

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	28/03/2023 17:26 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6863U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAROLINE ANN PAY CHIN BEE
NRIC No	S1491363G
Email Address	payrandall@gmail.com
Mobile Phone No	(Phone) +65-93672583
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5S CVT ABS D/AIRBAG 2WD 5DR
Variant	-
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	1496

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22P00145100

DRIVER

Name of Driver	RANDALL PAY JING WEI
NRIC No	S9502534Z
Date Of Birth	14/01/1995
Occupation	Indoor

Date Of Driving Pass	07/11/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81980223
Alt. Phone Number	-
Email Address	payrandall@gmail.com
Address	61 LOYANG RISE SINGAPORE 507540
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

REFER WITH ATTACHED.

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	SMR555S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	R RAHUL RAJ
Contact Number	(Phone) +65-91876417

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS1485Z
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SFB5288Y
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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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 Insurance Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

	<p>ECR TUDS City</p> <p>A: SLS 6863U</p> <p>B: SMF 5555</p> <p>C: SMS 14852</p> <p>D: SFB 5288Y</p>
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Describe Circumstance of the Accident

I was driving along ECP Thak City in the morning of 28 March 2023. I was driving on the first lane of the road.

Suddenly, the vehicle in front of me jammed brake. Upon seeing this, I jammed brake my vehicle as well. Not sure if there contact with vehicle D. I felt a huge impact upon the rear of my vehicle, causing my vehicle to shift forward.

There were a total of four vehicles involved in the accident.

We proceeded to exchange particulars.

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, 1950
 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.: **MPC22P00145100** Chassis No.: **RU11117069**
 Agency Name: **LEO MANAGEMENT CONSULTANTS PTE LTD** Engine No.: **L15B4037075**
 Agency Code: **A0000168**

1. Index Mark and Registration Number of Vehicle: **SLS6863U**
 2. Name of Policy Holder: **CAROLINE ANN PAY CHIN BEE**
 3. Period of Insurance (both dates inclusive): **22-07-2022 to 21-07-2023**

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 750.00
Additional Excess - Other than Named Drivers:	
Section I - Unnamed Drivers	SGD 500.00
Section I - Age < 25, Age > 65 or Driving Experience < 2 years old	SGD 3,000.00

Signed for and on behalf of ECICS Limited

Authorised Signatory

Important Notice

- 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.
- 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).
- The Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.
- 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

A0000168 / Leo Management 3 / MPC22P00145100 / 22-06-2022 12:36:58 PM

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