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 13/02/2023 16:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/02/2023 15:30 (SGT) Exact Location of Accident Tampines Central 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLE9665D**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NGAN HACK YONG** NRIC No S7565879F Email Address YONG5237@GMAIL.COM Mobile Phone No (Phone) +65-92393674 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC2P00183800

DRIVER

Name of Driver NGAN HACK YONG NRIC No S7565879F Date Of Birth 18/10/1975 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	28/08/2000 22 YEARS AND 6 MONTHS Male (Phone) +65-92393674 - YONG5237@GMAIL.COM BLK 839 TAMPINES ST 83 #08-94 - 520839 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Raining Wet
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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 No - Yes 2 No
DETAILS OF DOUGE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
	NE WHEN VEHICLE B FROM THE LEFT LANE CUT INTO MY LANE
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number 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	VEHICLE B
No. Of Passenger (Including Driver)	2
,	_

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

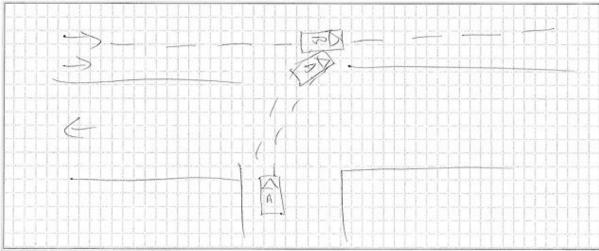
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 tawyers/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



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Declaration

I/We declare the foregoing particulars are true in every respect.

