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 5. Intermitted in product in the 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

Honda

Vehicle Registration Number SLS6863U

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

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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 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 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? Nο 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 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) 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

R RAHUL RAJ

(Phone) +65-91876417

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 2

Vehicle Registration Number Vehicle Manufacturer	SMS1485Z
	-
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

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.

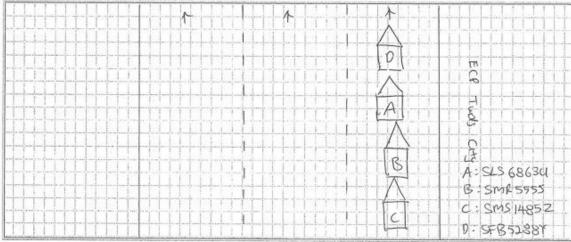
Policyholder's Signature / Date & Time

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

Witnessed (Name as in NRIC/ID card)

3





1

cribe Ci	rcumsta	ance of	the Acc	cident										
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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

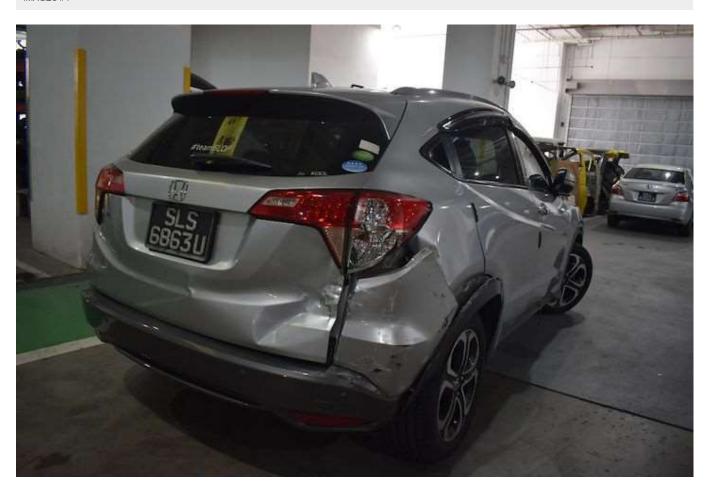
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Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



