

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 Actual 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 25/09/2022 18:49 (SGT)
Reported by Both
Date of Accident 24/09/2022 17:20 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE EXPRESSWAY TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB3994K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG KENG BOON (WANG JINGWEN)
NRIC No SXXXX409I
Email Address KENGB76@YAHOO.COM.SG
Mobile Phone No (Phone) +65-94372206
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1795

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC22B00032000

DRIVER

Name of Driver ONG KENG BOON (WANG JINGWEN)
NRIC No SXXXX409I
Date Of Birth 22/07/1976
Occupation Indoor

Date Of Driving Pass	07/06/2001
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94372206
Alt. Phone Number	-
Email Address	KENGB76@YAHOO.COM.SG
Address	BLK 202 BOON LAY DRIVE #06-27
Address complement	-
Postcode	640202
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 - Head to Rear
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SEAH HUI CHIN (XIE HUIJUN)
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

ON 24/9/2022 ABOUT 17.20PM. I WAS TRAVELLING ALONG PIE TOWARDS TUAS EXPRESSWAY. VEHICLE B : GBL 1442P " BRAKE AND STOP AND I COULD NOT STOP IN TIME TO BRAKE SO COLLIDED ONTO VEHICLE B " GBL 1442P " REAR PORTION. THERE IS NO INJUIRES INVOLVED. AFTER THE AACCIDENT NEXT DAY. MY WIFE AS PASSENGER IN MY CAR SHE FELT CHEST AND SHOULDER PAIN SO DECIDED TO CONSULT DOCTOR AND CHECK-UP.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1442P
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Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	SOONG BING YANN
NRIC No	SXXXX239F
Contact Number	-
Address	BLK 274B JURONG WEST STREET 25 #12-91
Address complement	-
Postcode	642274
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	SEAH HUI CHIN (XIE HUIJUN)
Gender	Female
Phone No	(Phone) +65-94372206
Address	BLK 202 BOON LAY DRIVE #06-27
Address Complement	-
Post Code	640202
Approximate Age Years Old	40
Injuries Sustained	CHEST AND SHOULDER
Injured person in which vehicle?	SNB3994K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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
(Name as in NRIC/ID card)



Sketch Plan

vehicle A SNB 3994K

vehicle B GBL 1442P

Describe Circumstance of the Accident

On 24/09/2022 about 17-20pm. I was travelling along PIE towards Tuas Expressway. vehicle B " GBL 1442P " brake and stop and I not enough time to brake so collided onto vehicle B " GBL 1442P " rear portion. There is no injuries involved. After the accident next day. My wife as passenger in my car she felt chest and shoulder pain so decided to consult doctor and check-up.

Declaration

I/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
(Name as in NRIC/ID card)





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**

MZ3001
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC22B00032000

Chassis No: ZW R800507003

Agency Name: MITSUI BUSSAN PANA HARRISON PTE. LTD

Engine No: 2ZR2M86676

Agency Code: B00024

1. Index Mark and Registration Number of Vehicle: SNB3994K

2. Name of Policyholder: ONG KENG BOON

3. Period of Insurance (both dates inclusive): 19 August 2022 to 18 August 2023

4. Persons or Classes of Persons entitled to drive

- a) The Policyholder and all Named Drivers declared under the Policy.
- b) Any other person between the ages of 15 to 65 years old 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 Car 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 Car.

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 500.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS

SGD 500.00

SECTION I - DRIVING EXP < 2 YEARS

SGD 2,000.00

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.





















