

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	06/03/2023 15:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/03/2023 11:10 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	IN FRONT OF KING'S ARCADE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4052G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHUAN WOON
NRIC No	S7727516I
Email Address	MIKE_HOPKIN07@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91091101
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	1.8
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	1794

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00043600

DRIVER

Name of Driver	TAN CHUAN WOON
NRIC No	S7727516I
Date Of Birth	23/09/1977
Occupation	Indoor

Date Of Driving Pass	30/09/2000
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91091101
Alt. Phone Number	-
Email Address	MIKE_HOPKIN07@YAHOO.COM.SG
Address	BLK 645 JURONG WEST STREET 61 #14-108
Address complement	-
Postcode	640645
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 04/03/2023 @ABT 1110HRS. IT WAS RAINING I WAS DRIVING MY VEHICLE ALONG BT TIMAH RD ON THE LEFT LANE. WHEN I REACH IN FRONT OF KING'S ARCADE SUDDENLY VEHICLE B (SMR3696Z) CUT INTO MY LANE FROM MY RIGHT LANE & KNOCKED ONTO MY VEHICLE AT FRONT RIGHT PORTION. NO ONE WAS INJURED IN THIS ACCIDENT. THAT'S ALL.

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	SMR3696Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LEOW YOON HWEE
-	S7930751C
Contact Number	(Phone) +65-98713660
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

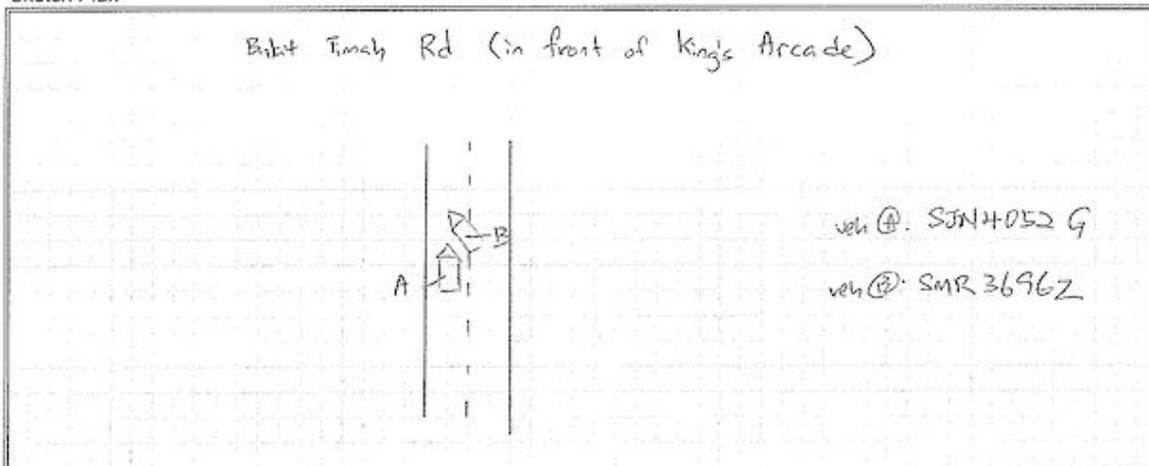
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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


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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 01/03/2023 @ 1st Mchrs. It was raining I was driving my vehicle along Br Timah Rd on the left lane. When I reach in front of King's Arcade suddenly vehicle B (SNP 3696Z) cut into my lane from my right lane & knocked onto my vehicle at front right portion. No one was injured in this accident. That's all.

Claim own policy
 Claim third party
 Claim OD / TP at other workshop _____
 For record purpose

Policy No. _____
 Insurer ECICS Veh.No. SJN 4052G

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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


 SNG AH TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)















