

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	17/02/2023 17:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 20:11 (SGT)
Exact Location of Accident	631 Ang Mo Kio Ave 4, Singapore 560631
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3434D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WAY CHUAN STANLEY
NRIC No	S8824706Z
Email Address	STANLEYBAI21@GMAIL.COM
Mobile Phone No	(Phone) +65-85551444
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22P00086500

DRIVER

Name of Driver	TAN WAY CHUAN STANLEY
NRIC No	S8824706Z
Date Of Birth	02/07/1988
Occupation	Outdoor

Date Of Driving Pass	03/09/2016
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85551444
Alt. Phone Number	-
Email Address	STANLEYBAI21@GMAIL.COM
Address	BLK 632 ANG MO KIO AVE 4 #03-964
Address complement	-
Postcode	560632
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	Hit and run / Vandalism / Damaged whilst parked
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)	1
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?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230216/2111.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5045H
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**


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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: _____


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


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____

I hereby authorise SME Motor Pte Ltd to send my
 Accident report to my workshop _____
 via email / fax
 Signature: _____





















**SINGAPORE
POLICE FORCE**



T/20230216/2111

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20230216/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2023 23:30	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: TAN WAY CHUAN, STANLEY			Address: APT BLK 632 ANG MO KIO AVENUE 4 #03-964 SINGAPORE 560632		
ID Type / ID No.: NRIC NO / S8824706Z			Contact No.: Home/Office: Mobile: 85551444		
Nationality: SINGAPORE CITIZEN			Email: stanleybai21@gmail.com		
Sex: Male	Age: 34	Date of Birth: 02/07/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FREELANCER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/02/2023 20:10	Type of Location: Car Park
Location: ANG MO KIO AVENUE 4				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5054H (Not Accurate)	Van				Slightly Damaged	0
SJQ3434D	Car	HONDA	CIVIC 2.0L 5AT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230216/2111

2 of 3

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Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20230216/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ3434D	ECICS LIMITED	MPC22P00086500	05/05/2022	04/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WAY CHUAN, STANLEY		ID No. S8824706Z
Related Vehicle	SJQ3434D (Car)		Contact No. 85551444
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/02/2023, at around 2011hrs, at Blk 631 Ang Mo Kio Carpark, my vehicle (SJQ3434D) which was parked, was collided by another vehicle (Van), when it moved out.
I was not in the vehicle at that point of time.

My in-car camera captured the entire incident. It parked beside me at 1928hrs and left at 2011hrs. The collision happened when the van left.
I suspected it to be GBF5054H (model: Nissan NV350), but my in-car camera was unclear in spotting the license plate clearly.

As a result, there was scratches and crack on my vehicle on my front right bumper and right headlight.



**SINGAPORE
POLICE FORCE**



T/20230216/2111

3 of 3

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20230216/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
SGT 2 Chew Jin Huang

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/02/2023 23:30

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Classification Of Case:

NP168



Certificate of Insurance

Motor Vehicles (Third Party Risks Compensation) Act (Chapter 199)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
Motor Vehicles (Third Party Risks) Rules, 1962 (Malaysia)
Road Transport Act, 1947 (Malaysia)
Road Transport (Amendment) Act, 2019 (Malaysia)

AUTHORISED
WORKSHOPS

MZ300

COMPREHENSIVE

Certificate No.:	MPC22P00086500	Chassis No.:	JHMFD26409S200811
Agency Name:	PHILLIP SECURITIES PTE LTD	Engine No.:	K20Z24500811
Agency Code:	B00025		

1. Index Mark and Registration Number of Vehicle: **SJQ34340**
2. Name of Policy Holder: **TAN WAY CHUAN, STANLEY**
3. Period of Insurance (both dates inclusive): **05-05-2022 to 04-05-2023**
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 1 - Insured / Named Driver	SGD 500.00
Additional Excess - Other than Named Drivers:	
Section 1 - Unnamed Drivers	SGD 500.00
Section 1 - Age < 27, Age > 70 or Driving Experience < 2 years old	SGD 3,000.00

Signed for and on behalf of ECICS Limited

Authorised Signatory

Important Notice

1. 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.
2. On the sale of a Motor Vehicle, Policyholders must surrender all insurance papers issued including this Certificate of Insurance and this 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 199).
3. This Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.
4. The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under this Policy and Certificate of Insurance.

ECICS Limited

B00025 - Matt Chong 3746 061 / MPC22P00086500 / 05-04-2022 1:55:43 PM

1. Name: Matt Chong 3746 061 / MPC22P00086500 / 05-04-2022 1:55:43 PM / 1. Tel: 603 6201 1000 / 2. Fax: 603 6201 2207 / 3. Web: www.ecics.com.sg / 4. Email: info@ecics.com.sg