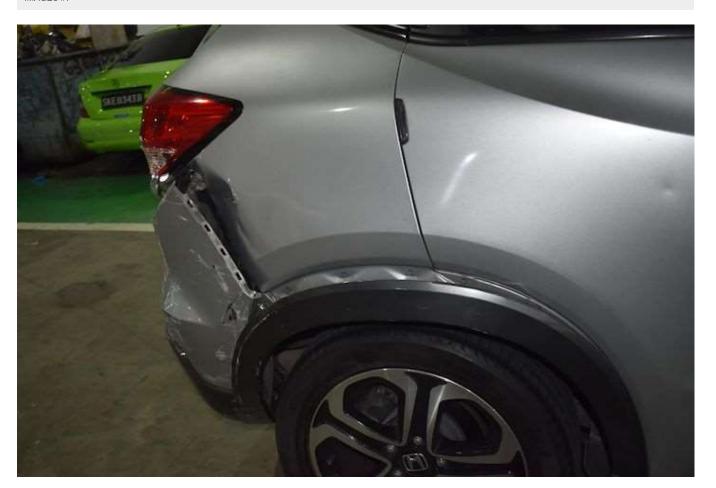


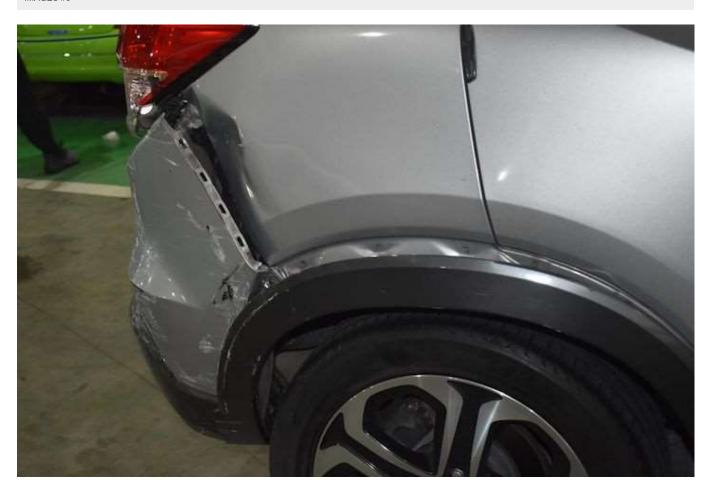
































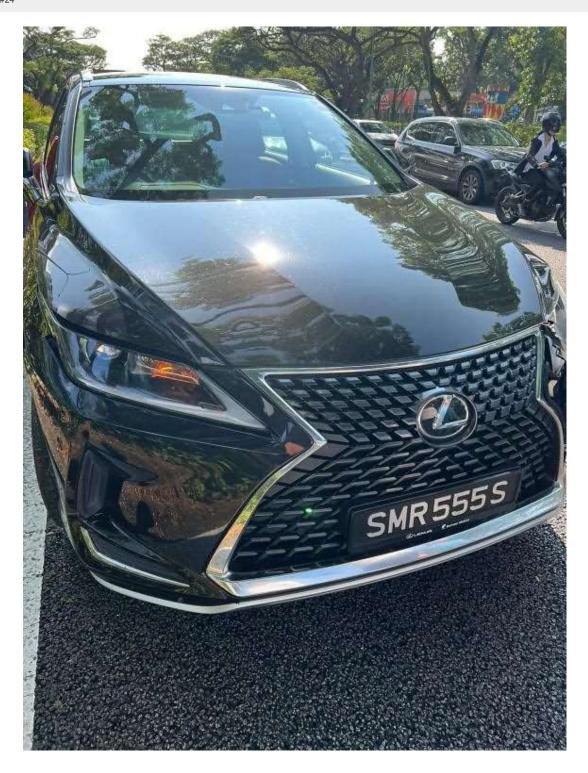


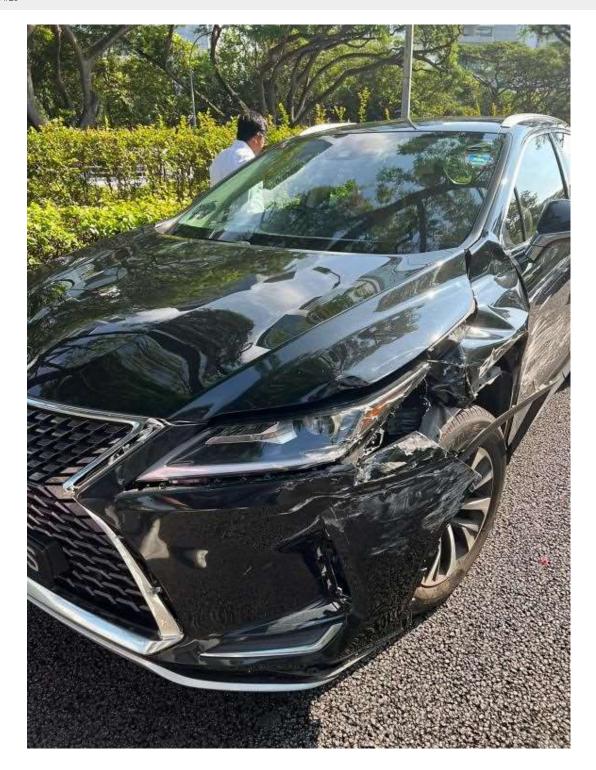














Certificate of Insurance

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, fulfion, 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

TH

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.
- 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

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

10 Euros Road 8 800-04A Singspore Post Centre Singspore 408000 Tel: (65) 6306 5588 Fax: (85) 6338 5267 Co. Reg. No. 198601301C Email Address: enquiries@ecics.com.ag
Website: https://www.ecics.com.ag

