

# 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 ..... 25/04/2022 12:34 (SGT)  
Date of Accident ..... 24/04/2022 08:58 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER BUKIT TIMAH ROAD TOWARDS PIE TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV1851J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG SHU XUAN ( HUANG SHUXUAN )  
NRIC No ..... SXXXX838I  
Email Address ..... WINSON\_TINGWEI@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96329401  
Alternative Phone No ..... (Office) +65-96329401

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 6  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1989

### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC21P00152400  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAM SZE TING  
NRIC No ..... SXXXX099F

Date Of Birth .....	12/03/1991
Occupation .....	Indoor
Date Of Driving Pass .....	29/07/2014
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98330932
Alt. Phone Number .....	-
Email Address .....	WINSON_TINGWEI@HOTMAIL.COM
Address .....	31 HINDHEDE WALK #05-04
Address complement .....	-
Postcode .....	587967
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NG TIAN YI
Gender .....	Male

#### PASSENGER 2

Name .....	NG TIAN FENG
Gender .....	Male

#### PASSENGER 3

Name .....	NG TIAN XI
Gender .....	Female

#### PASSENGER 4

Name .....	WINARTI
Gender .....	Female

#### 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

AT THE MENTION DATE & TIME OF ACCIDENT 24/04/2022 ABOUT 08.58. I WAS DRIVING ALONG UPPER BUKIT TIMAH ROAD TOWARDS PIE TUAS AND TURNING LEFT INTO FILTER LANE TOWARDS PIE TUAS, SUDDENLY VEHICLE B " SMB 3533U " SMRT BUS BESIDE ME AND COLLIDED TO THE BUS. THERE WAS NO INJURIES INVOLVED.

#### 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 LARGE
Was there any audio recorded? .....	No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMB3533U
Vehicle Manufacturer .....	Man
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	YellowOrange
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	(Phone) +65-96277794
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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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.

*NG*

Policyholder's Signature / Date & Time

*Tms*

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**Sketch Plan**

Vehicle A SMV 1851J  
 Vehicle B SMB 3533U



**Describe Circumstances of the Accident**

AT The mention Date & time of accident 24/04/2022 about 08:58am  
I was driving along upper Bukit Timah Road and turning left into  
filter lane towards the PIE fairs, suddenly, vehicle # "SMB 3533U"  
SMRT BUS beside my car and collided ~~at~~ to the bus. There was no  
injuries involved.

**Declaration**

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





**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: MPC21P00152400	Chassis No. JM6GL1072K0312511
AGENCY NAME: SGDrivers Pte Ltd	Engine No. PE21259652
AGENCY CODE: A0000069	
1 Index Mark and Registration Number of Vehicle: SMV1851J	
2 Name of Policyholder: NG SHU XUAN	
3 Period of Insurance (both dates inclusive): 25-09-2021 to 24-09-2022	
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 1 - INSURED/NAMED DRIVER	SGD 750.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:	
SECTION 1 - UNNAMED DRIVERS	SGD 500.00
SECTION 1 - 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.





















