

# 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 ..... 26/05/2022 14:21 (SGT)  
Date of Accident ..... 26/05/2022 09:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE TOWARDS CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX5304K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EC AUTO LEASING PTE. LTD.  
Company Reg No ..... 201815817W  
Email Address ..... Roland@ecubeauto.com  
Mobile Phone No ..... (Phone) +65-85868760  
Alternative Phone No ..... (Office) +65-85868760

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... SERENA 1.2L HIGHWAY STAR PREMIUM E-POWER  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1198

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5125060134-000021  
Cover Note Number ..... 01/01/2022 TO 31/12/2022

### DRIVER

Name of Driver ..... HAMID BIN NAWI  
NRIC No ..... S1410480A

Date Of Birth .....	10/08/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	27/11/1980
Driving experience .....	41 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91856016
Alt. Phone Number .....	-
Email Address .....	Roland@ecubeauto.com
Address .....	416 SAUJANA ROAD
Address complement .....	#02-62
Postcode .....	670416
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	Yes
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JSC688
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	PASSENGER 1
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

PLEASE REFER TO ATTACHED REPORT

#### 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 .....	JSC688
Vehicle Manufacturer .....	-

Vehicle Model .....	-
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SND3387C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	HAMID BIN NAWI
Gender .....	Male
Phone No .....	(Phone) +65-91856016
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, SHOULDER, BACK
Injured person in which vehicle? .....	SMX5304K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

Describe Circumstances of the Accident

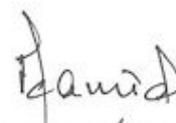
I WAS DRIVING ALONG THE TOWARD CITY IN LANE 1.  
 TRAFFIC WAS MODERATE TRAFFIC IN FRONT STARTED TO SLOW  
 DOWN & I FOLLOWED SUIT. SUDDENLY I FELT A HUGE  
 BANG FROM THE REAR. WHICH CAUSE MY CAR TO HIT THE  
 FRONT CAR. I REALISED I WAS INVOLVED IN A CHAIN  
 COLLISION. I FELT PAINS TO MY NECK, SHOULDER & BACK  
 AND DECIDED TO SEEK MEDICAL ATTENTION.

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

1:10 pm  
 26/08/2022

  
 Witnessed by Reporting Centre Personnel





























































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## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5125060134-000021 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMX5304K  
 Chassis Number : JN1EBAC27Z0000841
2. Name of Policyholder : EC AUTO LEASING PTE LTD
3. Effective Date of Insurance : 01 Jan 2022
4. Expiry Date of Insurance : 31 Dec 2022
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her 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.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CAPSTONE INSURANCE AGENCY PTE. LTD. (00000662757)  
 Date of Issue : 17 Dec 2021 18:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive