____ Mobile No.: 81611437
 Email Address: raj@primeraacing.com
 Date of Accident: 11.3.2022 Time of Accident: 1330 HRS
 Place of Accident: B1K 14 Jalan Bukit Merah BSCP Lot 325
 Insurance Company: ECICS Limited

(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:

Amend Third Party Vehicle Number To XB6298Z

Policyholder / Driver's Signature

Date: 17 MAR 2022

Reporting Centre Personnel's Signature

Name: Celia Lai
 NRIC/FIN No.: S xxxx516 H
 Date: 17 MAR 2022



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: MPC21A00010900 Agency Name: CLICKCASHBACK PTE. LTD. Agency Code: A0000181	Chassis No: WDD2120472A086066 Engine No: 27186030005847										
1. Index Mark and Registration Number of Vehicle: SMH458S											
2. Name of Policyholder: ARIVALIAHAN S/O CHINNAN											
3. Period of Insurance (both dates inclusive): 21 March 2021 to 20 March 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 <table style="width: 100%;"> <tr> <td style="width: 60%;">WINDSCREEN</td> <td style="width: 40%; text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - INSURED/NAMED DRIVER</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td colspan="2">ADDITIONAL EXCESS:</td> </tr> <tr> <td>SECTION I - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION I - AGE <27, AGE >70 OR DRIVING EXP <2 YEARS OLD</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>		WINDSCREEN	SGD 100.00	SECTION I - INSURED/NAMED DRIVER	SGD 500.00	ADDITIONAL EXCESS:		SECTION I - UNNAMED DRIVERS	SGD 500.00	SECTION I - AGE <27, AGE >70 OR DRIVING EXP <2 YEARS OLD	SGD 3,000.00
WINDSCREEN	SGD 100.00										
SECTION I - INSURED/NAMED DRIVER	SGD 500.00										
ADDITIONAL EXCESS:											
SECTION I - UNNAMED DRIVERS	SGD 500.00										
SECTION I - AGE <27, AGE >70 OR DRIVING EXP <2 YEARS OLD	SGD 3,000.00										
7. Hire Purchase Company: MAYBANK											
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.