SW0E23160005 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 06/01/2023 17:01 (SGT) SUBMITTED BY: Lim Hung Eng VERSION: 1 (06/01/2023 17:01 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 06/01/2023 17:01 (SGT) Reported by Date of Accident 03/01/2023 13:10 (SGT) Exact Location of Accident Near 946 Margaret Dr, Masjid Jamae Queenstown, Singapore Additional Location Information MARGARET DRIVE TOWARDS TANGLIN ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

1999

Vehicle Registration Number SJP4003M

## INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **BEH CHON SIANG** NRIC No S9087837I Email Address DYLANBEH@HOTMAIL.COM Mobile Phone No (Phone) +65-83532939 Alternative Phone No

#### VEHICLE PARTICULARS

Toyota Model Camry 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 - Reporting only Vehicle Category Private car Transmission Auto

Manufacturer

## INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC22P00223500

### DRIVER

CC

Name of Driver **BEH CHON SIANG** NRIC No S9087837I Date Of Birth 16/11/1990

Occupation Outdoor Date Of Driving Pass 11/12/2017 Driving experience 5 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-83532939 Alt. Phone Number Email Address DYLANBEH@HOTMAIL.COM Address 88 RIFLE RANGE ROAD Address complement Postcode 588390 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN AND SUMMARY 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 SMP9535B Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

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)	_

#### SKETCH PLAN

#### 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

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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	G 11110	(Name as in MNO/IO Card)				

Sketch Plan

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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)

2



















## Certificate of Insurance

Motor Vehicles (Third Party Risks Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules 1960 Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia) Road Transport Act, 1987 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia) AUTHORISED WORKSHOPS

MZ300 COMPREHENSIVE

Certificate No.: MPC22P00223500

Chassis No.:

MR053BK4107043124

Agency Name:

INSURECARE AGENCY

Engine No.:

1AZE130835

Agency Code:

A0000169

1. Index Mark and Registration Number of Vehicle:

SJP4003M

2. Name of Policy Holder:

BEH CHON SIANG

3. Period of Insurance (both dates inclusive):

23-09-2022 to 22-09-2023

4. Persons or Classes of Persons entitled to drive

(A) The Insured and all the Named Drivers declared under this Policy

(B) Any other person who is driving on the Insured'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 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 Insured's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speedtesting, 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 - Other than Named Drivers:

Section I - Unnamed Drivers

SGD 500.00

Section I - Age < 27, Age > 70 or Driving Experience < 2 years old

SGD 3,000.00

7. Hire Purchase Company: SPEED CREDIT PTE LTD

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 the 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 Car 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.

ECICS Limited

A0000169 / Sean Heng / MPC22P00223500 / 20-09-2022 12:54:40 PM

10 Euros Road 8 909-04A Singapore Roat Centre Singapore 408000 - Tell (65) 6008 5588 - Fax: (65) 6308 9067 - Co. Reg. No. 1989010010 - Emist Address: enquaties@exics.com.sp