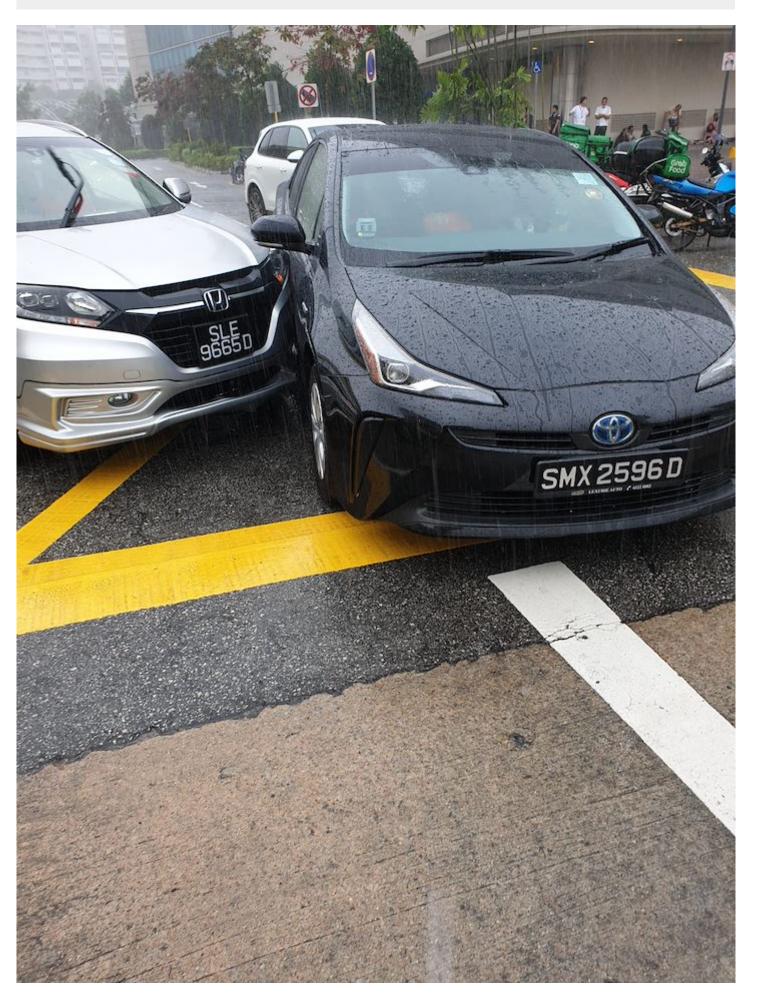
Policyholder's Signature Date & Time

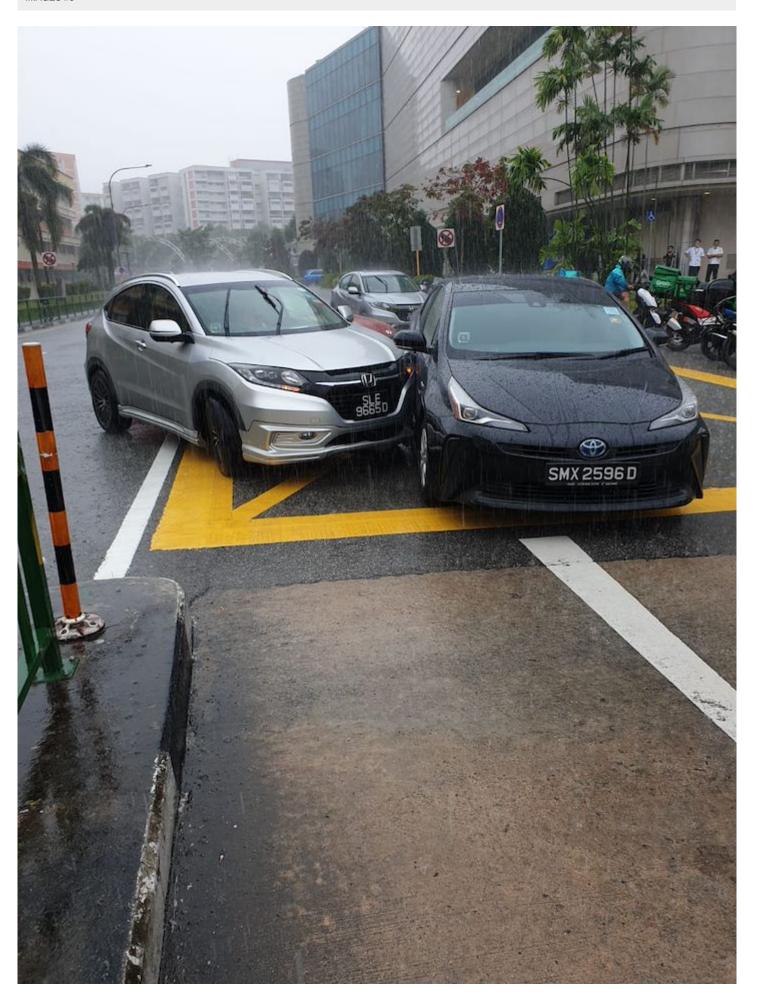
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2



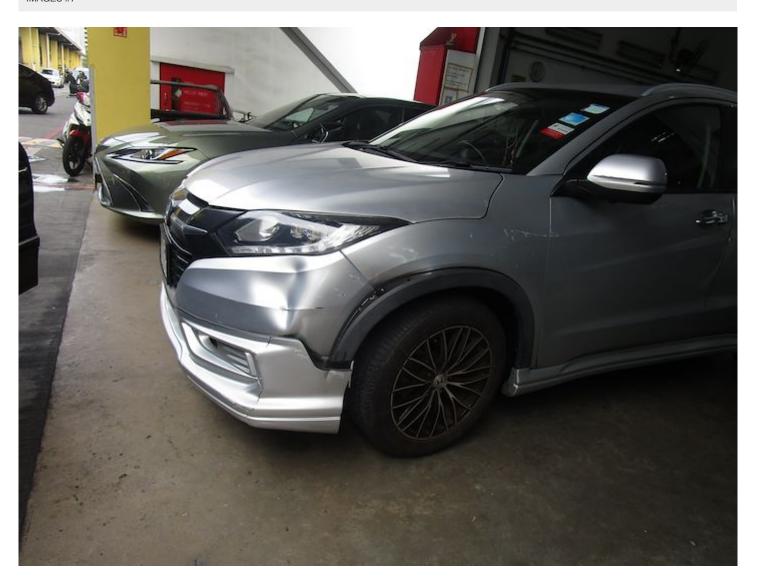
















Private Car - SGDrivers Protector Plan

The Schedule

ECICS Limited

Whole Paper was somely to Avg No. 155001000

Agency: A0000069

Class of Policy:

MOTOR POLICY - PRIVATE

Policy No.

MPC22P00183800

Account: A0000069

05-08-2022 6:43:58 PM

Issued On:

Singapore Head Quarters

Proposal No.

PMPC22013343

Acceptance Date: 05-08-2022 6:43:58 PM

Fund/Acct, No Sfx:

SIF/SD

Period of Insurance from 08-08-2022 to 07-08-2023 (both dates inclusive)

Insured's Name

NGAN HACK YONG

Address

BLK 839 TAMPINES STREET 83

#08-94

SINGAPORE 520839

Premium

Premium before GST

SGD 624,30

GST (7%)

SGD 43.70

Premium with GST

SGD 668.00

Risk Group No. 81

Risk No. 00001: MOTOR PRIVATE - SGDRIVERS PROTECTOR

Registration No. SLE9665D

Make/Model

HONDA VEZEL 1.5

Type of Cover

COMPREHENSIVE

Year of Registration 2016

NCD

50%

Engine No Chassis No L15B4037222 RU11117221

Capacity (CC) 1400 to 1499 cc

> Certificate Ref. MZ300

MOTOR PRIVATE - SGDRIVERS GARAGE

Vehicle Usage Hire Purchase

OVERSEA-CHINESE BANKING CORPORATION LIMITED

Item 1.

Sum Insured:

Market value at the time of loss

Excess Applicable (COMPREHENSIVE SGDRIVERS PROTECTOR)

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

Subject to the following Clauses / Warranties / Endorsements / Memo attached hereto:-

The following Endorsements shall apply to this Policy: V0003, V0009, V0011, V0012, V0014, V0017, V0019, V0020

Waiver of Excess Clause - Own Damage Claim (Section I) for First Accident Claim (Insured OR Named Drivers only)

In consideration of the payment of an additional premium, the Policy Excess under the Policy will be waived for first claim in the Policy Year if the Motor Car is driven by the Insured or a Named Driver at the time of an accident.

Subject otherwise to the Terms and Conditions of this Policy.

EGICS-Limited

A0000069 / Operations, Sydrivers Pte 1,14 / MPC22P00183800 / 05-06-2022 9 43/58 PM

10 Euros Read 8 #00-04A Singspers Field Contre Singspers (1000) Tal. (65) 6206-5561 Fay. (87) 6536 937 Gg. Reg. 56: 1860/1501C Email Address, enguines (pacies, enguines)